Health Reimbursement Account (HRA) | Bridge
---|---
You may access your Health Reimbursement Account for out of pocket expenses. | Amount not covered by the HRA. This is the amount you pay out-of-pocket to meet the Plan's remaining deductible.

Single: $750/per year | $750
Family: $1500/per year | $1500

*Less any balance carried over from prior years.

The benefits detailed below protect you if you need additional coverage. Coverage begins after you use your annual HRA allocation and pay your bridge.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network Benefits Only (Includes Bluecard network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Period</strong></td>
<td>Calendar year</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Maximum Out of Pocket</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

Maximum Out of Pocket is Calendar year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket.

| Benefit Period Maximum | Unlimited |
| Lifetime Maximum | Unlimited |
| Primary Care Physician Selection | Not Required |

| Doctor's Office Visits | |
| Primary Care Office Visit | 100% after deductible and $20 copay |
| A primary care physician is a general or family practitioner, internist or pediatrician |
| Specialist Office Visit | 100% after deductible and $40 copay |
| A referral is not required to visit a specialist. |
| Maternity Visits | 100% after deductible and $40 copay |
| Copay applies to 1st visit only |
| Dependent children are ineligible for Maternity/Obstetrical Benefits. |
| Allergy Testing and Treatment | 100% after deductible |
| Note: A copay will only apply when an office visit is billed. |

**Preventive Care**

Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations

Well Child Exams

Well Child Immunizations and Lead Screening

**Diagnostic Procedures**

Laboratory

Outpatient X-ray/Radiology Services

CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.

Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.
### Hospital Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admission (including maternity)</td>
<td>100% after deductible and $250 copay per day (up to 5 days)</td>
</tr>
<tr>
<td>Room and Board</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Pre-admission Testing</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Surgery in Hospital</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Outpatient Department Services</td>
<td>100% after deductible</td>
</tr>
</tbody>
</table>

### Emergency Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>100% after deductible and $100 facility copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>100% after deductible</td>
</tr>
</tbody>
</table>

### Outpatient Surgery

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient Surgery</td>
<td>100% after deductible and $200 copay</td>
</tr>
<tr>
<td>Surgery in an Ambulatory SurgiCenter</td>
<td>100% after deductible and $100 copay</td>
</tr>
</tbody>
</table>

### Mental Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>100% after deductible and $250 copay per day (up to 5 days)</td>
</tr>
<tr>
<td>Outpatient department</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Office setting</td>
<td>100% after deductible and $40 copay</td>
</tr>
</tbody>
</table>

### Substance Abuse Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>100% after deductible and $250 copay per day (up to 5 days)</td>
</tr>
<tr>
<td>Outpatient department</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Office setting</td>
<td>100% after deductible and $40 copay</td>
</tr>
</tbody>
</table>

### Alcohol Abuse Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>100% after deductible and $250 copay per day (up to 5 days)</td>
</tr>
<tr>
<td>Outpatient department</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Office setting</td>
<td>100% after deductible and $40 copay</td>
</tr>
</tbody>
</table>

Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.

### Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Diabetic Education</td>
<td>100% after deductible and office copayment (if applicable)</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Orthotics and Prosthetics (Per NJ mandate)</td>
<td>100% after deductible and $20 copay</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Infertility (including in-vitro fertilization)</td>
<td>100% after deductible in outpatient facility</td>
</tr>
<tr>
<td>Limited to 4 egg retrievals per lifetime</td>
<td></td>
</tr>
<tr>
<td>Physical Rehabilitation Facility</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>Limited to 60 days per benefit period</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Limited to 30 visits per benefit period</td>
<td></td>
</tr>
<tr>
<td>Limited shifts</td>
<td></td>
</tr>
<tr>
<td>Short-term Therapies: Physical, Occupational, Speech, Respiratory</td>
<td>100% after deductible and $20 copay</td>
</tr>
<tr>
<td>30 visit maximum per therapy, per benefit period</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility/Extended Care Center</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Limited to 100 days per benefit period</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Manipulation (Chiropractic Care)</td>
<td>100% after deductible and $20 copay</td>
</tr>
<tr>
<td>Vision - Routine Eye Exam</td>
<td>Covered under Freestanding Vision Plan</td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>Covered under Freestanding Vision Plan</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Covered under a Freestanding Prescription Program</td>
</tr>
</tbody>
</table>
## Eligibility

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

## Pre-Existing Conditions

Not applicable

## Prior Authorization

Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at [www.HorizonBlue.com](http://www.HorizonBlue.com).

## 24/7 Nurse Line

24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

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The Advantage EPO plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergency situations.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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