



Explore Your Benefits

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

	NJ DIRECT/ NJ DIRECT 2019 [†]	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500* ⁶
Medical Cost Sharing								TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$15	\$15	\$20	\$20	\$10	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$25	\$30 adult/\$20 child**	\$35	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁷	\$75	\$100	\$100	\$125	\$300	\$85	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	None	None	None	None	\$200/\$500 ³	None	None	\$1,500***	\$4,000***	\$1,500***
In-Network Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	20% after deductible ³	10% ²	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	None	\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	\$100 for Durable Medical Equipment	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,840/\$13,680	\$400/\$1,000	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$2,500***	\$4,500***	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000				See In-Network Deductible ⁴	See In-Network Deductible ⁴
Out-of-Network Coinsurance ⁵	30%	20%	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) ⁹	\$2,000/\$5,000	\$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	\$200/stay	\$200/stay	\$200/stay	\$500/stay	\$600/stay					

[†] 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

*** Family amounts are 2 x per member amounts listed

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 Applies to services that do not require a copayment.

⁴ Out-of-Network Deductible is combined with In-Network Deductible.

⁵ After Deductible

⁶ Employer Health Savings Account Funding is \$300 for Horizon HD1500 plans which can be used for qualified medical expenses without federal tax liability.

⁷ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

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

⁹ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.



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	NJ DIRECT/ NJ DIRECT 2019 [†]	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
Prescription Drug Copayments²										
Retail: Generic Copayments	\$7	\$3	\$3	\$7	\$3	\$7 ³	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$10	\$10	\$16	\$18	\$21 ³	\$10	\$16		
Retail: Non-Preferred Brand Copayments	Member pays difference ⁴	\$10	\$10	\$35	\$46	Member pays difference ^{3,4}	\$10	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ^{3,4}	Member pays difference ⁴	Member pays difference ⁴		
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Mail: Preferred Brand Copayments	\$40	\$15	\$15	\$40	\$36	\$52	\$15	\$40		
Mail: Non-Preferred Brand Copayments	Member pays difference ⁴	\$15	\$15	\$88	\$92	Member pays difference ^{3,4}	\$15	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ^{3,4}	Member pays difference ⁴	Member pays difference ⁴		
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	\$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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* **HD = High Deductible Health Plan**

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 Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

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

⁴ You pay the the cost difference between the brand drug and the generic drug.