



**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	None	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	None	None	None	None				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.