



**STATE ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2021
HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

| | NJ DIRECT/ NJ DIRECT 2019* | NJ DIRECT15 | NJ DIRECT1525 | NJ DIRECT2030 | NJ DIRECT2035 | Horizon HMO ¹ | Horizon OMNIA | | NJ DIRECT HD4000** | NJ DIRECT HD1500** |
|---|---|------------------|------------------|------------------------------|--------------------------------------|--|----------------------|----------------------|---|---|
| Medical Cost Sharing | | | | | | | TIER 1 | TIER 2 | | |
| Primary Care Copayment | \$15 | \$15 | \$15 | \$20 | \$20 | \$15 | \$5 | \$20 | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Specialist Care Copayment | \$15 | \$15 | \$25 | \$30 adult/ \$20 child*** | \$35 | \$15 | \$15 | \$30 | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency Room Copayment | \$150 ⁹ | \$100 | \$100 | \$125 | \$300 | \$100 | \$100 | \$100 | 20% coinsurance after deductible | 20% coinsurance after deductible |
| In-Network Deductible | \$100 ⁸ (if hired after 7/1/19) | None | None | None | \$200/\$500 ⁶ | \$100 for Durable Medical Equipment | None | \$1,500 ⁷ | \$4,000 ⁷ | \$1,500 ⁷ |
| In-Network Coinsurance | 10% ² | 10% ² | 10% ² | 10% ² | 20% ⁶ after deductible | 10% ² | None | 20% | 20% after deductible | 20% after deductible |
| In-Network Coinsurance Maximum (Individual/Family) | \$800/\$2,000 | \$400/\$1,000 | \$400/\$1,000 | \$800/\$2,000 | \$2,000/\$5,000 | None | None | None | None | None |
| In-Network Out-of-Pocket Maximum (Individual/Family) | \$6,840/\$13,680 | \$6,840/\$13,680 | \$6,840/\$13,680 | \$6,840/\$13,680 | \$6,840/\$13,680 | \$6,840/\$13,680 | \$2,500 ⁷ | \$4,500 ⁷ | \$5,000/ \$10,000 | \$2,500/ \$5,000 |
| Out-of-Network Deductible (Individual/Family) | \$400/\$1,000 | \$100/\$250 | \$100/\$250 | \$200/\$500 | \$800/\$2,000 | | | | See In-Network Deductible ³ | See In-Network Deductible ³ |
| Out-of-Network Coinsurance ⁴ | 30% | 30% | 30% | 30% | 40% | | | | 40% | 40% |
| Out-of-Network Out-of-Pocket Maximum (Individual/Family) ¹⁰ | \$2,000/\$5,000 | \$2,000/\$5,000 | \$2,000/\$5,000 | \$5,000/\$12,500 | \$6,500/\$13,000 | | | | \$6,000/\$12,000 | \$3,500/\$7,000 |
| Out-of-Network Inpatient Hospital Deductible | \$500/stay | \$200/stay | \$200/stay | \$500/stay | \$600/stay | | | | None | None |
| Employer Health Savings Account Funding ⁵ | | | | | | | | | | \$300 |

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.

** HD = High Deductible Health Plan

*** Age 26 and under

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² On select services.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

⁶ Applies to services that do not require a copayment.

⁷ Family amounts are 2 x per member amounts listed in table.

⁸ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

⁹ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

¹⁰ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.



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|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| Prescription Drug Copayments | | | | | | | | | |
| Retail: Generic Copayments | \$7 | \$3 | \$7 | \$3 | \$7 ³ | \$3 | \$7 | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| Retail: Brand Copayments | \$16 | \$10 | \$16 | \$18 | \$21 ³ | \$10 | \$16 | | |
| Retail: Brand w/Generic available Copayments | Member pays difference ² | Member pays difference ² | Member pays difference ² | Member pays difference ² | Member pays difference ^{2, 3} | Member pays difference ² | Member pays difference ² | | |
| Mail: Generic Copayments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Mail: Brand Copayments | \$40 | \$15 | \$40 | \$36 | \$52 ³ | \$15 | \$40 | | |
| Mail: Brand w/Generic available Copayments | Member pays difference ² | Member pays difference ² | Member pays difference ² | Member pays difference ² | Member pays difference ^{2, 3} | Member pays difference ² | Member pays difference ² | | |
| Prescription Drug annual Out-of-Pocket Maximum (Individual/Family) | \$1,710/\$3,420 | \$1,710/\$3,420 | \$1,710/\$3,420 | \$1,710/\$3,420 | \$1,710/\$3,420 | \$1,710/\$3,420 | \$1,710/\$3,420 | | |

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

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² You pay the cost difference between the brand drug and the generic drug.

³ For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.