

Bridgewater-Raritan Board of Education

Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2024 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%	10% (select serv)	30%	10% (select serv)	30%
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	\$1,119.17		\$1,065.42		\$1,034.03		\$971.77		\$835.77		\$1,006.13		\$963.87	
Parent/Child(ren)	\$1,958.56		\$1,864.50		\$1,809.55		\$1,700.60		\$1,462.57		\$1,760.74		\$1,686.79	
2-Party	\$2,238.38		\$2,130.87		\$2,031.93		\$1,943.56		\$1,671.49		\$2,012.30		\$1,927.79	
Family	\$3,077.72		\$2,929.93		\$2,793.93		\$2,672.39		\$2,298.33		\$2,766.88		\$2,650.67	
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	\$233.54		\$233.54		\$233.54		\$233.54		\$233.54		\$205.51		\$205.51	
Parent/Child(ren)	\$371.60		\$371.60		\$371.60		\$371.60		\$371.60		\$327.00		\$327.00	
2-Party	\$462.52		\$462.52		\$462.52		\$462.52		\$462.52		\$407.02		\$407.02	
Family	\$625.02		\$625.02		\$625.02		\$625.02		\$625.02		\$550.01		\$550.01	
Medical & Rx Annual Premium														
Single	Single	\$16,233	Single	\$15,588	Single	\$15,211	Single	\$14,464	Single	\$12,832	Single	\$11,201	Single	\$11,201
Parent/Child(ren)	P/C	\$27,962	P/C	\$26,833	P/C	\$26,174	P/C	\$24,866	P/C	\$22,010	P/C	\$19,235	P/C	\$19,235
2-Party	2A	\$32,411	2A	\$31,121	2A	\$29,933	2A	\$28,873	2A	\$25,608	2A	\$22,356	2A	\$22,356
Family	Family	\$44,433	Family	\$42,659	Family	\$41,027	Family	\$39,569	Family	\$35,080	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	\$1,015.97		\$938.15		\$882.16		\$758.68		\$851.50	
Parent/Child(ren)	\$1,777.94		\$1,641.78		\$1,543.82		\$1,327.67		\$1,480.66	
2-Party	\$2,031.93		\$1,876.28		\$1,764.30		\$1,517.33		\$1,703.02	
Family	\$2,793.93		\$2,580.85		\$2,425.98		\$2,086.37		\$2,341.64	
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	\$233.54		\$233.54		\$233.54		\$233.54		\$233.54	
Parent/Child(ren)	\$371.60		\$371.60		\$371.60		\$371.60		\$371.60	
2-Party	\$462.52		\$462.52		\$462.52		\$462.52		\$462.52	
Family	\$625.02		\$625.02		\$625.02		\$625.02		\$625.02	
Medical & Rx Annual Premium										
Single	Single	\$14,994	Single	\$14,060	Single	\$13,388	Single	\$11,907	Single	\$13,020
Parent/Child(ren)	P/C	\$25,794	P/C	\$24,161	P/C	\$22,985	P/C	\$20,391	P/C	\$22,227
2-Party	2A	\$29,933	2A	\$28,066	2A	\$26,722	2A	\$23,758	2A	\$25,986
Family	Family	\$41,027	Family	\$38,470	Family	\$36,612	Family	\$32,537	Family	\$35,600