BAYADA® Home Health Care

	Horizon Blue Cross Blue Shield of New Jersey						Nationwide Insurance Company	
Plan Name	Option A PPO Core Plan		Option B PPO Buy Up Plan		Option C Federally Mandated High Deductible Health Plan		Option D Minimum Coverage Plan	Option E Enhanced Minimum Coverage Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Deductible: Individual/Family	$1,000/$2,000	$2,000/$4,000	$750/$1,500	$1,500/$3,000	$1,500/$3,000*		N/A	N/A
Coinsurance	70%	50%	80%	60%	75%		N/A	N/A
Out-of-Pocket Maximum: Individual/Family	$5,250/$10,500	$10,500/$21,000	$3,250/$6,500	$8,125/$16,250	$6,350/$12,700		N/A	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		N/A	N/A
PCP Selection	Not Required	Not Applicable	Not Required	Not Applicable	Not Required		N/A	N/A
Referral Requirements	None	Not Applicable	None	Not Applicable	None		N/A	N/A
Preventative Care: Routine Adult Physical Exams, Well Child Exams, Pediatric Immunizations, Routine GYN care exams, Routine Mammograms and Routine Laboratory/Radiology	100% covered; no deductible	50% after deductible	100% covered; no deductible	60% after deductible	100%, no deductible		100%, no deductible	100%, no deductible
Primary Care Physician Office Visits	$30 copay; no deductible	50% after deductible	$20 copay; no deductible	60% after deductible	75% after deductible		N/A	Plan Pays $75 per Day 6 Days per Person per Year
Specialist Office Visits	$50 copay; no deductible	50% after deductible	$40 copay; no deductible	60% after deductible	75% after deductible		N/A	Plan Pays $50 per Day 6 Days per Person per Year
Maternity/OB Visits	Maternity Office visits $50 copay first visit, no deductible, 100% after - Hospital stay is subject to $100/day copay; max 5 days per admission	50% after deductible	Maternity Office visits $40 copay first visit, no deductible, 100% after - Hospital stay is subject to $100/day copay; max 5 days per admission	60% after deductible	75% after deductible		N/A	N/A
Diagnostic Laboratory/Radiology	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		Discount Program	Plan Pays $75 per Testing Day 3 Days per Person per Year + Discount Program
Emergency Room	$150 copay then coinsurance**		$150 copay then coinsurance**		75% after deductible		N/A	Plan Pays $75 per Day 4 Days per Person per Year
Hospice and Home Healthcare	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		N/A	N/A
Skilled Nursing Facility	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		N/A	Plan Pays $50 per Day 60 Days per Person per Stay
Outpatient Private Duty Nursing	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		N/A	N/A
Outpatient Rehab Therapy (Speech, Physical, Occupational)	$50 copay; no deductible	50% after deductible	$40 copay; no deductible	60% after deductible	75% after deductible		N/A	N/A
Durable Medical Equipment	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		Discount Program	Discount Program
Bariatric Surgery (see provider requirements)	70% after deductible	50% after deductible	80% after deductible	60% after deductible	75% after deductible		N/A	N/A
Inpatient Hospital	$100/day copay; max 5 days per admission	$200/day copay; max 5 days, then 50% coinsurance per admission	$75/day copay; max 5 days per admission	$150/day copay; max 5 days, then 60% coinsurance per admission	75% after deductible		N/A	Plan Pays $100 per Day 500 Day Lifetime Maximum
Prescription Drug - Retail (30 day supply)	$10 Generic / $35 Brand Formulary / $55 Brand Non-Formulary / 30% coinsurance up to $3,000 for specialty drugs		$10 Generic / $35 Brand Formulary / $55 Brand Non-Formulary / 30% coinsurance up to $3,000 for specialty drugs		75% after deductible		Neighborhood Pharmacy discount program	Neighborhood Pharmacy discount program
Prescription Drug - Mail Order Maintenance Drugs are Mandatory Mail Order (90 day supply)	$25 Generic / $88 Brand Formulary / $138 Brand Non-Formulary / 30% coinsurance for specialty drugs		$25 Generic / $88 Brand Formulary / $138 Brand Non-Formulary / 30% coinsurance for specialty drugs		75% after deductible		N/A	N/A

The High Deductible Health Plan has an "aggregate" deductible that means that the entire deductible must be met before any individual family member expenses are subject to coinsurance.
*****Waived if admitted***
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Go to www.bayada.com/benefits for more detailed benefit information and plan limitations.