



Advantage EPO DESIGN 4 Gibbons P.C.

Benefit	In-Network Benefits Only (Includes Bluecard network)
Benefit Period	Calendar year
Deductible	
Individual	\$2,500
Family	Two deductibles per family
Coinsurance	100/50%
Maximum Out of Pocket	
Individual	\$5,000
Family	\$10,000
Consolidated Maximum Out of Pocket is Calendar year. The deductible, coinsurance, prescription, 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 \$30 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$50 copay A referral is not required to visit a specialist.
Maternity Visits	100% after \$50 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% 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	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
Diagnostic Procedures	
Laboratory	100% in office setting or in a Preferred Lab 50% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 50% after deductible in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.	
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>	
Hospital Care	
Inpatient Admission (including maternity)	50% after deductible
Pre-admission Testing	50% after deductible
Surgery in Hospital	50% after deductible
Inpatient Physician Services	50% after deductible
Outpatient Dept. Services	50% after deductible
Emergency Care	
Emergency Room	50% after \$100 facility copay
Ambulance	50% after deductible
Outpatient Surgery	
Hospital Outpatient Surgery	50% after deductible
Surgery in an Ambulatory SurgiCenter	50% after deductible
Mental Health Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$50 copay



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Substance Abuse Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$50 copay
Alcohol Abuse Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$50 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.
Other Services	
Acupuncture	Not covered
Bariatric Surgery	50% after deductible
Diabetic Education	100% after office copayment
Diabetic Supplies	50% after deductible
Durable Medical Equipment	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after \$30 copay
Home Health Care	50% after deductible
Hospice Care	50% after deductible
	100% after copayment in office setting 50% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Infertility (including in-vitro fertilization)	
Physical Rehabilitation Facility Inpatient Services	50% after deductible Limited to 60 days per benefit period
	50% after deductible
Private Duty Nursing	Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after office copayment 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	50% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after office copayment 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$50 copay
Vision Hardware	\$100 every two years
Telemedicine	100% after \$15 copay
Prescription Drugs	
	Covered under a freestanding prescription program
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 .
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.

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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