

# 2021 Horizon BCBSNJ Medical Benefits Plan Overview

	Educators Health Plan		Direct Access Design 7 Education 15		Direct Access Design 8		Advantage EPO Design 1	OMNIA 3 (with BlueCard)	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	Tier 1	Tier 2
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited		Unlimited	Unlimited	
<b>Deductible</b> (Individual/Family)	None	\$350 / \$700	None	\$100 / \$250	None	\$100 / \$250	None	None	\$1,500 / \$3,000
<b>After deductible, plan pays</b>	100%	70%	100%	70%	100%	80%	100%	100%	80%
<b>Maximum Out of Pocket Payment Limit</b> (Individual/Family)	\$500 / \$1,000	\$2,000 / \$5,000	\$400 / \$800	\$2,000 / \$5,000	\$400 / \$800	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,500 / \$5,000	\$4,500 / \$9,000
<b>Primary Care Physician Selection</b>	Not Required		Not Required		Not Required		Not Required	Not Required	
<b>Preventive Care</b>									
Routine Adult Physician Exams / Immunizations	100%	70% (no deductible)	100%	70% (no deductible)	100%	80% (no deductible)	100%	100%	100%
Routine Well Child Exams / Immunizations	100%	70% (no deductible)	100%	70% (no deductible)	100%	80% (no deductible)	100%	100%	100%
Routine Gynecological Care Exams	100%	70% (no deductible)	100%	70% (no deductible)	100%	80% (no deductible)	100%	100%	100%
Routine Mammograms	100%	70% (no deductible)	100%	70% (no deductible)	100%	80% (no deductible)	100%	100%	100%
<b>Physician's Office Visits</b>									
Primary Care Services	\$10 copay	70% after deductible	\$15 copay	70% after deductible	\$20 copay	80% after deductible	\$20 copay	\$5 copay	\$20 copay
Specialist Services	\$15 copay A referral is <b>not</b> required to visit a specialist.	70% after deductible	\$15 copay A referral is <b>not</b> required to visit a specialist.	70% after deductible	\$20 copay A referral is <b>not</b> required to visit a specialist.	80% after deductible	\$40 copay A referral is <b>not</b> required to visit a specialist.	\$15 copay A referral is <b>not</b> required to visit a specialist.	\$30 copay
Maternity OB Visits	\$15 copay First visit only	70% after deductible	\$15 copay First visit only	70% after deductible	\$20 copay First visit only	80% after deductible	\$40 copay First visit only	\$15 copay First visit only	\$30 copay
Allergy Testing and Treatment	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible	100% (Copay will apply when an office visit is billed)	100% in office setting (Copay will apply when an office visit is billed)	
								100% outpatient facility	80% after deductible outpatient
<b>Diagnostics Procedures</b>									
Laboratory*	100% in office or at Quest Diagnostics / LabCorp	70% after deductible	100% in office or at Quest Diagnostics / LabCorp	70% after deductible	100% in office or at Quest Diagnostics / LabCorp	80% after deductible	100% in office or at Quest Diagnostics / LabCorp	100% in office or at Quest Diagnostics / LabCorp	100% in office or at Quest Diagnostics / LabCorp
								100% outpatient facility	80% after deductible outpatient
Outpatient X-Ray/Radiology Services	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible	100%	100%	100%
								100% outpatient facility	80% after deductible outpatient
<b>Emergency Medical Care</b>									
Emergency Room	100% after \$100 facility copay (Copay waived if admitted)		100% after \$50 facility copay (Copay waived if admitted)		100% after \$25 facility copay (Copay waived if admitted)		100% after \$100 facility copay (Copay waived if admitted)	100% after \$100 facility copay (Copay waived if admitted)	100% after \$100 facility copay (Copay waived if admitted)
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Ambulance	90%	70% after deductible	90%	70% after deductible	100%	80% after deductible	100%	100%	
<b>Hospital Care</b>									
Inpatient coverage	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible and \$200 copay	100% after \$250 copay per day (up to 5 days)	\$250 per day up to 5 day max	80% after deductible
Outpatient Surgery	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible	100%	\$15 copay	80% after deductible
<b>Mental Health Services</b>									
Inpatient	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible and \$200 copay	100% after \$250 copay per day (up to 5 days)	\$250 per day up to 5 day max	80% after deductible
Outpatient	100%	70% after deductible	100%	70% after deductible	100%	80% after deductible	100%	\$15 copay	80% after deductible
Office Setting	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$20 copay	80% after deductible	\$40 copay	\$15 copay	\$30 copay
<b>Other Services</b>									
Acupuncture	\$15 copay	70% after deductible	\$15 copay	70% after deductible	100%	80% after deductible	Not Covered	Not Covered	Not Covered
		maximum allowance per visit up to \$60							
Physical Therapy	\$15 copay	70% after deductible maximum allowance per visit up to \$52	\$15 copay	70% after deductible	\$20 copay	80% after deductible	\$40 copay 30 visit maximum per therapy per benefit period	\$5 copay 100% after \$15 copay in outpatient facility	\$20 copay 80% after deductible in outpatient facility
								30 visit maximum per therapy per benefit period	
Chiropractic Care	\$15 copay 30 visit maximum per benefit period	70% after deductible	\$15 copay 30 visit maximum per benefit period	70% after deductible	\$20 copay 30 visit maximum per benefit period	80% after deductible	\$40 copay 25 visit maximum per benefit period	\$15 copay 25 visit maximum per benefit period	\$30 copay

\* Quest Diagnostics and LabCorp are the Preferred Provider for Laboratory services