

Horizon HSA - Direct Access Gibbons P.C.

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	Office setting	80% after deductible	60% after deductible



Horizon HSA - Direct Access Gibbons P.C. Effective 06/01/2023 - 05/31/2024

	<i>Effective 06/01/2023 - 05/31/202</i>	+	
Alcohol Abuse Services			
Inpatient	80% after deductible	60% after deductible	
Outpatient department	80% after deductible	60% after deductible	
Office setting	80% after deductible	60% after deductible	
Inpatient and Ou	tpatient Mental Health/Substance Abuse/Alcoholism Services		
	Horizon Behavioral Health at 1-800-626-2212.		
Other Services			
Bariatric Surgery	80% after deductible	60% after deductible	
Diabetic Education	80% after deductible	60% after deductible	
Diabetic Supplies	80% after deductible	60% after deductible	
Durable Medical Equipment	80% after deductible	60% after deductible	
Orthotics and Prosthetics	800/ -ft-n d- hfill-		
(Per NJ mandate)	80% after deductible	60% after deductible	
Physical Rehabilitaion Facility Inpatient		60% after deductible	
Services	Limited to 60 days per benefit period		
Home Health Care Hospice Care	80% after deductible	60% after deductible up to 100 visits	
Hospice Cale	80% after deductible	60% after deductible	
T C (11) A C C C C C C C C C C C C C C C C C C	80% after deductible	60% after deductible	
Infertility (including in-vitro fertilization)	Limited to 4 egg retrievals per lifetime		
Drivoto Duty Nursing	80% after deductible	60% after deductible	
Private Duty Nursing	Limited to 30 visits per be	nefit period (8-hour shifts)	
Short-term Therapies:			
Physical, Occupational, Speech,	80% after deductible	60% after deductible	
Respiratory			
	30 visit maximum per therapy, per benefit period 80% after deductible 60% after deductible		
Skilled Nursing Facility/Extended Care			
Center	Limited to 100 days per benefit period 80% after deductible	Limited to 60 days per benefit period 60% after deductible	
Therapeutic Manipulation (Chiropractic Care)			
Vision - Routine Eye Exam	25 visit maximum per benefit period 80% after deductible 60% after deductible		
Vision Hardware	Not covered		
Telemedicine	80% after deductible	Not covered	
Prescription Drugs	80% after deductible Not covered		
r rescription Drugs		deductione	
Eligibility Dependent children, including full-time students are covered until the end of the calendar		wared until the and of the calendar waar in which they	
Eligibility			
	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		
Grandfathered	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 sorvice that incl	udes a tall free 24 hour health information line staffed	
	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 require		
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You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

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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