



If affordability is what you're looking for, these plans are great options. Horizon Basic and Essential EPO and EPO Plus plans offer:

- Low premiums.
- Health care services through the Horizon Managed Care Network.
- No Primary Care Physician required and no referrals needed.
- And much more!



Is it the right choice for you?

Horizon Basic and Essential EPO and EPO Plus plans are the perfect choice if you've been locked out of the health insurance market because of the high price of standard plans. Maybe you're a dependent who has aged out of your parent's plan. Or, maybe you're losing group coverage and want an alternative to COBRA. No matter what your situation is, if you're looking for affordable health care coverage, these plans may be a good choice for you.

What you need to know ...

To receive coverage, you must use physicians, hospitals and health care professionals who participate in the Horizon Managed Care Network. Out-of-network coverage is only provided in cases of medical emergencies.

With Horizon Basic and Essential EPO and EPO Plus plans, you don't have to select a Primary Care Physician. Also, you don't need referrals to see specialists.



What is not covered by these plans?

Pre-existing condition limitation. For the first 12 months following the enrollment date of your coverage, Horizon Blue Cross Blue Shield of New Jersey will not pay for:

- Conditions for which medical advice, diagnosis, care or treatment was recommended or received during the six months before enrollment.
- Conditions for which during the last six months there are symptoms, which would cause a prudent person to seek medical advice, care or treatment.
- Pregnancy existing on the enrollment date of your policy. However, complications of pregnancy as defined in N.J.A.C. 11:1-4.3 are not considered pre-existing conditions and are not subject to the pre-existing

condition limitation. The limitation also does not apply to a newborn child, an adopted child or a child placed in the household for adoption if the child is enrolled and required payments are made within 31 days after birth, adoption or placement for adoption.

This limitation may not apply if you transfer from another health insurance plan and there has been no more than a 31-day lapse in coverage. The limitation also does not apply to Federally Defined Eligible Individuals who apply for coverage within 63 days of termination of prior coverage. Additional limitations and exclusions apply.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.



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Three Penn Plaza East, Newark, New Jersey 07105

This is not a contract/policy. This brochure is a summary of the standardized plans approved by New Jersey's Individual Health Program Board and offered by Horizon Blue Cross Blue Shield of New Jersey. For complete information and verification of all your benefits, refer to your contract/policy. In the event of a conflict between the information and the actual terms of a contract/policy, the terms of the contract/policy will prevail.

The chart below is for illustrative purposes only. See individual contract/policy for details and exclusions.

Horizon Basic and Essential EPO and EPO Plus At-A-Glance

Benefits	Horizon Basic and Essential EPO Coverage	Horizon Basic and Essential EPO Plus Coverage
Physician Services — Consultation, medical and surgical services, assistant surgeon, anesthesia and maternity care	Outpatient/Out of hospital/Illness and injury office visits covered to \$700 per covered person per calendar year. Wellness visits covered to \$600 per covered person per calendar year after \$50 deductible and 20% coinsurance. Inpatient practitioner's fees connected with inpatient hospital confinement are covered under inpatient hospital services.	Outpatient/Out of hospital/Office visits — \$30 copayment per covered person per visit. Wellness visits covered to \$600 per covered person per calendar year. Inpatient practitioner's fees connected with inpatient hospital confinement are covered under inpatient hospital services.
Physical Therapy — Outpatient (30 visits per covered person per calendar year)	\$20 copayment per covered person per visit.	\$20 copayment per covered person per visit.
Maternity Services — Physician Services	Delivery charge covered; pre- and post-natal charges are covered when included in the delivery charge.	\$30 copayment for initial visit; inpatient stay subject to inpatient hospital charges.
Inpatient Hospital Services (90 days per covered person per calendar year)	\$500 copayment per covered person per period of confinement.	\$500 copayment per covered person per period of confinement.
Outpatient Hospital Services Outpatient Surgery and Ambulatory Surgery	\$250 copayment per covered person per surgery.	\$250 copayment per covered person per surgery.
Out-of-Hospital Diagnostic Tests	\$500 maximum per covered person per calendar year.	\$500 maximum per covered person per calendar year.
Emergency Room Services	\$100 copayment per covered person per visit (waived if admitted).	\$100 copayment per covered person per visit (waived if admitted).
Alcohol and Substance Abuse — Inpatient (30 days per covered person per calendar year)	30% coinsurance after \$500 hospital confinement copayment.	30% coinsurance after \$500 hospital confinement copayment.
Alcohol and Substance Abuse — Outpatient (30 visits per covered person per calendar year)	30% coinsurance.	30% coinsurance.
Mental Illness (BBMI) — Inpatient (90 days per covered person per calendar year)	\$500 copayment per covered person per period of confinement.	\$500 copayment per covered person per period of confinement.
Mental Illness (BBMI) — Outpatient (30 visits per covered person per calendar year)	30% coinsurance.	30% coinsurance.
Prescription Drugs (Obtained while not confined in a hospital)	Not covered.	\$15 copayment for generic drugs with one copayment per 30-day supply for retail and mail order; 50% coinsurance for brand-name drugs up to \$500 maximum per covered person per calendar year.
Home Health Care	Not covered.	50% coinsurance up to \$2,500 maximum per covered person per calendar year.
Durable Medical Equipment	Not covered.	50% coinsurance up to \$2,500 maximum per covered person per calendar year.
Hospice Care	Not covered.	50% coinsurance up to \$2,500 maximum per covered person per calendar year.
Diabetes Benefits	Not covered.	50% coinsurance up to \$2,500 maximum per covered person per calendar year.
Birthing Center Confinement	Birthing Center charges not covered.	\$250 copayment per covered person per period of confinement.
Rehabilitation Center Confinement	Rehabilitation Center charges not covered.	\$500 copayment per covered person per period of confinement; the copayment does not apply if admission is preceded by a hospital confinement; maximum 90 days per calendar year.
Casts, braces, trusses, prosthetic devices, orthopedic footwear and crutches	Not covered.	Casts, prosthetic devices and crutches are covered.
Chemotherapy, Infusion Therapy	Not covered.	Covered.
Transplants	Not covered.	Covered.
Exclusions**	Horizon Basic and Essential EPO Coverage	Horizon Basic and Essential EPO Plus Coverage
Ambulance, Routine Foot Care, Skilled Nursing Facility charges, Skilled Nursing Care charges, Therapeutic Manipulation (Chiropractic), Treatment of a Non-Biologically Based Mental Illness	Not covered.	Not covered.
	** This is only a summary of benefits; a complete list of exclusions will be provided in your Evidence of Coverage.	