



Horizon MyWay HSA - BlueCard PPO Township of Piscataway

1/1/2024 - 12/31/2024

Health Saving Account (HSA)	Employer Contribution	
You may access your Health Savings Account for out of pocket expenses.	The employer and/or employee can contribute to the Health Savings Account up to the statutory maximum regardless of the individual's deductible.	
Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	\$1600 per indiv./\$3200 True Family Deductible	
Family	True Family Aggregate - Entire family deductible must be met before any benefits are paid.	
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, 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	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after deductible A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after deductible A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after deductible Female child dependents are ineligible for maternity/obstetrical benefits.	70% after deductible
Allergy Testing and Treatment	100% after deductible	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100% (no deductible)	70% (no deductible)
Well Child Exams	100% (no deductible)	70% (no deductible)
Well Child Immunizations and Lead Screening	100% (no deductible)	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% after deductible	70% after deductible
Outpatient X-ray/Radiology Services	100% after deductible	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore Healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore Healthcare 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 Healthcare replace the need for a paper referral.		
Hospital Care		
Inpatient Admission (including maternity)	100% after deductible	70% after deductible
Pre-admission Testing	100% after deductible	70% after deductible
Surgery in Hospital	100% after deductible	70% after deductible
Inpatient Physician Services	100% after deductible	70% after deductible
Outpatient Dept. Services	100% after deductible	70% after deductible
Emergency Care		
Emergency Room	100% after deductible Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100% after deductible	70% after deductible



Horizon MyWay HSA - BlueCard PPO Township of Piscataway

Outpatient Surgery		
Hospital Outpatient Surgery	100% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	100% after deductible	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Substance Abuse Services		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Alcohol Abuse Services		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
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% after deductible	70% after deductible
Diabetic Education	100% after deductible	70% after deductible
Durable Medical Equipment (including diabetic supplies)	100% after deductible	70% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible	70% after deductible
Home Health Care	100% after deductible	70% after deductible
	90 visit maximum per benefit period, direct admission	
Hospice Care	100% after deductible	70% after deductible
	Unlimited lifetime maximum	
Infertility (including in-vitro fertilization)	100% after deductible	70% after deductible
	Limited to 4 egg retrievals per lifetime	
Private Duty Nursing	100% after deductible	70% after deductible
	Limited to 240 hours per benefit period	
Short-term Therapies: Physical, Occupational, Speech, Cognitive (Limit of 3 modalities per visit - out of network only)	100% after deductible	70% after deductible
	30 visit maximum per therapy, per benefit period	
Skilled Nursing Facility/Extended Care Center	100% after deductible	70% after deductible
	120 days per benefit period, following a 3 or more day prior hospital stay.	
Therapeutic Manipulation (Chiropractic Care)	100% after deductible	70% after deductible
	30 visit maximum per benefit period	
Routine Vision Exam	100% after deductible	70% after deductible
Vision Hardware	\$100 in a 2 calendar year period	
Telemedicine	100% after deductible	Not Covered
Prescription Drugs (CDHRx)	80% after deductible	



Horizon MyWay HSA - BlueCard PPO
Township of Piscataway

Eligibility	Dependent children, including full-time students are covered until the end of the month 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.
Grandfathered	Not Applicable
Pre-Existing Conditions	The plan includes a “pre-existing conditions” limitation. A “pre-existing condition” is an illness or injury for which medical advice, diagnosis, care or treatment was received during the six month period immediately prior to a covered person’s enrollment date. If this limitation applies, no benefits will be paid for charges incurred for the covered person’s pre-existing condition until 12 months after the enrollment date. But this limitation does not apply to: pregnancy; covered dependents age 19 and under; genetic information, in the absence of a diagnosis of the condition related to that information; or a newborn child’s birth defect. Other exceptions may also apply. Even if the limitation applies, the 12 month period may be reduced by the time during which a person was covered under certain other healthcare coverage (Creditable Coverage) that was continuously in force up to a date not more than 63 days prior to the enrollment date.
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 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 requires a doctor's visit.

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.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association.
The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association.
The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.
© 2021 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.



Horizon MyWay HSA - BlueCard PPO
Township of Piscataway

Rate Structure

Tier 3	Non-carveout	Carveout
Single	\$891.01	
Family	\$2,440.61	
Parent/Child	\$1,224.25	

Commissions

The above rates include a broker commission of \$50,000.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official:

Signature:

Print:

Title:

Date: