

Branchburg Township Board of Education
Simplified Horizon BCBSNJ Medical and BeneCard Prescription Drug Comparison with Rates - Effective July 1, 2020

	Horizon Direct Access \$10		Horizon Direct Access \$15		Horizon Direct Access \$15/\$25		Horizon Direct Access \$20/\$30		Horizon Direct Access \$20/\$35	
	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	
Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$200	\$200	\$800
Family Deductible	None	\$250	None	\$250	None	\$250	None	\$500	400	\$2,000
Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%	20% after ded.	40%
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500
Lifetime Benefit Maximum	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.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$25	70% after ded.	\$30 (copay for dep. child is \$20)	70% after ded.	\$35	60% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	70% after ded. And separate \$200 copay	100%	70% after ded. And separate \$500 copay	80% after ded.	60% after ded. And separate \$500 copay
Telemedicine	\$10		\$15		\$15		\$15		\$15	
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$75 copay		100% after \$100 copay		100% after \$100 copay	
Medical Monthly Premium Rates:										
Single	\$982.43		\$935.25		\$907.69		\$853.05		\$733.63	
Parent/Child(ren)	\$1,827.32		\$1,739.56		\$1,688.30		\$1,586.69		\$1,364.55	
2-Party	\$1,964.86		\$1,870.48		\$1,815.38		\$1,706.11		\$1,467.26	
Family	\$2,809.75		\$2,674.80		\$2,595.99		\$2,439.72		\$2,098.17	
BeneCard Prescription Drug Plan:										
Retail Generic Copay	\$3		\$3		\$3		\$3		\$3	
Retail Brand Copay	\$10		\$10		\$10		\$10		\$10	
Mail Order Generic Copay	\$5		\$5		\$5		\$5		\$5	
Mail Order Brand Copay	\$15		\$15		\$15		\$15		\$15	
Prescription Drug Monthly Premium Rates:										
Single	\$273.55		\$273.55		\$273.55		\$273.55		\$273.55	
Parent/Child(ren)	\$404.87		\$404.87		\$404.87		\$404.87		\$404.87	
2-Party	\$547.13		\$547.13		\$547.13		\$547.13		\$547.13	
Family	\$683.92		\$683.92		\$683.92		\$683.92		\$683.92	
Total Annual Premium: (Med/Rx)										
Single	\$15,072		\$14,506		\$14,175		\$13,519		\$12,086	
Parent & Child	\$26,786		\$25,733		\$25,118		\$23,899		\$21,233	
Member & Spouse/Partner	\$30,144		\$29,011		\$28,350		\$27,039		\$24,173	
Family	\$41,924		\$40,305		\$39,359		\$37,484		\$33,385	

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	Horizon POS \$20	Horizon POS \$20/\$35	Horizon OMNIA	
	In-Network	In-Network	Tier 1	Tier 2
Referral Required	YES	YES	No	
Individual Deductible	None	\$200	None	\$1,500
Family Deductible	None	\$400	None	\$3,000
Coinsurance	N/A	20%	N/A	N/A
Max. Out of Pocket Single	\$4,000	\$2,000	\$400	\$2,000
Max. Out of Pocket Family	\$8,000	\$4,000	\$800	\$4,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	
PCP Office Copay	\$20	\$20	\$5	\$10
Specialist Office Copay	\$20	\$35	\$5	\$10
Inpatient Hospital Copay	100%	80% after ded.	100%	100% after \$150 copay
Telemedicine	\$15	\$15	\$5	
Emergency Room Copay	\$100 copay	\$100 copay	\$25 copay	
Medical Monthly Premium Rates:				
Single	\$774.39	\$665.97	\$689.75	
Parent/Child(ren)	\$1,440.37	\$1,238.70	\$1,282.94	
2-Party	\$1,548.79	\$1,331.93	\$1,379.50	
Family	\$2,214.76	\$1,904.67	\$1,972.69	
BeneCard Prescription Drug Plan:				
Retail Generic Copay	\$3	\$3	\$3	
Retail Brand Copay	\$10	\$10	\$10	
Mail Order Generic Copay	\$5	\$5	\$5	
Mail Order Brand Copay	\$15	\$15	\$15	
Prescription Drug Monthly Premium Rates :				
Single	\$273.55	\$273.55	\$273.55	
Parent/Child(ren)	\$404.87	\$404.87	\$404.87	
2-Party	\$547.13	\$547.13	\$547.13	
Family	\$683.92	\$683.92	\$683.92	
Annual Premiums: (Med/Rx)				
Single	\$12,575	\$11,274	\$11,560	
Parent & Child	\$22,143	\$19,723	\$20,254	
Member & Spouse/Partner	\$25,151	\$22,549	\$23,120	
Family	\$34,784	\$31,063	\$31,879	