

*Please read legal disclaimers at the end of this printout.

**Talk to a live representative at 1-800-977-8860 Monday-Friday 5am-9pm PT.
Sat & Sun 7am-4pm PT**

Live chat is also available at our website at www.ehealthinsurance.com 24x7.

Your Quote Summary

Coverage for: Applicant (M/44), Spouse (F/41), Child (M/12)

State / Zip Code: NJ / 08611

County: MERCER

Coverage Start Date: 9/15/2009

Quotes generated on 8/19/2009



Horizon Basic and Essential EPO Plus Plan

Customer Reviews & Ratings ★★☆☆



\$868.04

Monthly Cost

APPLY

Overview

Customer Reviews


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[Print](#)

Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

Details at a Glance

| | |
|--|--|
| <u>Plan Type</u> | EPO |
| <u>Office Visit for Primary Doctor</u> | \$30 Copay |
| <u>Office Visit for Specialist</u> | \$30 Copay |
| <u>Coinsurance</u> | None |
| <u>Annual Deductible</u> | None |
| <u>Separate Prescription Drugs Deductible</u> | None |
| <u>Prescription Drugs</u> | Generic: \$15 Copay Brand: 50%, \$500 max per covered person per year Non-Formulary: Not Covered |
| <u>Annual Out-of-Pocket Limit</u> | None |
| <u>Lifetime Maximum</u> | Unlimited |
| <u>Health Savings Account (HSA) Eligible</u> | No |
| <u>Out-of-Network Coverage</u> | No |
| <u>Out of Country Coverage</u> | Emergency Care Only |

 [Find Doctors](#) (Search to see if your doctors are part of this plan's network.)

Physicians

Primary Care Physician (PCP) Required No

Specialist Referrals Required No

Preventive Care Coverage

Periodic Health Exam Covered up to \$600 per covered person per calendar year. A copayment will apply.

Periodic OB-GYN Exam Covered up to \$600 per covered person per calendar year. A copayment will apply.

Well Baby Care Covered up to \$600 per covered person per calendar year. A copayment will apply.

Prescription Drug Coverage

Generic Prescription Drugs \$15 Copay

Brand Prescription Drugs 50%, \$500 max per covered person per year

Non-Formulary Prescription Drugs Coverage Not Covered

Mail Order for Prescription Drugs Generic: \$15 Copay
Brand: 50%, \$500 max per covered person per year
Non-Formulary: Not Covered

Separate Prescription Drugs Deductible None

Hospital Services Coverage

Emergency Room \$100 Copay (waived if admitted)

Outpatient Lab/X-Ray \$500 maximum per covered person per calendar year.

Outpatient Surgery \$250 Copay

Hospitalization \$500 copayment per covered person per period of confinement (90 days per covered person per calendar year)

Maternity Coverage

Pre & Postnatal Office Visit \$30 Copay for initial visit

Labor & Delivery Hospital Stay \$500 copayment per period of confinement (90 days per covered person per calendar year)

Additional Coverage

Chiropractic Coverage Not Covered

Mental Health Coverage Outpatient -30% Coinsurance, 30 visits per

covered person per calendar year

Additional Information

A.M. Best Rating B++pd as of 09/08/2008

Application Fee No

Electronic Signature for Application Available Yes

Will insurance company obtain and pay for medical records? No

Additional information about this health insurance plan is available in the documents below.

[Plan Brochure \(PDF\)](#)

[Exclusions and Limitations \(PDF\)](#)

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APPLY

IMPORTANT NOTICES AND DISCLAIMERS

- **THE BENEFITS MATRIX IS A SUMMARY FOR INFORMATIONAL PURPOSES ONLY. REVIEW THE EVIDENCE OF COVERAGE AND INSURANCE POLICY (PLAN CONTRACT) FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS, LIMITATIONS, AND EXCLUSIONS. ONLY THE TERMS AND CONDITIONS OF COVERAGE BENEFITS LISTED IN THE POLICY ARE BINDING.**
- The benefits listed may be contingent on your use of physicians, hospitals, and services within the specific insurance company's provider network.
- The Copayment, Deductible, and Coinsurance amounts are your share of the costs for covered benefits. These amounts are subject to change.
- Each insurance carrier may have unique Notices, Disclaimers, and Fees. Please check below for information regarding the plans and carriers you selected.
- The quotes or rates shown above are estimates only. Your premium is subject to change based on your medical history, the underwriting practices of the insurance company, the optional benefits you selected, if any, and other relevant factors, such as changes in rates which take effect before your requested effective date. The insurance company always determines your actual premium. Insurance companies reserve the right to change the terms of a policy upon proper notification.

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