

Horizon HMO At-A-Glance

Description of Service	Horizon HMO \$15	Horizon HMO \$30	Horizon HMO \$30/\$50	Horizon HMO \$50/\$70	Horizon HMO Coinsurance
Primary Care Physician Copayment	\$15	\$30	\$30	\$50	\$40
Specialist Copayment	\$15	\$30	\$50	\$70	Subject to deductible and coinsurance.
Deductible	N/A	N/A	N/A	N/A	\$2,500 Individual / \$5,000 Family Deductible (Aggregate)
Coinsurance	50% for prescription drugs.	50% for prescription drugs.	50% for prescription drugs.	50% for prescription drugs.	50% coinsurance.
Maximum Out of Pocket	N/A	N/A	N/A	N/A	\$5,000 Individual / \$10,000 Family
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital <i>(Subject to preapproval)</i>	\$150 copayment per day for a maximum of 5 days per admission; \$1,500 maximum per calendar year.	\$300 copayment per day for a maximum of 5 days per admission; \$3,000 maximum per calendar year.	\$300 copayment per day for a maximum of 5 days per admission; \$3,000 maximum per calendar year.	\$500 copayment per day for a maximum of 5 days per admission; \$5,000 maximum per calendar year.	Subject to deductible and coinsurance.
Ambulatory Surgical Center Facility Charges	\$15	\$30	\$30	\$50	Subject to deductible and coinsurance.
Hospital Outpatient Facility Charges	\$15	\$30	\$60	\$100	Subject to deductible and coinsurance.
Emergency Room Copayment	\$100 (Credited toward inpatient admission if admitted within 24 hours).	\$100 (Credited toward inpatient admission if admitted within 24 hours).	\$100 (Credited toward inpatient admission if admitted within 24 hours).	\$100 (Credited toward inpatient admission if admitted within 24 hours).	\$100 (Credited toward inpatient admission if admitted within 24 hours). Emergency room copayment is payable in addition to applicable copayment, deductible and coinsurance.
Biologically Based Mental Illness and Alcoholism <i>(Inpatient is subject to preapproval)</i>	Inpatient: \$150 copayment per day for a maximum of 5 days per admission; \$1,500 maximum per calendar year.	Inpatient: \$300 copayment per day for a maximum of 5 days per admission; \$3,000 maximum per calendar year.	Inpatient: \$300 copayment per day for a maximum of 5 days per admission; \$3,000 maximum per calendar year.	Inpatient: \$500 copayment per day for a maximum of 5 days per admission; \$5,000 maximum per calendar year.	Subject to deductible and coinsurance.
Non-Biologically Based Mental Illness and Substance Abuse	Inpatient (subject to preapproval): 100% after the hospital copayment for a maximum of 30 days per year (1 inpatient day may be exchanged for 2 outpatient visits). Outpatient: 100% after the office copayment for a maximum 20 visits per calendar year.	Inpatient (subject to preapproval): 100% after the hospital copayment for a maximum of 30 days per year (1 inpatient day may be exchanged for 2 outpatient visits). Outpatient: 100% after the office copayment for a maximum 20 visits per calendar year.	Inpatient (subject to preapproval): 100% after the hospital copayment for a maximum of 30 days per year (1 inpatient day may be exchanged for 2 outpatient visits). Outpatient: 100% after the office copayment for a maximum 20 visits per calendar year.	Inpatient (subject to preapproval): 100% after the hospital copayment for a maximum of 30 days per year (1 inpatient day may be exchanged for 2 outpatient visits). Outpatient: 100% after the office copayment for a maximum 20 visits per calendar year.	Maximum of 3 days inpatient care per calendar year. One inpatient day may be exchanged for 2 outpatient visits; maximum 20 visits per calendar year.
Blood/Blood Products/Processing	Plan pays 100%.	Plan pays 100%.	Plan pays 100%.	Plan pays 100%.	Subject to deductible and coinsurance.
Diagnostic X-ray/Lab	Office visit copayment per visit.	Office visit copayment per visit.	\$30 office visit copayment per visit.	\$50 office visit copayment per visit.	Subject to deductible and coinsurance.
Durable Medical Equipment <i>(Subject to preapproval)</i>	Plan pays 100%.	Plan pays 100%.	Plan pays 100%.	Plan pays 100%.	Subject to deductible and coinsurance.
Home Health Care and Hospice Care <i>(Subject to preapproval)</i>	Unlimited days.	Unlimited days.	Unlimited days.	Unlimited days.	Unlimited days; subject to deductible and coinsurance.
Maternity	\$25 copayment for the initial visit; \$0 copayment thereafter.	\$25 copayment for the initial visit; \$0 copayment thereafter.	\$25 copayment for the initial visit; \$0 copayment thereafter.	\$25 copayment for the initial visit; \$0 copayment thereafter.	\$25 copayment for the initial visit; \$0 copayment thereafter.
Prescription Drugs	50% coinsurance.	50% coinsurance.	50% coinsurance.	50% coinsurance.	Subject to deductible and coinsurance. Coinsurance paid for covered prescription drugs does not count toward the maximum out of pocket.
Preventive Care	Office visit copayment per visit.	Office visit copayment per visit.	Office visit copayment per visit.	Office visit copayment per visit.	Office visit copayment per visit.
Rehabilitation Centers <i>(Subject to preapproval)</i>	Subject to inpatient hospital copayment above. Waived if immediately preceded by a hospital inpatient stay.	Subject to inpatient hospital copayment above. Waived if immediately preceded by a hospital inpatient stay.	Subject to inpatient hospital copayment above. Waived if immediately preceded by a hospital inpatient stay.	Subject to inpatient hospital copayment above. Waived if immediately preceded by a hospital inpatient stay.	Subject to deductible and coinsurance.
Speech, Physical <i>(Subject to preapproval)</i> , Occupational and Cognitive Rehabilitation Therapies	\$15 office visit copayment per visit.	\$30 office visit copayment per visit.	\$30 office visit copayment per visit.	\$50 office visit copayment per visit.	Subject to deductible and coinsurance. Limited to 30 visits per calendar year.
Therapeutic Manipulations	Office visit copayment per visit. Limited to 30 visits per calendar year and 2 modalities per visit.	Office visit copayment per visit. Limited to 30 visits per calendar year and 2 modalities per visit.	Office visit copayment per visit. Limited to 30 visits per calendar year and 2 modalities per visit.	Office visit copayment per visit. Limited to 30 visits per calendar year and 2 modalities per visit.	Subject to deductible and coinsurance. Limited to 30 visits per calendar year and 2 modalities per visit.