

LOCAL EDUCATION ACTIVE EMPLOYEES - SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM (SEHBP) MEDICAL PLAN DESIGNS - PLAN YEAR 2015

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

	NJ DIRECT 10	NJ DIRECT 15	NJ DIRECT 1525	NJ DIRECT 2030	NJ DIRECT 2035 ⁸	Horizon HMO	Horizon HMO 1525	Horizon HMO 2030	Horizon HMO 2035 ⁸	NJ DIRECT HD1500*	
Medical Cost Sharing											
IN-NETWORK:											
Available	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide	In New Jersey + contiguous counties ¹	In New Jersey + contiguous counties ¹	In New Jersey + contiguous counties ¹	In New Jersey + contiguous counties ¹	Nationwide	
Primary Care Copayment	\$10	\$15	\$15	\$20.00	\$20	\$10	\$15	\$20	\$20	n/a	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult, \$20/child**	\$35	\$10	\$25	\$30/adult, \$20/child**	\$35	n/a	
Emergency Room Copayment	\$25	\$50	\$75	\$125	\$300	\$35	\$75	\$125	\$300	n/a	
Deductible	n/a	n/a	n/a	n/a	\$200 ⁷	\$100 deductible then covered in full ²	\$100 deductible then covered in full ²	\$100 deductible then covered in full ²	\$200 ⁷	\$1,500 (single covg) \$3,000 (fam)	
Coinsurance	10% ²	10% ²	10% ²	10% ²	20% ⁷ after deductible	n/a	n/a	n/a	20% ⁷ after deductible	20% after deductible	
Coinsurance Out-of-Pocket Maximum	\$400 (indiv) \$1,000 (fam)	\$400 (indiv) \$1,000 (fam)	\$400 (indiv) \$1,000 (fam)	\$800 (indiv) \$2,000 (fam)	\$2,000 (indiv) \$5,000 (fam)	n/a	n/a	n/a	\$2,000 (indiv) \$5,000 (fam)	\$1,000 (single covg) \$2,000 (fam)	
Out-of-Pocket Maximum (Copays/Ded/Coinsurance)	\$400 (indiv) \$1,000 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$5,280 (indiv) \$10,560 (fam)	\$2,500 (single covg) \$5,000 (fam)	
OUT-OF-NETWORK:											
Deductible	\$100 (indiv) \$250 (fam)	\$100 (indiv) \$250 (fam)	\$100 (indiv) \$250 (fam)	\$200 (indiv) \$500 (fam)	\$800 (indiv) \$2,000 (fam)	n/a	n/a	n/a	n/a	See In-Network Deductible ³	
Coinsurance after deductible	20%	30%	30%	30%	40%	n/a	n/a	n/a	n/a	40%	
Out-of-Pocket Coinsurance Maximum	\$2,000 (indiv) \$5,000 (fam) ⁹	\$2,000 (indiv) \$5,000 (fam)	\$2,000 (indiv) \$5,000 (fam)	\$5,000 (indiv) \$12,500 (fam)	\$6,500 (indiv) \$13,000 (fam)	n/a	n/a	n/a	n/a	\$3,500 (single covg) \$7,000 (fam)	
Inpatient Hospital Deductible	n/a	n/a	\$200/stay	\$500/stay	\$600/stay	n/a	n/a	n/a	n/a	n/a	
Employer Health Savings Account Funding ⁴	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	300	
Prescription Drug Copayments⁵ (Express Scripts 1-866-220-6512)											
Retail (copayments up to 30 day supply):											
Tier 1 Copayments	\$3.00	\$3.00	\$7.00	\$3.00	\$7.00	\$3.00	\$7.00	\$3.00	\$7.00	Subject to deductible and coinsurance	
Tier 2 Copayments	\$10.00	\$10.00	\$16.00	\$18.00	\$21.00	\$18.00	\$16.00	\$18.00	\$21.00		
Tier 3 Copayments	\$10.00	\$10.00	\$35.00	\$46.00	Member pays the difference ⁶	\$10.00	\$35.00	\$46.00	Member pays the difference ⁶		
Mail Order (copayments up to 90 day supply):											
Tier 1 Copayments	\$5.00	\$5.00	\$18.00	\$5.00	\$18.00	\$5.00	\$18.00	\$5.00	\$18.00		
Tier 2 Copayments	\$15.00	\$15.00	\$40.00	\$36.00	\$52.00	\$15.00	\$40.00	\$36.00	\$52.00		
Tier 3 Copayments	\$15.00	\$15.00	\$88.00	\$92.00	Member pays the difference ⁶	\$15.00	\$88.00	\$92.00	Member pays the difference ⁶		
Prescription Drug Annual Out-of-Pocket Maximum	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (indiv) \$2,640 (fam)	\$1,320 (single covg) \$2,640 (fam)	

* HD - High Deductible Health Plan

** Under age 26

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle county in Delaware, and bordering counties of Pennsylvania and New York.

² On select services.

³ Out of Network Deductible is combined with In-Network Deductible.

⁴ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

⁵ Local education employers can select from the SEHBP's Prescription Drug Plans, **purchase their own prescription drug coverage plan**, or receive prescription drug coverage through the SEHBP medical plan.

Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans.

If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Consurance is 15% for NJ DIRECT1525 and NJDIRECT2030; 20% for NJ DIRECT2035; Copayments for Horizon HMO are \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Horizon HMO1525, Horizon HMO2030 and Horizon HMO2035 are shown in chart above.

For High Deductible Health Plans, prescription drug coverage must be through the SEHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

⁶ You pay the applicable generic copayment as listed above, plus the cost difference between brand drug and the generic drug.

⁷ Applies to all services that do not require a copayment.

⁸ Mandatory Disease Management and Non-duplication of Coordination of Benefits applies. For maintenance prescription drugs, mail order is mandatory.

⁹ In-Network Coinsurance is combined with Out-of-Network Coinsurance Out-of-Pocket Maximum.



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