



DIRECT ACCESS DESIGN 9
Benefit Highlights
Medford Township Board of Education

Pat X plan

Plan	Office Visit Copayment	Deductible		Maximum Out-of-Pocket*	
		In-Network	Out-of-Network	In-Network	Out-of-Network
DIRECT ACCESS DESIGN 9 100/80	\$10/\$15	None	\$200 per indiv./ \$400 per family	\$5,000 per indiv./ \$10,000 per family	\$1,000 per indiv./ \$2,000 per family
		In-Network		Out-of-Network	
Coinsurance		100%		80%	
Maximums					
Benefit Period		Unlimited		Unlimited	
Lifetime		Unlimited		Unlimited	
HOSPITAL/FACILITY SERVICES		In-Network		Out-of-Network	
Inpatient Services					
Room & Board		100%		100%	
Semi-Private Room					
Intensive Care & Other Hospital Services					
Maternity Benefits (Includes dependents)		100%		100%	
Organ Transplants (Includes ABMT)		100%		100%	
Skilled Nursing Facility		100%		100%	
Outpatient Services					
Hospital Services (operating room, blood administration, general nursing, therapy/ diagnostic services, etc.)		100%		100%	
Pre-Admission Testing		100%		100%	
Medical Emergency/Accidental Injury			100% after \$50 copay (\$50 facility copay waived if admitted)		
Home Health Care		100%		100%	
Hospice Care (Eligibility requires a confirmed diagnosis of terminal illness with a life expectancy of 6 months or less)		100%		100%	
PHYSICIAN SERVICES		In-Network		Out-of-Network	
Inpatient Services					
Medical Care (including consultations)		100%		100%	
Surgical Services (including assistant surgeon and anesthesia)		100%		100%	
Obstetrical Services (normal delivery, cesarean section, abortion - includes dependents)		100%		100%	
Diagnostic/Therapy Services		100%		100%	
Outpatient/Out-of-Hospital Services					
Primary Care Physician Office Visits					
- During office hours		100% after \$10 copay		80% after deductible	
- After hours/Home visits		100% after \$15 copay		80% after deductible	
Specialist Office Visits		100% after \$15 copay		80% after deductible	
Medical and Surgical Care (including related diagnostic/therapy services)		100%**		80% after deductible	
Diagnostic X-ray and Lab		100%**		100%	
Allergy Testing, Treatment & Injections		100%**		80% after deductible	
		100% after \$15 copay (Copay on 1st visit only)		80% after deductible	
Maternity Care (includes dependents)		100%**		80% after deductible	
Infertility (includes in-vitro fertilization per NJ Mandate)			4 egg retrievals per lifetime		
Preventive Care		100% after \$10/\$15 copay		100%	
Well Child Care (through age 19)					
Child Immunizations/Lead Testing (per NJ Mandate)**					
Annual Routine Physicals (beginning at age 20 per NJ Mandate)					
Annual Prostate Screening (men age 40 and over)**					
Gyn Exam & Pap Exam (per NJ Mandate)					
Mammography (per NJ Mandate)**		One baseline between ages 35 and 39; Annual mammogram age 40 and over***			
Short Term Therapies: Physical, Speech, Occupational, Respiratory/Inhalation Therapy		100% after \$15 copay		100%	
(Limit of 3 modalities per visit - out of network only)					
Therapeutic Manipulations		100% after \$15 copay (20 visit maximum per benefit period)		80% after deductible	
Routine Vision Exam (Limited to 1 per benefit period)		100% after \$15 copay		Not Covered	
Vision Hardware			\$70 every 24 months		
Diabetic Education (per NJ Mandate)		100% after \$10/\$15 copay		80% after deductible	
Nutrition Counseling		100% after \$15 copay		80% after deductible	
Acupuncture		100%**		80% after deductible	



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OTHER SERVICES	In-Network	Out-of-Network
Ambulance (Ground Transport & Air Transport)	100%	80% after deductible
Diabetic Supplies (per NJ Mandate)	100%	80% after deductible
Durable Medical Equipment	100%	80% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	80% after deductible
Prescription Drugs Covered under freestanding prescription drug program		
MENTAL HEALTH ¹	In-Network	Out-of-Network
Inpatient Physician Services	100%	100%
Inpatient Facility Services	100% up to 35 days per benefit period	100% up to 30 days per benefit period 31st to 90th days covered at 80% after deductible
Outpatient Services	100% after \$25 copay (20 visit maximum per benefit period)	80% after deductible
SUBSTANCE ABUSE ¹	In-Network	Out-of-Network
Detoxification	100%	100% up to 7 days
Inpatient Rehabilitation	100% up to 30 days per benefit period	100% up to 30 days per benefit period
Outpatient Rehabilitation	100% after \$15 copay (60 visit maximum per benefit period)	80% after deductible (30 visit maximum per benefit period)
COST MANAGEMENT	In-Network	Out-of-Network
Catastrophic Case Management	Covered	Covered
Pre-Admission Review	Network Physician's Responsibility In State Member Responsibility Out of State	Member Responsibility
ELIGIBILITY		
Children are covered to the end of the calendar year in which they turn age 23. Handicapped dependents are covered beyond the child removal age, if handicap occurred prior to age 23. Under certain conditions, coverage may be extended for qualified dependents up to age 30.		

In-Network - Horizon BCBSNJ's payment for eligible expenses when services are obtained from one of the providers in our Managed care Network. Horizon BCBSNJ reimburses both Primary Care Physicians and Specialists at the applicable allowance and the member will not be responsible for any balance bill. Direct Access provides the highest level of benefits for in-network services and the member does not have to file claims. No referrals are required.

Out-of-Network - Horizon BCBSNJ's payment for eligible services that are not obtained from one of the providers in our Managed Care Network. The member may see any physician if he/she is willing to pay a greater share of the costs. Non-network services are reimbursed at the 90th of HIAA schedule and providers may balance bill up to their charges. An annual deductible and a coinsurance applies to all eligible medical and most supplemental services. Once the member reaches the out-of-pocket maximum, the plan pays 100% of the appropriate allowance for eligible services for the rest of the year. The member is responsible for complying with all utilization review and cost containment programs.

CareWise

CareWise is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. CareWise 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.

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 booklet for more information.

¹ All Mental Health/Substance Abuse Care Services must be coordinated through the Horizon BCBSNJ/Magellan Behavioral Health Program. Alcoholism and Biologically Based Mental Illnesses will be paid as any other medical condition pursuant to the NJ state mandates.

*All copayments, deductibles and coinsurance count towards the Out-of-Pocket maximum.

**Copay will apply when an office visit procedure code is billed separately.

***More frequent mammograms are covered if under age 40 with a family history of breast cancer or other breast cancer risk factors.

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