

Branchburg Township Board of Education
Simplified Horizon BCBSNJ Medical and BeneCard Prescription Drug Comparison with Rates - Effective July 1, 2021

	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	\$1,002.08		\$953.96		\$925.84		\$870.11		\$748.30	
Parent/Child(ren)	\$1,863.87		\$1,774.35		\$1,722.07		\$1,618.42		\$1,391.84	
2-Party	\$2,004.16		\$1,907.89		\$1,851.69		\$1,740.23		\$1,496.61	
Family	\$2,865.95		\$2,728.30		\$2,647.91		\$2,488.51		\$2,140.13	
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	\$15,308		\$14,730		\$14,393		\$13,724		\$12,262	
Parent & Child	\$27,225		\$26,151		\$25,523		\$24,279		\$21,561	
Member & Spouse/Partner	\$30,615		\$29,460		\$28,786		\$27,448		\$24,525	
Family	\$42,598		\$40,947		\$39,982		\$38,069		\$33,889	

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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	\$789.88	\$679.29	\$703.55	
Parent/Child(ren)	\$1,469.18	\$1,263.47	\$1,308.60	
2-Party	\$1,579.77	\$1,358.57	\$1,407.09	
Family	\$2,259.06	\$1,942.76	\$2,012.14	
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	\$12,761	\$11,434	\$11,725	
Parent & Child	\$22,489	\$20,020	\$20,562	
Member & Spouse/Partner	\$25,523	\$22,868	\$23,451	
Family	\$35,316	\$31,520	\$32,353	