

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	\$18,180.36	Single	\$17,457.96	Single	\$17,036.04	Single	\$16,199.28	Single	\$14,371.44	Single	\$15,848.28	Single	\$15,295.56
Parent/Child(ren)	P/C	\$31,317.36	P/C	\$30,053.16	P/C	\$29,314.68	P/C	\$27,850.32	P/C	\$24,651.24	P/C	\$27,307.68	P/C	\$26,340.36
2-Party	2A	\$36,300.12	2A	\$34,855.08	2A	\$33,525.36	2A	\$32,337.72	2A	\$28,681.08	2A	\$31,644.72	2A	\$30,539.28
Family	Family	\$49,764.84	Family	\$47,778.48	Family	\$45,950.64	Family	\$44,317.20	Family	\$39,289.80	Family	\$43,384.92	Family	\$41,864.88

Bridgewater-Raritan Board of Education
Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2025 Rates

	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	\$16,793.40	Single	\$15,747.48	Single	\$14,994.96	Single	\$13,335.36	Single	\$14,582.88
Parent/Child(ren)	P/C	\$28,889.76	P/C	\$27,059.76	P/C	\$25,743.24	P/C	\$22,838.16	P/C	\$24,894.36
2-Party	2A	\$33,525.36	2A	\$31,433.40	2A	\$29,928.48	2A	\$26,609.16	2A	\$29,104.80
Family	Family	\$45,950.64	Family	\$43,086.84	Family	\$41,005.44	Family	\$36,441.00	Family	\$39,868.32