Pompton Lakes Board of Education Simplified Medical/Prescription Plan Benefits Comparison July 1, 2020

	Horizon		Horizon	Horizon	Horizon	
	Direct Access \$15/25		EPO (In-Network Only)	EPO (In-Network Only)	OMNIA (In-Network Only)	
	In-Network	Out-of-Network	In-Network	In-Network	Tier 1	Tier 2
Referral Required	No		No	No	No	
Individual Deductible	None	\$100	None	None	None	\$1,500
Family Deductible	None	\$250	None	None	None	\$3,000
Maximum Out of Pocket Single	\$400	\$2,000	\$2,500	\$2,500	\$2,500	\$4,500
Maximum Out of Pocket Family	\$800	\$5,000	\$5,000	\$5,000	\$5,000	\$9,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care	100%	70% after ded.	100%	100%	100%	100%
PCP Office Copay	\$15	70% after ded.	\$20	\$20	\$5	\$20
Specialist Office Copay	\$25	70% after ded.	\$40	\$40	\$15	\$30
Inpatient Hospital Copay	100%	70% after ded.	100%	100%	\$150 copay per admission	80% after ded.
Outpatient Surgery Copay	100%	70% after ded.	\$200 per procedure	\$200 per procedure	\$150 Copay	80% after ded.
Telemedicine	\$15 copay		\$15 copay	\$15 copay	\$5 copay	
Emergency Room Copay	100% after \$75 copay		100% after \$100 copay	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay
Prescription Drug:						
Retail Generic Copay	\$10		\$10	30% after Annual \$100 Individual/\$200 Family Deductible	\$10	
Retail Preferred-Brand Copay	\$15		\$15	35% after Annual \$100 Individual/\$200 Family Deductible	\$15	
Retail Non-Preferred Brand Copay	\$20		\$20	35% after Annual \$100 Individual/\$200 Family Deductible	\$20	
Mail Order Generic Copay	\$20		\$20	30% after Annual \$100 Individual/\$200 Family Deductible	\$20	
Mail Order Preferred-Brand Copay	\$30		\$30	35% after Annual \$100 Individual/\$200 Family Deductible	\$30	
Mail Order Non-Preferred Brand Copay	\$40		\$40	35% after Annual \$100 Individual/\$200 Family Deductible	\$40	