

Benefits Summary



Large Group

Plan Options

Option	Home/Office Visit Co-Payment	Outpatient Therapy Services Co-Payment	Outpatient Surgery Co-Payment	Emergency Room Co-Payment	Inpatient Co-Payment (Per Admission/Family Calendar Year Max)
1	\$5	\$5	\$0	\$35	\$0/\$0,\$100/250,\$250/\$625, or \$500/\$1,250
2	\$10	\$10	\$0	\$35	
3	\$15	\$15	\$0	\$35	
4	\$20	\$20	\$0	\$35	
5	\$30	\$30	\$0	\$35	\$0/\$0,\$500/\$1,250
6	\$40	\$40	\$0	\$75	
7	\$50	\$50	\$0	\$75	

Co-Payment Rider Options

Home/Office Visit Co-Payment	Outpatient Therapy Services Co-Payment	Outpatient Surgery Co-Payment ¹	Emergency Room Co-Payment	Inpatient Co-Payment ¹ (Per Admission/Family Calendar Year Max)
\$20 or \$30	\$30	\$50, \$100, \$150, \$250	\$100	\$500/1,000, \$1,000/\$2,000, \$1,500/\$3,000, or \$2,500/\$5,000
\$40	\$40	\$50, \$100, \$150, \$250	\$100	
\$50	\$50	\$50, \$100, \$150, \$250	\$100	

Benefit	In-Network ^{2,3}
Lifetime Maximum	Unlimited
Dependent Children	To age 19; unmarried, full-time students to age 23
	Rider available to increase dependent age to 23; full-time students to age 25.

Home/Office/Outpatient Services

Member Pays

Home/Office Visit (PCP or Specialist)	Co-payment option selected
Annual Physical Exam	Co-payment option selected
Well-Child Care (up to age 19; including immunizations)	\$0
Well-Woman Care (no PCP referral required)	Co-payment option selected
Emergency Room/Facility ⁴ (initial visit)	Co-payment option selected (waived if admitted within 24 hours)
Surgery ⁵	Co-payment option selected
Presurgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Mammograms	\$0
Diagnostic Laboratory Tests, X-rays, MRI/MRA ⁵ , PET/CAT Scans ⁵ and Nuclear Cardiology ⁵	\$0
Allergy Testing & Treatment	Co-payment option selected applies to testing (waived for treatment)
Chiropractic Care ⁵	Riders available (20 or 30 visits per calendar year subject to co-payment option selected)
Home Healthcare ⁵ (up to 200 visits per calendar year)	\$0
Home Infusion Therapy ⁵	\$0
Hospice Care ⁵ (up to 210 days per lifetime)	\$0
Physical Therapy ⁵ (up to 30 visits per calendar year combined in home, office or outpatient facility)	Co-payment option selected
Other Short-term Rehabilitative Therapies – Speech/Language ⁵ , Hearing, Vision, Occupational Therapy ⁵ (up to 30 visits per calendar year combined in home, office or outpatient facility)	Co-payment option selected

1. Outpatient surgery co-payments under a co-payment rider may only be combined with inpatient co-payments as follows: \$50 with \$500, \$100 with \$1,000, \$150 with \$1,500, and \$250 with \$2,500.
 2. HMO only: A network provider must deliver all care with a PCP referral. Access HMO only: PCP functions as member's personal physician but does not act as gatekeeper. Member must use PCP for primary care services, such as annual physical examinations and well-child care, and may access a network specialist with or without PCP referral.
 3. This contract covers services from participating providers only. No benefits are available for services rendered by out-of-network providers except in emergencies.
 4. WellChoice's Medical Management must be notified within 48 hours in the event of an emergency admission.
 5. The admitting network physician, PCP or participating vendor must contact our Medical Management Program to obtain preapproval for this service.
 6. WellChoice's Behavioral Healthcare Management Program must preapprove this service.
 7. All of the prescription drug plan options listed on this Benefit Summary meet the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.

Note: This is a benefits summary only and is subject to the terms, limitations and exclusions set forth in the contract. Failure to obtain required referrals and to comply with our Medical Management Program requirements or Behavioral Healthcare Management Program could result in loss of benefits.
 Services and products provided by WellChoice HMO of New Jersey.

Benefit	In-Network ^{2,3}
Home/Office/Outpatient Services	Member Pays
Cardiac Rehabilitation ⁵ Second Surgical Opinion Kidney Dialysis	Co-payment option selected \$0 Co-payment option selected
Inpatient Care⁵	
Inpatient Hospital (as many days as is medically necessary; semiprivate room and board; provider visits included) Surgery, Surgical Assistant, Anesthesia Physical Therapy, Physical Medicine or Rehabilitation (up to 30 inpatient days per calendar year) Skilled Nursing Facility (up to 60 days per calendar year)	Inpatient co-payment option selected \$0 Inpatient co-payment option selected \$0 – Rider available to increase to 120 or 365 days
Mental Healthcare	
Biologically-based (treated as any other illness or injury): Outpatient Inpatient ⁶ Nonbiologically-based: Outpatient ⁶ (up to 20 in-network outpatient visits per calendar year) Inpatient ⁶ (up to 30 days per admission)	Co-payment option selected Inpatient co-payment option selected \$25 Co-payment – Rider available to increase to 40 or 60 visits Inpatient co-payment option selected – Rider available to increase to 45 or 90 days
Substance Abuse⁶	
Outpatient (up to 60 outpatient visits, which include 20 family counseling visits per calendar year) Inpatient (up to 30 days for detox and rehabilitation per calendar year)	\$0 Inpatient co-payment option selected – Rider Available to increase to 45 or 90 days
Alcohol Abuse	
(Treated as any other illness or injury) Outpatient Inpatient ⁶	Co-payment option selected Inpatient co-payment option selected
Other	
Medical Supplies Durable Medical Equipment ⁵ Prosthetics & Orthotics ⁵ Ambulance (Air Ambulance) ⁵ Prescription Drugs ⁷	\$0 \$0 \$0 \$0 Prescription Drug Rider Options Retail/Mail-Order program with Generic/Brand/Non-Formulary co-payments for each 30-day supply: Option 1: \$5/\$15/\$25 Option 2: \$10/\$20/\$30 Option 3: \$10/\$25/\$50 Oral contraceptives are optional Note: All Prescription Options are available with a \$0, \$100, or \$150 deductible per person per year.

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