

January 1, 2024 NJ School Employees' Health Benefits Program Local Education Employee Plans

HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	PPO Plan Options		
	NJ EDUCATORS HEALTH PLAN (NJEHP)	NJ DIRECT10	NJ DIRECT15
Eligibility	All Active Employees and Non-Medicare Retirees	Active Employees Hired Prior to 7/1/20	
IN-NETWORK (IN)			
Service Area Available	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required
Deductible	\$0	\$0	\$0
Coinsurance (On Select Services)	10%	10%	10%
Coinsurance Out-of-Pocket Maximum			
Individual	\$500	\$400	\$400
Family	\$1,000	\$1,000	\$1,000
Total Out-of-Pocket Maximum (Copay+Coinsurance)			
Individual	\$500	\$400	\$7,560
Family	\$1,000	\$1,000	\$15,120
HEALTH CARE SERVICES			
Primary Care Office Visit	\$10	\$10	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Copay may apply	Copay may apply	Copay may apply
Specialist Office Visit	\$15	\$10	\$15
Annual Routine Vision (In-Network Only)	\$15	\$10	\$15
Chiropractic (30 Combined IN and OON Visits Per Calendar Year)	\$15	\$10	\$15
Physical/Occupational/Speech Therapy	\$15	\$10	\$15
Diagnostic Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	\$15	\$10	\$15
Emergency Room	\$125	\$25	\$50
Ambulance	10%	10%	10%
OTHER SERVICES			
Inpatient Facility	\$0	\$0	\$0
Outpatient Facility	\$0	\$0	\$0
Outpatient Behavioral Health	\$15	\$10	\$15
Durable Medical Equipment (DME)	10%	10%	10%
OUT-OF-NETWORK (OON)			
Deductible - Individual	\$350	\$100	\$100
Deductible - Family	\$700	\$250	\$250
Coinsurance after Deductible	30%	20%	30%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$5,000
Out-of-Network Fee Schedule*	200% CMS	90 th percentile FairHealth	90 th percentile FairHealth

* There are specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit nj.gov/treasury/pensions/member-guidebooks.shtml for more information.

You can reference HorizonBlue.com/shbp to determine your premium contribution.