

Bridgewater-Raritan Board of Education														
Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2025 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.	\$10	70% after ded.	\$10	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	\$1,253.47		\$1,193.27		\$1,158.11		\$1,088.38		\$936.06		\$1,096.68		\$1,050.62	
Parent/Child(ren)	\$2,193.59		\$2,088.24		\$2,026.70		\$1,904.67		\$1,638.08		\$1,919.21		\$1,838.60	
2-Party	\$2,506.99		\$2,386.57		\$2,275.76		\$2,176.79		\$1,872.07		\$2,193.41		\$2,101.29	
Family	\$3,447.05		\$3,281.52		\$3,129.20		\$2,993.08		\$2,574.13		\$3,015.90		\$2,889.23	
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	\$261.56		\$261.56		\$261.56		\$261.56		\$261.56		\$224.01		\$224.01	
Parent/Child(ren)	\$416.19		\$416.19		\$416.19		\$416.19		\$416.19		\$356.43		\$356.43	
2-Party	\$518.02		\$518.02		\$518.02		\$518.02		\$518.02		\$443.65		\$443.65	
Family	\$700.02		\$700.02		\$700.02		\$700.02		\$700.02		\$599.51		\$599.51	
Medical & Rx Annual Premium														
Single	Single	\$18,180	Single	\$17,458	Single	\$17,036	Single	\$16,199	Single	\$14,371	Single	\$11,201	Single	\$11,201
Parent/Child(ren)	P/C	\$31,317	P/C	\$30,053	P/C	\$29,315	P/C	\$27,850	P/C	\$24,651	P/C	\$19,235	P/C	\$19,235
2-Party	2A	\$36,300	2A	\$34,855	2A	\$33,525	2A	\$32,338	2A	\$28,681	2A	\$22,356	2A	\$22,356
Family	Family	\$49,765	Family	\$47,778	Family	\$45,951	Family	\$44,317	Family	\$39,290	Family	\$30,631	Family	\$30,631

Bridgewater-Raritan Board of Education
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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	\$1,137.89	\$1,050.73	\$988.02	\$849.72	\$953.68					
Parent/Child(ren)	\$1,991.29	\$1,838.79	\$1,729.08	\$1,486.99	\$1,658.34					
2-Party	\$2,275.76	\$2,101.43	\$1,976.02	\$1,699.41	\$1,907.38					
Family	\$3,129.20	\$2,890.55	\$2,717.10	\$2,336.73	\$2,622.34					
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	\$261.56	\$261.56	\$261.56	\$261.56	\$261.56					
Parent/Child(ren)	\$416.19	\$416.19	\$416.19	\$416.19	\$416.19					
2-Party	\$518.02	\$518.02	\$518.02	\$518.02	\$518.02					
Family	\$700.02	\$700.02	\$700.02	\$700.02	\$700.02					
Medical & Rx Annual Premium										
Single	Single	\$16,793	Single	\$15,747	Single	\$14,995	Single	\$13,335	Single	\$14,583
Parent/Child(ren)	P/C	\$28,890	P/C	\$27,060	P/C	\$25,743	P/C	\$22,838	P/C	\$24,894
2-Party	2A	\$33,525	2A	\$31,433	2A	\$29,928	2A	\$26,609	2A	\$29,105
Family	Family	\$45,951	Family	\$43,087	Family	\$41,005	Family	\$36,441	Family	\$39,868