

Bridgewater-Raritan Board of Education

Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2026 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	\$1,441.49		\$1,372.26		\$1,331.83		\$1,251.64		\$1,076.47		\$1,206.35		\$1,155.68	
Parent/Child(ren)	\$2,522.63		\$2,401.48		\$2,330.71		\$2,190.37		\$1,883.79		\$2,111.13		\$2,022.46	
2-Party	\$2,883.04		\$2,744.56		\$2,617.12		\$2,503.31		\$2,152.88		\$2,412.75		\$2,311.42	
Family	\$3,964.11		\$3,773.75		\$3,598.58		\$3,442.04		\$2,960.25		\$3,317.49		\$3,178.15	
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	\$313.87		\$313.87		\$313.87		\$313.87		\$313.87		\$257.61		\$257.61	
Parent/Child(ren)	\$499.43		\$499.43		\$499.43		\$499.43		\$499.43		\$409.89		\$409.89	
2-Party	\$621.62		\$621.62		\$621.62		\$621.62		\$621.62		\$510.20		\$510.20	
Family	\$840.02		\$840.02		\$840.02		\$840.02		\$840.02		\$689.44		\$689.44	
Medical & Rx Annual Premium														
Single	Single	\$21,064.32	Single	\$20,233.56	Single	\$19,748.40	Single	\$18,786.12	Single	\$16,684.08	Single	\$17,567.52	Single	\$16,959.48
Parent/Child(ren)	P/C	\$36,264.72	P/C	\$34,810.92	P/C	\$33,961.68	P/C	\$32,277.60	P/C	\$28,598.64	P/C	\$30,252.24	P/C	\$29,188.20
2-Party	2A	\$42,055.92	2A	\$40,394.16	2A	\$38,864.88	2A	\$37,499.16	2A	\$33,294.00	2A	\$35,075.40	2A	\$33,859.44
Family	Family	\$57,649.56	Family	\$55,365.24	Family	\$53,263.20	Family	\$51,384.72	Family	\$45,603.24	Family	\$48,083.16	Family	\$46,411.08

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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	\$1,308.57		\$1,208.34		\$1,136.22		\$977.18		\$1,096.73	
Parent/Child(ren)	\$2,289.98		\$2,114.61		\$1,988.44		\$1,710.04		\$1,907.09	
2-Party	\$2,617.12		\$2,416.64		\$2,272.42		\$1,954.32		\$2,193.49	
Family	\$3,598.58		\$3,324.13		\$3,124.67		\$2,687.24		\$3,016.04	
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	\$313.87		\$313.87		\$313.87		\$313.87		\$313.87	
Parent/Child(ren)	\$499.43		\$499.43		\$499.43		\$499.43		\$499.43	
2-Party	\$621.62		\$621.62		\$621.62		\$621.62		\$621.62	
Family	\$840.02		\$840.02		\$840.02		\$840.02		\$840.02	
Medical & Rx Annual Premium										
Single	Single	\$19,469.28	Single	\$18,266.52	Single	\$17,401.08	Single	\$15,492.60	Single	\$16,927.20
Parent/Child(ren)	P/C	\$33,472.92	P/C	\$31,368.48	P/C	\$29,854.44	P/C	\$26,513.64	P/C	\$28,878.24
2-Party	2A	\$38,864.88	2A	\$36,459.12	2A	\$34,728.48	2A	\$30,911.28	2A	\$33,781.32
Family	Family	\$53,263.20	Family	\$49,969.80	Family	\$47,576.28	Family	\$42,327.12	Family	\$46,272.72