



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

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN
<b>Medical Cost Sharing</b>			
Primary Care Copayment	\$10	\$15	\$10
Specialist Care Copayment	\$10	\$15	\$15
Emergency Room Copayment	\$25	\$50	\$125
In-Network Deductible			
In-Network Coinsurance	10% <sup>1</sup>	10% <sup>1</sup>	10% <sup>1</sup>
In-Network Coinsurance Maximum (Individual/Family)		\$400/\$1,000	
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$6,840/\$13,680	\$500/\$1,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$350/\$700
Out-of-Network Coinsurance <sup>2</sup>	20%	30%	30% <sup>3</sup>
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000
Out-of-Network In Patient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)
Out-of-Network Chiropractic Services	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit
Out-of-Network Acupuncture Services	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit
Out-of-Network Physical Therapy Services	Lesser of \$52/visit or 75% of In-Network cost/visit	Lesser of \$52/visit or 75% of In-Network cost/visit	Lesser of \$52/visit or 75% of In-Network cost/visit

<sup>1</sup> On Select Services

<sup>2</sup> After Deductible

<sup>3</sup> Out of Network Allowance is 200% of CMS Fee Schedule



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

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN
<b>Prescription Drug Copayments*</b>			
Retail: Generic Copayments	\$3	\$3	\$5
Retail: Preferred Brand Copayments	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	\$10	Member pays difference <sup>4</sup>
Mail: Generic Copayments	\$5	\$5	\$10
Mail: Preferred Brand Copayments	\$15	\$15	\$20
Mail: Non-Preferred Brand Copayments	\$15	\$15	Member pays difference <sup>4</sup>
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,710/\$3,420	\$1,710/\$3,420	\$1,600/\$3,200

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

\* Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: for NJ DIRECT10 and NJ DIRECT15, coinsurance is 10%; for NJEHP, copays are the same as if coverage is through the SEHBP's Prescription Drug Plan as shown in the chart above.

<sup>4</sup> You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.

**This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)**  
*This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.*