Horizon Blue Cross Blue Shield of New Jersey

PPO and Indemnity Products

February 2017
PPO and Indemnity Product Portfolio

- Basic Blue℠ Plan A.
- BCBS Service Benefit Plan (FEP PPO).
- BlueCare®.
- BlueCard® PPO.
- Comprehensive Health Plan.
- Comprehensive Major Medical.
- Federal Employee Program (FEP).
- Horizon Advantage PPO.
- Horizon Basic Health Plan A.
- Horizon Basic Plan A/50.
- Horizon Comprehensive Health Plan A, B, C, D.
- Horizon EPO.
- Horizon High Deductible Plan C.
- Horizon High Deductible Plan D.
- Horizon High Deductible PPO Plan D.
- Horizon Medigap Contemporary Plans.
  - Plans A, C, F, G, K, N.
- Horizon Medigap Plans.
  - Plans: BCBSNJ 65, BCBSNJ 65 Select, Super 65.
- Horizon MSA Plan C.
- Horizon MSA Plan D.
- Horizon MyWay HRA.
- Horizon MyWay HSA.
- Horizon PPO.
- Horizon Traditional Plan B, C, D.
- Major Medical.
- Medallion/Medallion 2000.
- Medical – Surgical Fixed Fee 500 Series.
- Medical – Surgical Fixed Fee 750 Series.
- Medical – Surgical Fixed Fee 14/20 Series.
- Network CMM.
- Student Program.
- Wraparound.
## Preferred Provider Organization (PPO)

### Key Features
- BlueCard PPO.
- Horizon MyWay HRA.
- Horizon MyWay HSA.
- Horizon PPO.

### Key Features
- No PCP selection is required.
- No referrals required for specialist visits.

### Member Benefits
- Higher out-of-pocket costs may apply if utilizing out-of-network benefits.

### Reimbursement
- Fee for Service.
BlueCard Coverage:
- BlueCard PPO
- Horizon PPO
- Horizon MyWay HRA
- Horizon MyWay HSA

Members who have the PPO-in-the-suitcase logo on their ID card may have access to the BlueCard® PPO network when services are rendered outside of their plan service area.

No BlueCard access for these plans.
# Horizon MyWay HRA & HSA

High-deductible health plans; engage consumers and protect against catastrophic medical expenses.

<table>
<thead>
<tr>
<th>Products:</th>
<th>Details</th>
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<tbody>
<tr>
<td>- Horizon <em>MyWay</em> HSA</td>
<td>Tax-favored savings account. HSA is “portable” -- it stays with the member if they change employers or retire.</td>
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</tbody>
</table>

**Key Features**

- No PCP selection is required.
- No referrals required for specialist visits.

**Member Benefits**


**Reimbursement**

- Fee for Service.
## Indemnity/Traditional Products

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<tr>
<td>Key Features</td>
<td>No PCP or referrals required. Allows for in- and out-of-network benefits.</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Fee-for-Service. Contracted providers can only balance bill members up to the allowed amount.</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td><strong>Indemnity, Wraparound, and Comprehensive Major Medical</strong>: Deductible and coinsurance apply.</td>
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<tr>
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<td><strong>Medallion/Medallion 2000</strong>: Deductible, coinsurance and copayments may apply.</td>
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### Traditional and Wraparound

<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>WRAPAROUND</th>
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<tr>
<td>H Inpatient Hospital</td>
<td>Combines hospital, medical/surgical and supplemental benefits in one package.</td>
</tr>
<tr>
<td>M Medical/Surgical - Rider J</td>
<td></td>
</tr>
<tr>
<td>A Major Medical</td>
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</table>
Comprehensive Major Medical & Medallion

Comprehensive Major Medical (CMM/CHP)
Hospital, medical/surgical and major medical coverage in one package.

Medallion/Medallion 2000
Hospital, medical/surgical and supplemental benefits coverage in one package.
Federal Employee Program, or FEP, plans are available to members who work for the federal government and live or work in New Jersey.

**Products**

**Standard Option** - Care may be received from Preferred and Non-Preferred providers.

Out-of-network benefits available; may be subject to coinsurance and deductible.

**Basic Option** - Care must be received from Preferred providers, except emergency care.

No out-of-network benefits, except in an emergency.

No PCP or referrals required.

Office visit copayments.
Medigap Plans

Medigap coverage supplements Medicare benefits and is offered to individuals age 65 and older and individuals under age 65 who are disabled.

Products


Key Features

Claims are automatically transmitted to Horizon BCBSNJ from Medicare, if member is added to the Medicare Crossover File.

Reimbursement

Fee-for-Service.

Authorizations

Authorizations are not required since Medicare is primary.
### Participating Provider Responsibilities

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<th>IF YOU ...</th>
<th>THEN ...</th>
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<tr>
<td>Participate only in our Horizon PPO Network.</td>
<td>Our PPO allowance is considered <strong>payment in full</strong> for services rendered to our managed care members who have out-of-network benefits.</td>
</tr>
</tbody>
</table>

**You cannot balance bill managed care members.**

*Collect deductible, coinsurance or copayment amounts listed on EOP.*
Horizon Programs

- **Lab Corporation of America (LabCorp) or AtlantiCare Clinical Labs** - must perform all clinical tests, and related services for all Horizon BCBSNJ Managed Care members.

- **eviCore healthcare®** (formerly known as CareCore National, LLC) - manages our Radiology, Cardiology, Pain Management, Radiation Therapy Programs and Musculoskeletal Program.

- **Magellan Rx Management** (formerly known as ICORE) - administers the Medical Injectable Program for Horizon BCBSNJ.

- **Value Options℠** - administers the Horizon Behavioral Health Program.

Pathology services provided in a hospital setting to members enrolled in Horizon BCBSNJ managed care plans by a practice that participates in the Horizon Managed Care Network are allowed as an exception to the above-described LabCorp exclusivity requirements.

Value Options℠ is a New Jersey corporation licensed by the NJ Department of Banking and Insurance, and is contracted by Horizon BCBSNJ to administer the Horizon Behavioral Health Program.
THANK YOU!

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