

Bridgewater-Raritan Board of Education

Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2023 Rates

	Horizon Direct 10		Horizon Direct 15		Horizon Direct 15/25		Horizon Direct 20/20		Horizon Direct 20/35		New Jersey Educators Health Plan (NJEHP)		Garden State Plan (GSP) <i>New Jersey Providers Only</i>	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No		No		No		No		No		No		No	
Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$200	\$200	\$800	None	\$350	None	\$350
Family Deductible	None	\$250	None	\$250	None	\$250	None	\$500	\$400	\$1,600	None	\$700	None	\$700
Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%	20% after ded.	40%	100%	70%	100%	70%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000	\$500	\$2,000	\$500	\$2,000
Max. Coinsurance Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500	\$1,000	\$5,000	\$1,000	\$5,000
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000	\$500	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500	\$1,000	\$5,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$15	70% after ded.	\$20	70% after ded.	\$20	60% after ded.	\$15	70% after ded.	\$15	70% after ded.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$25	70% after ded.	\$20	70% after ded.	\$35	60% after ded.	\$15	70% after ded.	\$15	70% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	70% after ded. & \$200 copay	100%	70% after ded. & \$500 copay	80% after ded.	60% after ded. & \$500 copay	100%	70% after ded.	100%	70% after ded.
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$75 copay		100% after \$100 copay		80% after \$100 copay		100% after \$125 copay		100% after \$125 copay	
Medical Monthly Premium Rates:														
Single	\$1,045.95		\$995.72		\$966.38		\$908.20		\$781.09		\$940.31		\$900.81	
Parent/Child(ren)	\$1,830.43		\$1,742.52		\$1,691.17		\$1,589.35		\$1,366.89		\$1,645.55		\$1,576.44	
2-Party	\$2,091.94		\$1,991.47		\$1,899.00		\$1,816.41		\$1,562.14		\$1,880.65		\$1,801.67	
Family	\$2,876.37		\$2,738.25		\$2,611.15		\$2,497.56		\$2,147.97		\$2,585.87		\$2,477.26	
Prescription:														
Retail Generic Copay	\$10		\$10		\$10		\$10		\$10		Preferred Generic: \$5		Preferred Generic: \$5	
											Preferred Brand: \$10		Preferred Brand: \$10	
Retail Brand Copay	\$20		\$20		\$20		\$20		\$20		Non-Preferred: \$10		Non-Preferred: \$10	
Mail Order Generic Copay	\$10		\$10		\$10		\$10		\$10		Preferred Generic: \$10		Preferred Generic: \$10	
											Preferred Brand: \$20		Preferred Brand: \$20	
Mail Order Brand Copay	\$20		\$20		\$20		\$20		\$20		Non-Preferred: \$20		Non-Preferred: \$20	
Prescription Drug Monthly Premium Rates:														
Single	\$218.26		\$218.26		\$218.26		\$218.26		\$218.26		\$192.07		\$192.07	
Parent/Child(ren)	\$347.29		\$347.29		\$347.29		\$347.29		\$347.29		\$305.61		\$305.61	
2-Party	\$432.26		\$432.26		\$432.26		\$432.26		\$432.26		\$380.39		\$380.39	
Family	\$584.13		\$584.13		\$584.13		\$584.13		\$584.13		\$514.03		\$514.03	
Medical & Rx Annual Premium														
Single	Single	\$15,171	Single	\$14,568	Single	\$14,216	Single	\$13,518	Single	\$11,992	Single	\$11,201	Single	\$11,201
Parent/Child(ren)	P/C	\$26,133	P/C	\$25,078	P/C	\$24,462	P/C	\$23,240	P/C	\$20,570	P/C	\$19,235	P/C	\$19,235
2-Party	2A	\$30,290	2A	\$29,085	2A	\$27,975	2A	\$26,984	2A	\$23,933	2A	\$22,356	2A	\$22,356
Family	Family	\$41,526	Family	\$39,869	Family	\$38,343	Family	\$36,980	Family	\$32,785	Family	\$30,631	Family	\$30,631

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	POS 10		POS 15/25		POS 20/20		POS 20/35		OMNIA 10	
Medical:	In-Network		In-Network		In-Network		In-Network		Tier 1	Tier 2
Referral Required	YES		YES		YES		YES		No	
Individual Deductible	\$500		\$500		\$500		\$500		None	\$1,500
Family Deductible	\$1,000		\$1,000		\$1,000		\$1,000		None	\$3,000
Coinsurance	N/A		N/A		N/A		20%		N/A	N/A
Max. Coinsurance Single	N/A		N/A		N/A		\$2,000		\$400	\$2,000
Max. Coinsurance Family	N/A		N/A		N/A		\$4,000		\$800	\$4,000
Max. Out of Pocket Single	\$4,000		\$4,000		\$4,000		\$2,000		\$400	\$2,000
Max. Out of Pocket Family	\$8,000		\$8,000		\$8,000		\$4,000		\$800	\$4,000
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	Unlimited
PCP Office Copay	\$10		\$15		\$20		\$20		\$5	\$10
Specialist Office Copay	\$10		\$25		\$20		\$35		\$5	\$10
Inpatient Hospital Copay	100%		100%		100%		80%		100%	70% after ded.
Emergency Room Copay	100% after \$35 copay		100% after \$75 copay		100% after \$100		80% after \$100 copay		100% after \$25 copay	
Medical Monthly Premium Rates:										
Single	\$949.50		\$876.78		\$824.45		\$709.05		\$795.79	
Parent/Child(ren)	\$1,661.63		\$1,534.37		\$1,442.82		\$1,240.81		\$1,383.79	
2-Party	\$1,899.00		\$1,753.53		\$1,648.88		\$1,418.07		\$1,591.61	
Family	\$2,611.15		\$2,412.01		\$2,267.27		\$1,949.88		\$2,188.45	
Prescription:										
Retail Generic Copay	\$10		\$10		\$10		\$10		\$10	
Retail Brand Copay	\$20		\$20		\$20		\$20		\$20	
Mail Order Generic Copay	\$10		\$10		\$10		\$10		\$10	
Mail Order Brand Copay	\$20		\$20		\$20		\$20		\$20	
Prescription Drug Monthly Premium Rates:										
Single	\$218.26		\$218.26		\$218.26		\$218.26		\$218.26	
Parent/Child(ren)	\$347.29		\$347.29		\$347.29		\$347.29		\$347.29	
2-Party	\$432.26		\$432.26		\$432.26		\$432.26		\$432.26	
Family	\$584.13		\$584.13		\$584.13		\$584.13		\$584.13	
Medical & Rx Annual Premium										
Single	Single	\$14,013	Single	\$13,140	Single	\$12,513	Single	\$11,128	Single	\$12,169
Parent/Child(ren)	P/C	\$24,107	P/C	\$22,580	P/C	\$21,481	P/C	\$19,057	P/C	\$20,773
2-Party	2A	\$27,975	2A	\$26,229	2A	\$24,974	2A	\$22,204	2A	\$24,286
Family	Family	\$38,343	Family	\$35,954	Family	\$34,217	Family	\$30,408	Family	\$33,271