



Christopher S. Kudryk
 732-333-1976 office
 732-444-5971 e-fax
 chris@kbenefits.com
 kbenefits.com

2019 Individual Horizon BCBS of NJ – effective Jan 1st, 2019

	OMNIA - Silver EPO		OMNIA - Silver H.S.A		OMNIA - Bronze H.S.A	
	OMNIA Tier 1	OMNIA Tier 2	OMNIA Tier 1	OMNIA Tier 2	OMNIA Tier 1	OMNIA Tier 2
Deductible*	\$1,500 ded	\$2,500 ded	\$1,800 ded	\$2,500 ded	\$3,000 ded	
Coinsurance	none	50%	30%	50%	50%	
MOOP	\$7,350	\$7,900	\$6,000	\$6,550	\$6,550	
Referrals	No Referrals Required		No Referrals Required		No Referrals Required	
Preventive Care	No charge		No charge		No charge	
Primary Care	\$30 copay	50% after ded	\$15 copay after ded	\$30 after ded	\$30 after ded	50% after ded
Specialist	\$50 copay	50% after ded	\$30 copay after ded	\$50 after ded	\$50 after ded	50% after ded
Chiropractic Care	\$30 copay	50% after ded	\$30 copay after ded	50% after ded	\$30 after ded	50% after ded
Urgent Care	\$75 copay	50% after ded	\$60 copay after ded	\$75 after ded	\$75 after ded	50% after ded
Emergency Room	\$100 copay after ded		\$100 copay + 30% after ded		\$100 copay + 50% after ded	
Ambulance	No charge after ded		No charge after ded		No charge after ded	
Labs / Xrays – FS*	No charge	No charge	No charge after ded	50% after ded	No charge after ded	50% after ded
Xrays – office visit	\$30 or \$50 copay	50% after ded	\$15 or \$30 after ded	\$30 or \$50 after ded	\$30 or \$50 after ded	50% after ded
Advanced Radiology	\$100 after ded	50% after ded	30% after ded	50% after ded	50% after ded	
Inpatient Hospital	\$500/day after ded; \$2,500 max	50% after ded	30% after ded	50% after ded	\$500/day after ded; \$2,500 max	50% after ded
Inpatient Surgery	0% after ded	50% after ded	30% after ded	50% after ded	50% after ded	
Outpatient Facility	\$250 after ded	50% after ded	30% after ded	50% after ded	50% after ded	
Outpatient Surgery	0% after ded	50% after ded	30% after ded	50% after ded	50% after ded	
Outpatient Dr	\$50 copay	50% after ded	30% after ded	50% after ded	50% after ded	
Durable Med Equip	0% after ded	n/a	30% after ded	n/a	0% after ded	n/a
Home Health Care	\$50 after ded	50% after ded	30% after ded	50% after ded	\$50 after ded	
Skilled Nursing Hospice	\$500/day after ded; \$2,500 max	50% after ded	30% after ded	50% after ded	\$500/day after ded; \$2,500 max	50% after ded
Rx Deductible	\$200 ded		\$1,800 ded – (HSA)		\$3,000 ded – (HSA)	
Rx Generic	\$15 copay		50% after ded		50% after ded	
Rx Preferred	50% after ded		50% after ded		50% after ded	
Rx Non-Preferred	50% after ded		50% after ded		50% after ded	
Rx Specialty	50% after ded		50% after ded		50% after ded	
Pediatric Vision Exam	No charge; 1 exam/12 mos		No charge; 1 exam/12 mos		No charge; 1 exam/12 mos	
Pediatric Vision Hardware	No charge; 1 pair/12 mos		No charge; 1 pair/12 mos		No charge; 1 pair/12 mos	

- * Deductibles are x2 for: H/W, Parent/Children and Family Coverage
- * FS - free standing
- Find an OMNIA Doctor/Hospital at HorizonBlue.com
- Pediatric dental is required for minors 0-19 years old. Young Grins: \$25-\$30/month per minor
- For Obamacare enrollees only - Healthcare.gov Broker code: **Chris Kudryk #7990501**