

**HORIZON HEALTHCARE SERVICES, INC.**

**RIDER FORM**

<b>Group</b>	<b>Group No.</b>	<b>Rider No.</b>	<b>Effective Date</b>
NURSES 24/7	080816	NJ DOL	May 1, 2009

As of the above Effective Date, the Policy is changed as follows:

- I. If the section of the Contract entitled "Your Horizon Program" includes the subsection, "Pre-Existing Conditions", that subsection is changed to provide that the period for which that limitation applies shall be measured from the Covered Person's Enrollment Date, i.e., the Effective Date of the Covered Person's coverage or, if earlier, the first day of any applicable Waiting Period."
- II. The subsections "Mastectomy Benefits", "Maternity/Obstetrical Care" and "Surgical Services", each appearing in the section "Summary of Covered Services and Supplies", are replaced by the corresponding subsections below:

**Mastectomy Benefits**

This Program covers a Hospital stay of at least 72 hours following a modified radical mastectomy and a Hospital stay of at least 48 hours following a simple mastectomy. A shorter length of stay may be covered if the patient, in consultation with her physician, determines that it is Medically Necessary and Appropriate. The patient's Provider does not need to obtain Prior Authorization from Horizon BCBSNJ for prescribing 72 or 48 hours, as appropriate, of Inpatient care. But, any rule of this Program that the patient or her Provider notify Horizon BCBSNJ about the stay remains in force.

Benefits for these services shall be subject to the same Deductible, Copayments and/or Coinsurance as for other Hospital services covered under this Program.

**Maternity/Obstetrical Care**

Pursuant to both federal and state law, covered medical care related to pregnancy; childbirth; abortion, or miscarriage, includes: (a) the Hospital delivery; and (b) a Hospital Inpatient stay for at least 48 hours after a vaginal delivery or 96 hours after a cesarean section. This applies if: (a) the attending physician determines that Inpatient care is Medically Necessary and Appropriate; or (b) if it is requested by the mother (regardless of Medical Necessity and Appropriateness). For the purposes of this subsection and as required by state law, "attending physician" shall include the attending obstetrician, pediatrician or other physician attending the mother or newly born child. For the purposes of this provision and as required by federal law, a Hospital Inpatient stay is deemed to start:

- (a) at the time of delivery; or

- (b) in the case of multiple births, at the time of the last delivery; or
- (c) if the delivery occurs out of the Hospital, at the time the mother or newborn is admitted to the Hospital.

Services and supplies provided by a Hospital to a newborn child during the initial Hospital stay of the mother and child are covered as part of the obstetrical care benefits. But, if the child's care is given by a different physician from the one who provided the mother's obstetrical care, the child's care will be covered separately.

If they are given Prior Authorization by Horizon BCBSNJ, this Program also covers Birthing Center charges (see above) made by a Practitioner for: (a) pre-natal care; (b) delivery; and (c) post-partum care for a Covered Person's pregnancy.

### **Surgical Services**

This Program covers Surgery, subject to the following:

- a. Horizon BCBSNJ will not make separate payment for pre- and post-operative care.
- b. If more than one surgical procedure is performed during the same operation through only one route of access, Horizon BCBSNJ will cover the primary procedure only. There will be no payment for any other procedures performed at the same time.
- c. If more than one surgical procedure is performed during the same operation through more than one route of access, Horizon BCBSNJ will cover the primary procedure, plus 50% of what Horizon BCBSNJ would have paid for each of the other procedures had those procedures been performed alone.

If a Covered Person is receiving benefits for a mastectomy, this Program will also cover the following, as determined after consultation between the attending physician and the Covered Person:


- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- The treatment of physical complications at all stages of the mastectomy, including lymphodemas.
- Prosthetic Devices.

Benefits for Covered Charges Incurred for a mastectomy (except for Prosthetic Devices) are subject to the same Deductible, Copayments and/or Coinsurance that apply to other covered Surgical and Practitioners' services. Benefits for Prosthetic Devices are payable the same as for an office Visit to a Practitioner who is a doctor specializing in: family practice; general practice; internal medicine; or pediatrics.

Also, see "Transplant Benefits", below.

All other benefits and terms of the Policy not changed by this Rider remain in full force and effect. Attach this Rider to the Policy.

**HORIZON HEALTHCARE SERVICES, INC.**

By:   
**Vice President**  
**Commercial and Major Accounts Markets**