



OMNIA 90/70 HSA - Plan 949/959

BENEFIT DESCRIPTION

Benefit	OMNIA Tier 1 Provider	Tier 2 Network Provider
Deductible (Calendar year)	\$1,700 single coverage / \$3,400 multiple coverage	\$2,500 single coverage / \$5,000 multiple coverage
Hospital Pre Certification and Utilization Review is required for all hospital admissions.		
Hospital		
Medical Emergency/Accidental Injury	90% after deductible and \$100 Co-Pay: Co-Pay Waived if admitted.	70% after deductible and \$100 Co-Pay: Co-Pay Waived if admitted.
Facility Charges	90% after Deductible	70% after deductible
Professional Office Care	Up to \$20 Co-Pay after Deductible	Up to \$40 Co-Pay after Deductible
Professional Care (Out-Patient)	90% after Deductible	70% after deductible
Skilled Nursing Facility	90% after Deductible	90% after deductible
Home Health Agency Care	\$10 Co-Pay after Deductible Combined OMNIA Tier 1/Tier 2: 60-Days a year	\$10 Co-Pay after Deductible
Hospice Care	90% after Deductible Combined OMNIA Tier 1/Tier 2: 10-Days a year	70% after deductible
Physician Services		
Surgical Services	90% after Deductible	70% after deductible
In-Patient Services	90% after Deductible	70% after deductible
Primary Care Physician	\$10 Co-Pay after Deductible	\$25 Co-Pay after Deductible
Specialist Services	\$20 Co-Pay after Deductible	\$40 Co-Pay after Deductible
Preventive Care		
Immunizations, out-patient well baby care and periodic health exams	100% covered	100% covered
Therapy Services		
Therapeutic Manipulation	\$20 Co-Pay after Deductible Combined OMNIA Tier 1/Tier 2: 25 Visits a year	\$30 Co-Pay after Deductible
Respiratory	Up to \$20 Co-Pay after Deductible Combined OMNIA Tier 1/Tier 2: 30 Visits a year	Up to \$40 Co-Pay after Deductible
Cognitive, Occupational, Physical, Speech	\$10 Co-Pay after Deductible Combined OMNIA Tier 1/Tier 2: 60 Visits a year for each therapy	\$25 Co-Pay after Deductible
Chelation, Chemotherapy, Dialysis, Infusion, Radiation Treatment	Up to \$20 Co-Pay after Deductible	Up to \$40 Co-Pay after Deductible

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Mental Health/Substance Abuse		
All Mental Health/Substance Abuse Care services must be coordinated through the Horizon BCBSNJ/Value Options. Mental Illness and Substance Abuse will be paid as any other medical condition pursuant to the NJ State mandate.		
In-Patient Services	90% after Deductible	70% after deductible
Out-Patient Services	90% after Deductible	70% after deductible
Out of Hospital	\$20 Co-Pay	\$40 Co-Pay
Other Services		
Anesthesia	90% after Deductible	70% after deductible
Ambulance (Air & Ground transportation only)	90% after Deductible	90% after deductible
Durable Medical Equipment	50% after deductible	50% after deductible
Infertility (Excludes In-Vitro Fertilization)	\$20 Co-Pay after Deductible	\$40 Co-Pay after Deductible
Diagnostic X-Ray and Lab	90% after Deductible	70% after deductible
Private Duty Nursing	No Benefit, except as provided for under the Home Health Care benefit.	
Nutrition Counseling	\$20 Co-Pay after Deductible	\$40 Co-Pay after Deductible Combined OMNIA Tier 1/Tier 2: 3 Visits a year
Vision Care	Adults – No Benefit Children under age 19 – 100% covered	
Vision Hardware Coverage	\$125 hardware allowance per year	
Prescription Drug Card	Subject to Teir 1 deductible and 60%/40% co-insurance for 30-day supply. Up to 90-day supplies are available through the mail order service subject to up to 3 times the applicable co-payment amount. Prior authorization may be required. Additional charges apply when using an out-of-network pharmacy.	
OMNIA	The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations.	
COINSURANCE	OMNIA Tier 1 Eligible Expenses - 90% / Tier 2 Network Eligible Expenses - 70%	
MAXIMUM OUT OF POCKET (MOOP)	OMNIA Tier 1 MOOP - \$3,500 per person / \$7,000 per family. 100% thereafter. Tier 2 Network MOOP - \$6,450 per person / \$12,900 per family. Tier 1 Ded/MOOP accumulates into Tier 2 Ded/MOOP, but Tier 2 Ded/MOOP does not accumulate into Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.	
For complete information & verification of all your benefits, refer to your benefits certificate. In the event a conflict exists between the information contained on this benefit description and the actual terms of the group contract, the terms of the contract will prevail. For further information on your contract, you may call customer service at (973) 379-1090.		
Plan 949/959	BANKING/NON-BANKING HSA	Effective Date: 01-01-2026