

## Basic Plan A/50

### *Horizon Basic Plan A/50\**

Horizon Basic Plan A/50 gives you the freedom to select and use any doctor or hospital for your care. You choose an annual deductible of \$1,000, \$2,500, \$5,000 or \$10,000 with a 50% coinsurance. Using our Horizon Traditional Network physicians always keeps your out-of-pocket expenses low...

<b>Coverage Description</b>	<b>Basic Plan A/50</b>
Annual Deductible	\$1,000 Individuals/\$2,000 Family (Aggregate). \$2,500 Individuals/\$5,000 Family (Aggregate). \$5,000 Individuals/\$10,000 Family (Aggregate). \$10,000 Individuals/\$20,000 Family (Aggregate).
Coinsurance	Plan pays 50% you pay 50%
Maximum Annual Coinsurance Cap	\$5,000 Individual/\$10,000 Family
Lifetime Benefit Maximum	Unlimited, (except mental/nervous or substance abuse)
<b>Facility Benefits</b>	
Office Visits	Subject to annual deductible and coinsurance.
Inpatient Hospital: Semi-Private, Inpatient Services & Supplies (Subject to pre-approval)	365 days a year. Subject to annual deductible and coinsurance.
Rehabilitation Center Services	Subject to annual deductible and

Center Services (Subject to pre-approval)	deductible and coinsurance.
Emergency Room	\$50 copay (waived if admitted within 24 hours). Subject to annual deductible and coinsurance.
Home Health Care (Subject to pre-approval)	Subject to annual deductible and coinsurance.
Hospice Care (Subject to pre-approval)	Subject to annual deductible and coinsurance.
Skilled Nursing Care (Subject to pre-approval)	Subject to annual deductible and coinsurance. Limited to 120 days per year in a skilled nursing center.
Biologically Based Mental Illness	Inpatient & Outpatient: Subject to annual deductible and 50%/50% coinsurance.
Non-Biologically Based Mental Illness	Inpatient: Subject to annual deductible and 50%/50% coinsurance. \$5,000 combined inpatient/outpatient annual maximum; \$25,000 combined inpatient/outpatient lifetime maximum. Outpatient: Subject to annual deductible and 50%/50% coinsurance.
Alcoholism (Subject to preapproval)	Inpatient & Outpatient: Subject to annual deductible and coinsurance.

**Provider Benefits**

Practitioner's Charge	Subject to annual deductible and coinsurance.	
Preventive Care	\$300 per individual (except newborns) per year. Newborns: \$500 per year maximum benefit up to age 1. Not subject to annual deductible or coinsurance.	
Maternity	Subject to annual deductible and coinsurance.	
Therapy Services	Cognitive Rehabilitation therapy, Occupational therapy, Physical therapy, and Speech therapy limited to 30 visits per calendar year. Radiation therapy, Chemotherapy, Chelation therapy, Dialysis treatment and Respiration therapy are covered as any other illness. Infusion therapy subject to preapproval. Therapeutic manipulation limited to 30 visits per calendar year.	
Prescription Drugs	Subject to annual deductible and coinsurance.	
Durable Medical Equipment (Subject to pre-approval)	Subject to annual deductible and coinsurance.	
Blood/Blood Products/Processing	Subject to annual deductible and	

Products/Processing deductible and  
coinsurance

