



OMNIA State Defector (with BlueCard) Cherry Hill Township

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	\$0	\$1,500
Family	\$0	\$3,000
	Deductible is Calendar Year	
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after \$5 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after \$20 copay
Specialist Office Visit	100% after \$15 copay A referral is not required to visit a specialist.	100% after \$30 copay
Urgent Care	100% after \$15 copay	100% after \$30 copay
Maternity Visits	100% after \$15 copay Copoly applies to 1st visit only Dependent children are eligible for maternity/obstetrical benefits.	100% after \$30 copay
Allergy Testing and Treatment	100% outpatient facility 100% in office setting* *Copoly only applies to office visit if billed.	80% after deductible outpatient facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% in office or LabCorp/Quest 100% in outpatient facility	100% in office or LabCorp/Quest 80% after deductible outpatient facility
X-ray/Radiology Services	100% in office 100% in outpatient facility	100% in office 80% after deductible outpatient facility

CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at **1-866-969-1234** to schedule an appointment.

*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 replace the need for a paper referral.*

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Hospital Care		
Inpatient Admission	\$150 copay per admission (does not apply to maternity, mental health/substance abuse or hospice)	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Department Services (Non-Surgical)	100% after \$15 copay	80% after deductible
Emergency Care		
Emergency Room	100% after \$100 facility copay (copay waived if admitted) Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	100% after \$100 facility copay (copay waived if admitted)
Ambulance	100%	100%
Outpatient Surgery		
Hospital Outpatient Surgery	\$150 copayment	80% after deductible
Surgery in an Ambulatory SurgiCenter	\$150 copayment	80% after deductible
Mental Health Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Substance Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Alcohol Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	100%	80% after deductible
Durable Medical Equipment	100%	80% after deductible
Orthotics and Prosthetics	100% after \$5 copay	100% after \$20 copay
Home Health Care	100% after \$5 copay	100% after \$5 copay
Hospice Care	100%	100%
Infertility	100% after \$15 copay office visit 100% after \$15 copay outpatient facility	100% after \$30 copay office visit 80% after deductible in outpatient facility
Physical Rehabilitation Facility Inpatient Services	\$150 per admission	80% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$5 copay 100% after \$5 copay in outpatient facility 30 visit maximum per therapy, per benefit period	100% after \$20 copay 80% after deductible in outpatient facility
Private Duty Nursing	100% Limited to 30 visits per benefit period (8-hour shifts)	80% after deductible
Skilled Nursing Facility/Extended Care Center	\$150 per admission Limited to 100 days per benefit period	80% after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after \$15 copay 25 visit maximum per benefit period	100% after \$30 copay
Adult Vision	100% after \$15 copay	100% after \$30 copay
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$150	
Telemedicine Services	100% after \$5 copay	
Prescription Drugs		
Covered under freestanding prescription program		



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

OMNIA State Defector (with BlueCard)

Cherry Hill Township

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. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.

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**.

The OMNIA 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 emergent situations.

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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Three Penn Plaza East, Newark, New Jersey 07105



Prescription Drug Program Cherry Hill Township

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
Three Tier Copayment Plan:			
Retail: Up to a 90 day supply <small>(1 retail copay applies per 30-day supply)</small>	\$7	\$16	\$35
Mail Order: Up to 90 day supply <small>(1 mail order copay applies for the 90-day supply)</small>	\$0	\$40	\$88
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
Benefit Period Maximum		\$1,820/\$3,640	
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives Anti-Obesity Drugs Lifestyle Drugs		
Mandatory Generic:	Member pays the higher copayment plus the difference between the cost of the brand drug and the generic drug for multi-source brand name drugs.		
Specialty Pharmacy Program:	Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.		
	<ul style="list-style-type: none"> • Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy. • Claims assistance to help determine individual coverage and file the necessary paperwork. • Easy access to pharmacists and other health experts 24 hours a day, seven days a week. • Single, reliable source for specialty medication needs. • Easy ordering with a dedicated toll-free number. • Confidential and convenient delivery to the location of choice (i.e., home, physician's office.) • Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions. • NOTE: Specialty pharmacies are considered "mail order" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail. 		
Exclusions:	Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum		

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For more information about your prescription drug plan, please refer to our website at www.horizon-bcbnsj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.

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