Explore Your Benefits

# LOCAL GOVERNMENT ACTIVE GROUP
# MEDICAL PLAN DESIGN - PLAN YEAR 2020
## HORIZON PLANS - MEDICAL COST SHARING

| | NJ DIRECT/ NJ DIRECT 2019† | NJ DIRECT10 | NJ DIRECT15 | NJ DIRECT1525 | NJ DIRECT2030 | NJ DIRECT2035 | Horizon HMO[1] | Horizon OMNIA | | NJ DIRECT HD4000* | NJ DIRECT HD1500*[6] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Medical Cost Sharing** | | | | | | | | **TIER 1** | **TIER 2** | | |
| Primary Care Copayment | $15 | $10 | $15 | $15 | $20 | $20 | $10 | $5 | $20 | | |
| Specialist Care Copayment | $15 | $10 | $15 | $25 | $30 adult/$20 child** | $35 | $10 | $15 | $30 | | |
| Emergency Room Copayment | $150[7] | $75 | $100 | $100 | $125 | $300 | $85 | $100 | $100 | | |
| In-Network Deductible | $100[8] (if hired after 7/1/19) | | | | | $200/$500 | None | None | $1,500*** | $4,000*** | $1,500*** |
| In-Network Coinsurance | 10%[2] | None | None | None | None | 20% after deductible[3] | | None | 20% | 20% after deductible | 20% after deductible |
| In-Network Coinsurance Maximum (Individual/Family) | $800/$2,000 | | $400/$1,000 | $400/$1,000 | $800/$2,000 | $2,000/$5,000 | | None | None | None | None |
| In-Network Out-of-Pocket Maximum (Individual/Family) | $6,520/$13,040 | $400/$1,000 | $6,520/$13,040 | $6,520/$13,040 | $6,520/$13,040 | $6,520/$13,040 | $6,520/ $13,040 | $2,500*** | $4,500*** | $5,000/$10,000 | $2,500/$5,000 |
| Out-of-Network Deductible (Individual/Family) | $400/$1,000 | $100/$250 | $100/$250 | $100/$250 | $200/$500 | $800/$2,000 | | | | See In-Network Deductible[4] | See In-Network Deductible[4] |
| Out-of-Network Coinsurance[5] | 30% | 20% | 30% | 30% | 30% | 40% | | | | 40% | 40% |
| Out-of-Network Out-of-Pocket Maximum (Individual/Family) | $2,000/$5,000 | $2,000/$5,000 | $2,000/$5,000 | $2,000/$5,000 | $5,000/$12,500 | $6,500/$13,000 | | | | $6,000/$12,000 | $3,500/$7,000 |
| Out-of-Network Inpatient Hospital Deductible | $500 | $200/stay | $200/stay | $200/stay | $500/stay | $600/stay | | | | | |
| Out of Network Reimbursement Rate[9] | 175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195%[10] CMS until treatment completed | After deductible, 80% of reasonable and customary allowance | After deductible, 70% of reasonable and customary allowance | After deductible, 70% of reasonable and customary allowance | After deductible, 70% of reasonable and customary allowance | After deductible, 60% of reasonable and customary allowance | | | | After deductible, 60% of reasonable and customary allowance | After deductible, 60% of reasonable and customary allowance |

† **Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.**
* **HD = High Deductible Health Plan**
** **Age 26 and under**
*** **Family amounts are 2 x per member amounts listed**

[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] Applies to services that do not require a copayment.
[4] Out-of-Network Deductible is combined with In-Network Deductible.
[5] After Deductible
[6] Employer Health Savings Account Funding is $300 for Aetna HD1500 and Horizon HD1500 plans which can be used for qualified medical expenses without federal tax liability.
[7] $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).
[8] $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
[9] All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.
[10] If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.

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|---|---|---|---|---|---|---|---|---|---|---|
| **Prescription Drug Copayments[2]** | | | | | | | | | | |
| Retail: Generic Copayments | $7 | $3 | $3 | $7 | $3 | $7[3] | $3 | $7 | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| Retail: Preferred Brand Copayments | $16 | $10 | $10 | $16 | $18 | $21[3] | $10 | $16 | | |
| Retail: Non-Preferred Brand Copayments | | $10 | $10 | $35 | $46 | Member pays difference[3,4] | $10 | $35 | | |
| Retail: Brand w/ Generic Equivalent[4] | Member pays difference[2] | Member pays difference[4] | Member pays difference[4] | Member pays difference[4] | Member pays difference[4] | Member pays difference[3,4] | Member pays difference[4] | Member pays difference[4] | | |
| Mail: Generic Copayments | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | | |
| Mail: Preferred Brand Copayments | $40 | $15 | $15 | $40 | $36 | $52 | $15 | $40 | | |
| Mail: Non-Preferred Brand Copayments | | $15 | $15 | $88 | $92 | Member pays difference[3,4] | $15 | $88 | | |
| Mail: Brand w/ Generic Equivalent[4] | Member pays difference[2] | Member pays difference[4] | Member pays difference[4] | Member pays difference[4] | Member pays difference[4] | Member pays difference[3,4] | Member pays difference[4] | Member pays difference[4] | | |
| Prescription Drug annual Out-of-Pocket Maximum (Individual/Family) | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | | |

**Note:** Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

† **Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.**

* **HD = High Deductible Health Plan**

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 Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

3 For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

4 You pay the the cost difference between the brand drug and the generic drug.

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