

# Your benefits and services

As a member of Horizon NJ Health, you get the benefits and services you are entitled to through the NJ FamilyCare program.

You pay little or nothing for the medical care and services you get through Horizon NJ Health. Make sure you know how Horizon NJ Health works, especially when it comes to emergency care, seeing your doctor and when you need an authorization. Otherwise, you might be billed if you get services that are not covered by Horizon NJ Health or authorized by your Primary Care Provider (PCP). Before care is given, your doctor should tell you if a service is not covered and if you will be billed for the service.

If you are not sure whether a service is covered, call Member Services toll free at **1-800-682-9090** (TTY 711).

## What Horizon NJ Health covers

To get benefits covered by the NJ FamilyCare program, call your NJ FamilyCare case worker, a Medical Assistance Customer Centers office in your area (visit [state.nj.us/humanservices/dmahs/info/resources/macc/MACC\\_Directory.pdf](https://state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf)), your PCP or Horizon NJ Health Member Services.

If any changes are made to your benefits, Horizon NJ Health or the State of New Jersey will notify you within 30 days.

### *Do you know what benefit level you have?*



Your Horizon NJ Health member ID card lists your benefit level. Each level has different benefits and copays. Your level is determined by your health, income and the number of people in your family and is set by the NJ FamilyCare program.



## Your benefits and services

What Horizon NJ Health covers	BENEFIT PLAN TYPE			
	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Abortions</b>	Covered by FFS.* Abortions and related services, including (but not limited to) surgical procedure; anesthesia; history and physical exam; and lab tests			
<b>Acupuncture</b>	Covered			
<b>Autism Services</b>	Covered. Only covered for members under 21 years of age with Autism Spectrum Disorder. Covered services include physical, occupational, and speech therapies; augmentative and alternative communication services and devices; sensory integration services; and Applied Behavior Analysis (ABA) treatment.			
<b>Blood &amp; Blood Products</b>	Covered Whole blood and derivatives, as well as necessary processing and administration costs, are covered. Coverage is unlimited (no limit on volume or number of blood products). Coverage begins with the first pint of blood.			
<b>Bone Mass Measurement</b>	Covered Covers one measurement every 24 months (more often if medically necessary), as well as physician's interpretation of results.			
<b>Cardiovascular Screenings</b>	Covered For all persons 20 years of age and older, annual cardiovascular screenings are covered. More frequent testing is covered when determined to be medically necessary.			
<b>Chiropractic Services</b>	Covered Covers manipulation of the spine.			
<b>Colorectal Screening</b>	Covered Covers any expenses incurred in conducting colorectal cancer screening at regular intervals for members 50 years of age or older, and for those of any age deemed to be at high risk of colorectal cancer. <ul style="list-style-type: none"> <li>• Barium Enema – Covered When used instead of a flexible sigmoidoscopy or colonoscopy, covered once every 48 months.</li> <li>• Colonoscopy – Covered Covered once every 120 months, or 48 months after a screening flexible sigmoidoscopy.</li> <li>• Fecal Occult Blood Test – Covered Covered once every 12 months.</li> <li>• Flexible Sigmoidoscopy – Covered Covered once every 48 months.</li> </ul>			

\*Fee-for-Service

# Your benefits and services *(continued)*

Your benefits and services				
What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Dental Benefits</b>	<p>Covered</p> <p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as adjunctive services.</p> <p>Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planing and scaling, X-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics.</p> <p>Orthodontics (with age restrictions and documentation of medical necessity) is also covered.</p> <p><i>Orthodontics are covered up to age 21 for NJ FamilyCare A and ABP members.</i></p>	<p>Covered</p> <p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as adjunctive services.</p> <p>Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planing and scaling, X-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics.</p> <p>Orthodontics (with age restrictions and documentation of medical necessity) is also covered.</p> <p><i>Orthodontics are covered up to age 19 for NJ FamilyCare B members.</i></p>	<p>Covered</p> <p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as adjunctive services.</p> <p>Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planing and scaling, X-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics.</p> <p>Orthodontics (with age restrictions and documentation of medical necessity) is also covered.</p> <p><i>Orthodontics are covered up to age 19 for NJ FamilyCare C and D members.</i></p> <p><b>\$5 copay per dental visit (except for diagnostic and preventive services).</b></p>	
<b>Diabetes Screenings</b>	<p>Covered</p> <p>Screening is covered (including fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.</p>			



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BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Diabetes Supplies</b>	Covered Covers blood glucose monitors, test strips, insulin, injection aids, syringes, insulin pumps, insulin infusion devices and oral agents for blood sugar control. Covers therapeutic shoes or inserts for those with diabetic foot disease. The shoes or inserts must be prescribed by a podiatrist (or other qualified doctor) and provided by a podiatrist, orthotist, prosthetist or pedorthist.			
<b>Diabetes Testing and Monitoring</b>	Covered Covers yearly eye exams for diabetic retinopathy, as well as foot exams every six months for members with diabetic peripheral neuropathy and loss of protective sensations.			
<b>Diagnostic and Therapeutic Radiology and Laboratory Services</b>	Covered Including (but not limited to) CT scans, MRIs, EKGs and X-rays.			
<b>Durable Medical Equipment (DME)</b>	Covered			
<b>Emergency Care</b>	Covered Covers emergency department and physician services.	Covered Covers emergency department and physician services. <b>\$10 copay</b>	Covered Covers emergency department and physician services. <b>\$35 copay</b>	
<b>EPSDT (Early and Periodic Screening, Diagnosis and Treatment)</b>	Covered Coverage includes (but is not limited to) well child care, preventive screenings, medical examinations, vision and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening, and private duty nursing services.	Covered For NJ FamilyCare B, C, and D members, coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services. <i>Coverage for treatment services identified as necessary through an examination is limited to those services that are available under the plan's benefit package, or specified services under the FFS program.</i>		

# Your benefits and services *(continued)*

Your benefits and services				
What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>EPSDT</b> (Early and Periodic Screening, Diagnosis and Treatment) (continued)	Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.			
<b>Family Planning Services and Supplies</b>	<p>Covered</p> <p>Covered services include medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices (including pregnancy test kits, condoms, diaphragms, Depo-Provera injections, and other contraceptive supplies and devices), counseling, continuing medical supervision, continuity of care and genetic counseling.</p> <p>Services furnished by out-of-network providers are covered by Medicaid Fee-for-Service.</p> <p><i>Exceptions: Services primarily related to the diagnosis and treatment of infertility are not covered (whether furnished by in-network or out-of-network providers).</i></p>			
<b>Federally Qualified Health Centers (FQHC)</b>	<p>Covered</p> <p>Includes outpatient and primary care services from community-based organizations.</p>			
<b>Hearing Services/ Audiology</b>	<p>Covered</p> <p>Covers routine hearing exams, diagnostic hearing exams and balance exams, otologic and hearing aid examinations prior to prescribing hearing aids, exams for the purpose of fitting hearing aids, follow-up exams and adjustments, and repairs after warranty expiration.</p> <p>Hearing aids, as well as associated accessories and supplies, are covered.</p>			
<b>Home Health Agency Services</b>	<p>Covered</p> <p>Covers nursing services and therapy services by a registered nurse, licensed practical nurse or home health aide.</p>			
<b>Hospice Care Services</b>	<p>Covered</p> <p>Covers drugs for pain relief and symptoms management; medical, nursing, and social services; and certain durable medical equipment and other services, including spiritual and grief counseling.</p> <ul style="list-style-type: none"> <li>• Covered in the community as well as in institutional settings.</li> <li>• Room and board included only when services are delivered in institutional (non-residence) settings. Hospice care for enrollees under 21 years of age shall cover both palliative and curative care.</li> </ul> <p><b>NOTE:</b> Any care unrelated to the member's terminal condition is covered in the same manner as it would be under other circumstances.</p>			



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BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Immunizations</b>	<p>Covered</p> <p>Influenza, Hepatitis B, pneumococcal vaccinations and other vaccinations recommended for adults are covered.</p> <p>The full childhood immunization schedule is covered as part of EPSDT.</p>			
<b>Inpatient Hospital Care</b>	<p>Covered</p> <p>Covers stays in critical access hospitals; inpatient rehabilitation facilities; inpatient mental health care; semi-private room accommodations; physicians' and surgeons' services; anesthesia; lab, X-ray, and other diagnostic services; drugs and medication; therapeutic services; general nursing; and other services and supplies that are usually provided by the hospital.</p> <ul style="list-style-type: none"> <li>• <b>Acute Care – Covered</b> Includes room and board; nursing and other related services; use of hospital/Critical Access Hospital facilities; drugs and biologicals; supplies, appliances, and equipment; certain diagnostic and therapeutic services, medical or surgical services provided by certain interns or residents-in-training; and transportation services (including transportation by ambulance).</li> <li>• <b>Psychiatric – For coverage details, please refer to the Behavioral Health chart.</b></li> </ul>			
<b>Mammograms</b>	<p>Covered</p> <p>Covers a baseline mammogram for women age 35 to 39, and a mammogram every year for those 40 and over, and for those with a family history of breast cancer or other risk factors. Additional screenings are available if medically necessary.</p>			
<b>Maternal and Child Health Services</b>	<p>Covered</p> <p>Covers medical services, including related newborn care and hearing screenings.</p> <p>Also covers childbirth education, as well as lactation (breast feeding) supplies and support services.</p>			
<b>Medical Day Care (Adult Day Health Services)</b>	<p>Covered</p> <p>A program that provides preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory (outpatient) care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p>	<p>Not covered</p>		

# Your benefits and services *(continued)*

Your benefits and services					
What Horizon NJ Health covers	BENEFIT PLAN TYPE				
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D	
Nurse Midwife Services	Covered		Covered \$5 copay for each visit (except for prenatal care visits)		
Nursing Facility Services	<p>Covered</p> <p>Members may have patient pay liability.</p> <ul style="list-style-type: none"> <li>• <b>Long Term (Custodial Care) – Covered.</b> Covered for those who need Custodial Level of Care (MLTSS). Members may have patient pay liability.</li> <li>• <b>Nursing Facility (Hospice) – Covered.</b> Hospice care can be covered in a Nursing Facility setting. <i>*See Hospice Care Services.</i></li> <li>• <b>Nursing Facility (Skilled) – Covered.</b> Includes coverage for Rehabilitative Services that take place in a Nursing Facility setting.</li> <li>• <b>Nursing Facility (Special Care) – Covered.</b> Care in a Special Care Nursing Facility (SCNF) or a separate and distinct SCNF unit within a Medicaid-certified conventional nursing facility is covered for members who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility.</li> </ul>		Not covered		



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BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Organ Transplants</b>	Covered Covers medically necessary organ transplants including (but not limited to): liver, lung, heart, heart-lung, pancreas, kidney, liver, cornea, intestine, and bone marrow transplants (including autologous bone marrow transplants). Includes donor and recipient costs.			
<b>Outpatient Surgery</b>	Covered			
<b>Outpatient Hospital/ Clinic Visits</b>	Covered		Covered \$5 copay per visit (no copay if the visit is for preventive services).	
<b>Outpatient Rehabilitation</b> (Occupational Therapy, Physical Therapy, Speech Language Pathology)	Covered Covers physical therapy, occupational therapy, speech pathology and cognitive rehabilitation therapy.	Covered Covers physical, occupational, and speech/language therapy. <i>Limited to 60 days per therapy per calendar year.</i>		
<b>Pap Smears and Pelvic Exams</b>	Covered Pap tests and pelvic exams are covered every 12 months for all women, regardless of determined level of risk for cervical or vaginal cancers. Clinical breast exams for all women are covered once every 12 months. All laboratory costs associated with the listed tests are covered. Tests are covered on a more frequent basis in cases where they are deemed necessary for medical diagnostic purposes.			
<b>Personal Care Assistance</b>	Covered Covers health-related tasks performed by a qualified individual in a beneficiary's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a beneficiary's written plan of care.	Not covered		



# Your benefits and services *(continued)*

Your benefits and services				
What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Podiatry</b>	<p>Covered</p> <p>Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts.</p> <p><i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i></p>		<p>Covered</p> <p>Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts.</p> <p>\$5 copay per visit</p> <p><i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i></p>	
<b>Prescription Drugs</b>	<p>Covered</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, iron, zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p>		<p>Covered</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, iron, zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p> <p>\$1 copay for generic drugs and \$5 copay for brand name drugs.</p>	
<b>Physician Services – Primary and Specialty Care</b>	<p>Covered</p> <p>Covers medically necessary services and certain preventive services in outpatient settings.</p>		<p>Covered</p> <p>Covers medically necessary services and certain preventive services in outpatient settings.</p> <p>\$5 copay for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment, age-appropriate immunizations; prenatal care; and pap smears, when appropriate).</p>	



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What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Private Duty Nursing</b>	Covered Private duty nursing is covered for members who live in the community and whose medical condition and treatment plan justify the need. Private Duty Nursing is only available to EPSDT beneficiaries under 21 years of age and to members with MLTSS (of any age).			
<b>Prostate Cancer Screening</b>	Covered Covers annual diagnostic examination including digital rectal exam and Prostate Specific Antigen (PSA) test for men 50 and over who are asymptomatic, and for men 40 and over with a family history of prostate cancer or other prostate cancer risk factors.			
<b>Prosthetics and Orthotics</b>	Covered Coverage includes (but is not limited to) arm, leg, back, and neck braces; artificial eyes; artificial limbs and replacements; certain breast prostheses following mastectomy; and prosthetic devices for replacing internal body parts or functions. Also covers certified shoe repair, hearing aids and dentures.			
<b>Renal Dialysis</b>	Covered			
<b>Routine Annual Physical Exams</b>	Covered			
<b>Smoking/Vaping Cessation</b>	Covered Coverage includes counseling to help you quit smoking or vaping, medications such as Bupropion, Varenicline, nicotine oral inhalers, and nicotine nasal sprays, as well as over-the-counter products including nicotine transdermal patches, nicotine gum, and nicotine lozenges. The following resources are available to support you in quitting smoking/vaping: <ul style="list-style-type: none"> <li>• <b>NJ Quitline:</b> Design a program that fits your needs and get support from counselors. Call toll free <b>1-866-NJ-STOPS (1-866-657-8677) (TTY 711)</b>, Monday through Friday, from 8 a.m. to 8 p.m. (except holidays) and Saturday, from 11 a.m. to 5 p.m., ET. The program supports 26 different languages. Learn more at <a href="http://njquitline.org">njquitline.org</a>.</li> <li>• <b>NJ QuitNet:</b> Free peer support and trained counselors, available 24 hours a day, seven days a week at <a href="http://quitnet.com">quitnet.com</a>.</li> <li>• <b>NJ Quitcenters:</b> Receive professional face-to-face counseling in individual or group sessions. Locate a center by calling <b>1-866-657-8677 (TTY 711)</b> or visit <a href="http://quitnet.com">quitnet.com</a>.</li> </ul>			
<b>Transportation (Emergency)</b> (Ambulance, Mobile Intensive Care Unit)	Covered Coverage for emergency care, including (but not limited to) ambulance and Mobile Intensive Care Unit.			

# Your benefits and services *(continued)*

Your benefits and services				
What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Transportation (Non-Emergent)</b> (Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic)	Covered by FFS. Medicaid Fee-for-Service covers all non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher). Livery transportation services, such as bus and train fare or passes, car service and reimbursement for mileage, are also covered. May require medical orders or other coordination by the health plan, PCP, or providers.	Covered by FFS. Medicaid Fee-for-Service covers non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher). May require medical orders or other coordination by the health plan, PCP, or providers. <i>Exceptions: Livery transportation services are not covered.</i>		
<b>Urgent Medical Care</b>	Covered Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).		Covered Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse). <b>NOTE: There may be a \$5 copay for urgent medical care provided by a physician, optometrist, dentist or nurse practitioner.</b>	
<b>Vision Care Services</b>	Covered Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses. Yearly exams for diabetic retinopathy are covered for members with diabetes.		Covered Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses. Yearly exams for diabetic retinopathy are covered for members with diabetes.	



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What Horizon NJ Health covers	BENEFIT PLAN TYPE			
BENEFIT	NJ FAMILYCARE A/ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
<b>Vision Care Services</b> (continued)	A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.  Certain additional diagnostic tests are covered for members with age-related macular degeneration.		A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.  Certain additional diagnostic tests are covered for members with age-related macular degeneration.  <b>\$5 copay per visit for Optometrist services.</b>	
	<ul style="list-style-type: none"> <li> <b>Corrective Lenses – Covered</b>                Covers 1 pair of lenses/frames or contact lenses every 24 months for beneficiaries age 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older.                Covers one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens.             </li> </ul>			

## Behavioral health benefits

Horizon NJ Health covers a number of Behavioral Health benefits for you. Behavioral Health includes both Mental Health services and Substance Use Disorder Treatment services. Some services are covered for you by Horizon NJ Health, while some are paid for directly by Medicaid Fee-for-Service (FFS). You will find details in the chart below.

BENEFIT	MEMBERS IN DDD, MLTSS, OR FIDE SNP	NJ FAMILYCARE PLAN A/ABP	NJ FAMILYCARE PLAN B	NJ FAMILYCARE PLAN C	NJ FAMILYCARE PLAN D
<b>MENTAL HEALTH</b>					
<b>Adult Mental Health Rehabilitation</b> (Supervised Group Homes and Apartments)	Covered	Covered by FFS.	Not covered		
<b>Inpatient Psychiatric</b>	Covered	Covered Coverage includes services in a general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF) or critical access hospital.			
<b>Independent Practitioner Network or IPN</b> (Psychiatrist, Psychologist or APN)	Covered	Covered by FFS.			

# Your benefits and services *(continued)*

BENEFIT	MEMBERS IN DDD, MLTSS, OR FIDE SNP	NJ FAMILYCARE PLAN A/ABP	NJ FAMILYCARE PLAN B	NJ FAMILYCARE PLAN C	NJ FAMILYCARE PLAN D
<b>MENTAL HEALTH</b> (continued)					
<b>Outpatient Mental Health</b>	Covered	Covered by FFS. Coverage includes services received in a <b>General Hospital Outpatient</b> setting, <b>Mental Health Outpatient Clinic/Hospital</b> services, and outpatient services received in a <b>Private Psychiatric Hospital</b> . Services in these settings are covered for members of all ages.			
<b>Partial Care</b> (Mental Health)	Covered	Covered by FFS. <i>Limited to 25 hour per week (5 hours per day, 5 days per week).</i> <i>Prior authorization required.</i>			
<b>Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization</b>	Covered	Covered by FFS. <i>Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.</i> <i>Prior authorization required for Acute Partial Hospitalization.</i>			
<b>Psychiatric Emergency Services (PES)/ Affiliated Emergency Services (AES)</b>	Covered by FFS.				
<b>SUBSTANCE USE DISORDER TREATMENT</b>	The American Society of Addiction Medicine (ASAM) provides guidelines that are used to help determine what kind of substance use disorder (SUD) treatment is appropriate for a person who needs SUD services. Some of the services in this chart show the ASAM level associated with them (which includes "ASAM" followed by a number).				
<b>Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification</b> ASAM 2 - WM	Covered	Covered by FFS.			
<b>Inpatient Medical Detox/Medically Managed Inpatient Withdrawal Management</b> (Hospital-based) ASAM 4 - WM	Covered				



BENEFIT	MEMBERS IN DDD, MLTSS, OR FIDE SNP	NJ FAMILYCARE PLAN A/ABP	NJ FAMILYCARE PLAN B	NJ FAMILYCARE PLAN C	NJ FAMILYCARE PLAN D
<b>SUBSTANCE USE DISORDER TREATMENT (continued)</b>					
<b>Long Term Residential (LTR)</b> <b>ASAM 3.1</b>	Covered	Covered by FFS.			
<b>Office-Based Addiction Treatment (OBAT)</b>	Covered Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and to make referrals to community support programs as needed.				
<b>Non-Medical Detoxification/ Non-Hospital Based Withdrawal Management</b> <b>ASAM 3.7 - WM</b>	Covered	Covered by FFS.			
<b>Opioid Treatment Services</b>	Covered	Covered by FFS. Includes coverage for Methadone Medication Assisted Treatment (MAT) and Non-Methadone Medication Assisted Treatment. Coverage for Non-Methadone Medication Assisted Treatment includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.			
<b>Substance Use Disorder Intensive Outpatient (IOP)</b> <b>ASAM 2.1</b>	Covered	Covered by FFS.			
<b>Substance Use Disorder Outpatient (OP)</b> <b>ASAM 1</b>	Covered	Covered by FFS.			
<b>Substance Use Disorder Partial Care (PC)</b> <b>ASAM 2.5</b>	Covered	Covered by FFS.			
<b>Substance Use Disorder Short Term Residential (STR)</b> <b>ASAM 3.7</b>	Covered	Covered by FFS.			

# Your benefits and services *(continued)*

## Utilization Management

Horizon NJ Health wants to make sure you receive the right care, in the right setting. To do this, we have a Utilization Management (UM) process. This process ensures that you get timely, efficient and quality service from doctors, hospitals, dentists and other providers.

Horizon NJ Health helps with admissions, discharges and length-of-stay issues when a member is admitted to a hospital or **ambulatory surgical center**. We give doctors information about our care and disease management programs when necessary.

Most of all, we work with your PCP or specialist to ensure that you get the continuous care you need throughout your illness and recovery. Horizon NJ Health has special staff who can help you with UM questions. If you have questions about our UM process, please call Member Services at **1-800-682-9090 (TTY 711)**.

## Dental services

Good oral health is important to your body's overall health. You should visit your dentist twice a year for an oral exam and cleaning and complete any course of treatment he or she recommends. Dental visits should start when a child turns 1 year old or when the first tooth can be seen. All NJ FamilyCare members have comprehensive dental benefits. Twice yearly dental checkups are a covered benefit for all

members. More frequent visits are covered for members with special health care needs. Some services require prior authorization (approval).

You do not need prior authorization from Horizon NJ Health for routine dental care, such as regular cleanings, fillings and X-rays. Members may select their dentist or dental specialist from the *Online Doctor & Hospital Finder*, which includes a special listing of participating general dentists and pedodontists (children's dentists) for members age 0-6 years old. For a list of dentists, please visit **horizonNJhealth.com/findadoctor** and select *Dentist* from the dropdown menu. You can also call Member Services at **1-800-682-9090 (TTY 711)**.

## Vision services

Members are covered for routine eye exams every one or two years based on their age and health. There may be instances when you may need more exams during the year or you need to see a vision specialist, such as an **ophthalmologist**.

Members with diabetes should have an eye exam every year, including a dilated retinal eye exam.

Vision services are available only from participating Horizon NJ Health eye doctors. For a list of eye doctors, please visit **horizonNJhealth.com/findadoctor**. You can also call Member Services at **1-800-682-9090 (TTY 711)**.

## Words to know

**Ambulatory Surgical Center:** A site that provides surgical care but does not provide care overnight

**Ophthalmologist:** A doctor who treats people with eye problems, eye diseases and does eye surgery







## Laboratory services

LabCorp is the laboratory services provider for Horizon NJ Health members. Your doctor will give you a **prescription** for laboratory testing. Take that prescription and your Horizon NJ Health member ID card when you get lab work done.

You can use the Horizon NJ Health Provider Directory to find a LabCorp location near you. LabCorp also offers online appointment scheduling at all New Jersey Patient Service Centers. Visit **LabCorp.com/PSC** to find a location. Walk-in patients are also welcome.

Your doctor will give you your lab test results. Or, you can use *LabCorp Patient*, an online service, to download and print your test results on your own. Visit **Patient.LabCorp.com** to register. Note that LabCorp will give your test results to your doctor before posting them to your online account.

## Prescription services

Horizon NJ Health covers many medications that are offered to you at no cost or for a low copay. These approved drugs make up our **formulary**. If your doctor wants to prescribe a drug that is not included in our formulary, he or she will need to call us to get prior authorization, or approval in advance. It is important that the medications you take are safe and effective. That is why Horizon NJ Health has a committee made up of practicing doctors and pharmacists who review and approve our formulary. Certain over-the-counter products are covered with a written prescription (for example, Loratadine, Alaway, Zaditor OTC, Omeprazole, Lansoprazole, smoking deterrents). Some medications are not covered under your pharmacy benefit including,

but not limited to: fertility agents, weight loss drugs and erectile dysfunction medications.

Horizon NJ Health requires the use of generic medicine when available. If your doctor decides that you must take a medicine that is not in the formulary, including a brand-name medicine exception, he or she can ask for special permission for you to get the medicine. While you are waiting for a response, the pharmacy can provide a 72-hour supply of the medicine. The Horizon NJ Health Pharmacy Department will work with your doctor to fulfill your prescription needs. If you have questions, call toll free at **1-800-682-9094 (TTY 711)**.

The Approved Drug List (formulary) is updated annually and as changes are made or new medications are approved. The Approved Drug List is updated as of the date that formulary changes are put in place. Changes to this list are included in the member newsletter, which is mailed to all members. Covered pharmaceuticals, including those that require prior authorization, are listed on our website at **horizonNJhealth.com**. There is no copay for prescription medications for NJ FamilyCare A, ABP and B members. For members with NJ FamilyCare C and D, the copay is \$1 for generic drugs and \$5 for brand name drugs. In general, Horizon NJ Health allows up to a 30-day supply of drugs.

You can have prescriptions filled at any participating pharmacy. For a list of pharmacies or to find the pharmacy nearest to you, call Member Services. Participating pharmacies are also listed in the Provider Directory and at **horizonNJhealth.com**.

## Words to know

**Prescription:** An order written by a doctor for a drug, test or other health service

**Formulary:** A list of approved medicines that Horizon NJ Health covers





# Your benefits and services *(continued)*

Our website also has information on pharmaceutical management procedures, including the formulary listing, policies and limitations. Limitations include quantity, plan, supply/fill, step therapy and age. Paper copies of the pharmaceutical management procedures are available by contacting the Pharmacy Department at **1-800-682-9094** (TTY **711**).

If you take prescription drugs to manage your chronic condition like diabetes or asthma, you should take the necessary steps to make sure you are managing your medication. With multiple daily medications, it can sometimes be difficult to remember to take them as directed, or even make sure you have all of your medications available when you need them. Taking your medication correctly is key in managing your health condition.

## What you can do to manage your medication

- **Talk to your doctor** – review all medications you take (both prescription and over-the-counter (OTC)) and let your doctor know if you are experiencing any side effects, like dizziness.
- **Talk to your pharmacist** – make sure you understand the instructions for taking your medicines.
- **Refill your prescriptions in a timely manner** – refill your prescription before you run out of your medication. You can also ask your pharmacy about automatic refills so your medication is always refilled and ready for you.
- **Fill all of your prescriptions at the same pharmacy** – this allows your pharmacist to see all the medication you take and helps them manage your care.

If you have any questions about your medication, talk to your doctor or pharmacist.

## Pharmacy lock-in

Members who see different doctors may have many types of medicine prescribed to them. This can be dangerous. The Pharmacy Lock-In program coordinates a member's care between pharmacies and doctors. To make sure your pharmacy care is coordinated, you should use only one pharmacy to fill your prescriptions. This will let the pharmacist learn about your health and be better able to help you with your medicine needs. Members who use many pharmacies or doctors may be reviewed each month to make sure that they are getting the proper care. If it is decided that using only one pharmacy will help the member get better care, the member may be "locked-in" to one pharmacy. Horizon NJ Health members must use in-network, contracted pharmacies in the State of New Jersey to get their prescriptions filled. We will send letters to the member, pharmacy and doctor when a lock-in is needed.

## Medical transportation

Horizon NJ Health will provide emergency transportation for all NJ FamilyCare A, B, C, D and ABP enrollees.

All non-emergency medical transportation services will be provided by the NJ FamilyCare Fee-for-Service program. If you need special services or transportation for your medical care, you can call the transportation broker, LogistiCare, at **1-866-527-9933**, (TTY **1-866-288-3133**). You can also book your transportation online at **member.logisticare.com**. For livery service, such as car service to a medical appointment, etc., you can also call LogistiCare for reservations. There is a 20 mile limit for transportation to your provider, unless an authorization is provided for offices outside this radius. You should call by noon at least two days before your transportation need. After your medical appointment is over, if you have not



scheduled a pickup time, you or someone at the doctor's office can call the *Where's My Ride* phone number at **1-866-527-9934** (TTY **711**) and request that transportation be sent to pick you up. The transportation provider will pick you up within 90 minutes.

To report any problems with your transportation to LogistiCare, call **1-866-333-1735**. Visit the LogistiCare at **wecare.logisticare.com**, where you can complete an online form and LogistiCare will respond to your issue.

### **Remember:**

Do not call an ambulance for routine transportation.



## **Behavioral health services**

Horizon NJ Health provides behavioral health benefits for the Division of Developmental Disabilities (DDD) members. DDD members can call Horizon Behavioral Health to access behavioral health benefits, including mental health or substance use disorder treatment programs and recovery support at **1-877-695-5612** (TTY **711**), 24 hours a day, seven days a week.

Most Horizon NJ Health members get mental health and/or substance use disorder services through the NJ FamilyCare program. If you need medicine for mental health and/or substance use disorder, your mental health and/or substance use disorder provider can prescribe the medicine for you.

If you think you or a member of your family needs help with a mental health or substance use disorder, you can contact:

- Your PCP
- Members not enrolled with DDD or MLTSS should call their local Medical Assistance Customer Center (MACC) for mental health services. To find the number of a local MACC, call the NJ FamilyCare Hotline at **1-800-701-0710** (TTY **1-800-701-0720**) or visit **state.nj.us/humanservices/dmahs/info/resources/macc/MACC\_Directory.pdf**
- For substance use disorder services for adults 18 and over, call ReachNJ at **1-844-276-2777** (TTY **711**), 24 hours a day, seven days a week.
- A Horizon NJ Health Care Manager at **1-800-682-9090** (TTY **711**)
- To get services for adults 18 years and older, call the New Jersey Division of Mental Health Services at **1-800-382-6717** (TTY **1-877-294-4356**) during business hours.
- For mental health and/or substance use disorder services for youth or adults, call NJ Mental Health Cares toll free at **1-866-202-HELP (1-866-202-4357)** (TTY **1-877-294-4356**), Monday through Friday, from 8 a.m. to 8 p.m, Eastern Time (ET).



## Services not covered by NJ FamilyCare Fee-for-Service or Horizon NJ Health

Services not covered by Horizon NJ Health or the NJ FamilyCare Fee-for-Service program include:

- All services not medically necessary, provided, approved or arranged by a Horizon NJ Health participating doctor (within his or her scope of practice) except emergency services.
- Any service or items for which a provider does not normally charge.
- Cosmetic services or surgery except when medically necessary and approved.
- Experimental procedures or experimental organ transplants.
- Services provided by or in an institution run by the federal government, such as the Veterans Administration hospitals.
- Respite care (except MLTSS members).
- Rest cures, personal comfort, convenience items and services and supplies not directly related to the care of the patient. Examples include guest meals and telephone charges. Costs incurred by an accompanying parent(s) for an out-of-state medical intervention are covered under EPSDT.
- Services in which health care records do not reflect the requirements of the procedure described or procedure code used by the provider.
- Services provided by an immediate relative or household member.
- Services involving the use of equipment in facilities in which its purchase, rental or construction has not been approved by the State of New Jersey.
- Services resulting from any work-related condition or accidental injury when benefits are available from any workers' compensation law, temporary disability benefits law, occupational disease law or similar law.
- Services provided or started while on active duty in the military.
- Services or items reimbursed based on submission of a cost study in which there is no evidence to support the costs allegedly incurred or beneficiary income to make up for those costs. If financial records are not available, a provider may verify costs or available income using other evidence that the NJ FamilyCare program accepts.
- Services provided outside the United States and its territories.
- Infertility diagnoses and treatment services (including sterilization reversals and related medical and clinic office visits, drugs, laboratory services, radiological and diagnostic services and surgical procedures).
- Services provided without charge. Programs offered free of charge through public or voluntary agencies should be used to the fullest extent possible.
- Any service covered under any other insurance policy or other private or governmental health benefit system or third-party liability.