

2027
OVERVIEW

NJ State Health Benefits Program (SHBP)

Local Government Employees





YOUR BEST HEALTH **COVERED BY BLUE**

For more than 90 years, Horizon has worked to improve health care quality and affordability, giving New Jersey residents peace of mind so they can achieve their best health. We use our unmatched expertise to make the health care experience better, and we guide members to ensure that everyone has access to a plan that's right for them. Plus, our easy-to-use tools and resources make navigating health care even more convenient. These are just a few of the reasons Horizon is New Jersey's #1 health insurer.¹

1. NAIC Market Share Report, published 2025

Learn more at HorizonBlue.com/shbp

Our best coverage, for your best you.

OMNIASM Health Plan

In addition to having some of our best benefits, our OMNIA Health Plan option gives you the flexibility to choose from one of the largest networks in New Jersey and parts of New York, Pennsylvania and Delaware.* You also have worldwide access to more than 2 million providers in our BlueCard[®] PPO program.

To save even more, choose OMNIA Tier 1 doctors and some of the state's leading hospitals for lower copayments, lower out-of-pocket costs and no deductibles – all with no referrals and no need to choose a Primary Care Physician (PCP).

*Based on Horizon provider network data as of June 30, 2026 and subject to change.

PPO Plans

All of our PPO plans include:

- Care in network or out of network in New Jersey, nationwide and abroad
- No need to select a PCP
- No referrals necessary to see a specialist
- Lower out-of-pocket costs when using the Horizon Managed Care Network or the BlueCard PPO Network nationwide and Blue Cross Blue Shield Global[®] Core abroad

High Deductible Health Plans

NJ DIRECT High Deductible Health Plans (HDHPs) combine a high deductible health plan with a health savings account (HSA). Eligible preventive services are covered at 100% if in network and do not have a deductible. You are responsible for eligible medical and prescription expenses, up to the deductible.

HMO Plans

With our HMO plans, you have access to health care professionals and facilities in the Horizon Managed Care Network in New Jersey and parts of New York, Pennsylvania and Delaware. You select a licensed PCP from the Horizon Managed Care Network and your PCP will refer you to specialty care when needed. In addition, the Away From Home Care Program[®] is available to eligible HMO members who are outside the State of New Jersey, like students living away from home, long-term travelers and families living apart.

Active employees:
Calculate your estimated
premium contribution at
HorizonBlue.com/shbp.



Learn more at HorizonBlue.com/shbp

2027 NJ State Health Benefits Program Local Government Employee Plans¹



HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	OMNIA Tiered Network Plan		PPO Plans	
	OMNIA HEALTH PLAN		NJ DIRECT	NJ DIRECT2019
	Tier 1	Tier 2	(employees hired prior to 7/1/19)	(new hires on or after 7/1/19)
IN NETWORK (IN)				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ³				
Individual	\$0	\$1,500	\$0	\$100
Family	\$0	\$3,000	\$0	n/a
Coinsurance	0%	20% after deductible	10% ⁵	10% after deductible ⁵
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	Not applicable	\$800	\$800
Family	Not applicable	Not applicable	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$2,500	\$4,500	\$9,600	\$9,600
Family	\$5,000	\$9,000	\$19,200	\$19,200
HEALTH CARE SERVICES				
Primary Care Office Visit	\$5	\$20	\$15	\$15
Annual Routine Physical (In Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$30	\$15	\$15
Annual Routine Vision (In Network Only)	\$15	\$30	\$15	\$15
Chiropractic ⁷	\$15	\$30	\$15	\$15
Physical/Occupational/Speech Therapy ⁸	\$5 office visit/ \$15 outpatient facility	\$20 office visit/ 20% after deductible at an outpatient facility	\$15	\$15
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory	\$15	20% after deductible	\$0	\$0
Freestanding Laboratory	\$0	\$0	\$0	\$0
Outpatient Radiology/Advanced Imaging	\$15	20% after deductible	\$0	\$0
Freestanding Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$15	\$30	\$15	\$15
Emergency Room	\$100	\$100	\$150 ¹⁰	\$150 ¹⁰
Ambulance	\$0	\$0	10%	10% after deductible
OTHER SERVICES				
Inpatient Facility	\$150 per admission ¹¹	20% after deductible	\$0	\$0
Outpatient Facility ¹⁴	\$150	20% after deductible	\$0	\$0
Outpatient Behavioral Health	\$15	\$30 office visit/ 20% after deductible at an outpatient facility	\$15	\$15
Durable Medical Equipment (DME)	\$0	\$0	10%	10% after deductible
OUT OF NETWORK (OON)¹²				
Deductible - Individual	No out-of-network benefits		\$400	\$400
Deductible - Family			\$1,000	\$1,000
Coinsurance after Deductible			30%	30%
Out-of-Pocket Coinsurance Maximum - Individual			\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family			\$5,000	\$5,000
Inpatient Hospital Deductible			\$500/stay	\$500/stay

1. Check with your employer to find out if all of these plans are available to you. You can reference HorizonBlue.com/shbp to determine your premium contribution.

2. High Deductible Health Plan Low and 26 High Deductible Health Plan Low members may receive a \$300 HSA contribution if their employer elects to fund it.

3. Deductible applies to all services that require a coinsurance.

4. Includes eligible prescription cost share.

5. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

6. Under age 26.

7. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

2027 NJ State Health Benefits Program Local Government Employee Plans¹



HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	PPO Plans			
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030
IN NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ³				
Individual	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Coinsurance	10% ⁵	10% ⁵	10% ⁵	10% ⁵
Coinsurance Out-of-Pocket Maximum				
Individual	No coinsurance maximum	\$400	\$400	\$800
Family	No coinsurance maximum	\$1,000	\$1,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$400	\$9,600	\$9,600	\$9,600
Family	\$1,000	\$19,200	\$19,200	\$19,200
HEALTH CARE SERVICES				
Primary Care Office Visit	\$10	\$15	\$15	\$20
Annual Routine Physical (In Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
Annual Routine Vision (In Network Only)	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
Chiropractic ⁷	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
Physical/Occupational/Speech Therapy ⁸	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory	\$0	\$0	\$0	\$0
Freestanding Laboratory	\$0	\$0	\$0	\$0
Outpatient Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
Freestanding Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
Emergency Room	\$75 ¹⁰	\$100 ¹⁰	\$100 ¹⁰	\$125
Ambulance	10%	10%	10%	10%
OTHER SERVICES				
Inpatient Facility	\$0	\$0	\$0	\$0
Outpatient Facility ¹⁴	\$0	\$0	\$0	\$0
Outpatient Behavioral Health	\$10	\$15	\$25	\$30/adult, \$20/child ⁶
Durable Medical Equipment (DME)	10%	10%	10%	10%
OUT OF NETWORK (OON)¹²				
Deductible - Individual	\$100	\$100	\$100	\$200
Deductible - Family	\$250	\$250	\$250	\$500
Coinsurance after Deductible	20%	30%	30%	30%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$2,000	\$5,000
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$5,000	\$12,500
Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$200/stay	\$500/stay

8. Physical, occupational and speech therapy: OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. For all other plans, in-network visits are based on medical necessity. Plans that offer out-of-network benefits have a 20 visit per calendar year limit for physical therapy.

9. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

10. Lower copayment applies to children under 19 and physician referrals.

11. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

12. Out-of-network cost basis: NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. 90th percentile of FAIR Health national benchmark for all other health plans with an out-of-network benefit. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

2027 NJ State Health Benefits Program Local Government Employee Plans¹



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	PPO Plan	High Deductible PPO Plans		HMO Plan
	NJ DIRECT2035	NJ DIRECT HDLow ²	NJ DIRECT HDHigh	HORIZON HMO
IN NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	No referral required	No referral required	Referral required
Deductible ³				
Individual	\$200	\$1,750 ⁴	\$4,250 ⁴	See DME
Family	\$500	\$3,500 ⁴	\$8,500 ⁴	See DME
Coinsurance	20% after deductible	20% after deductible ⁴	20% after deductible ⁴	0%
Coinsurance Out-of-Pocket Maximum				
Individual	\$2,000	\$1,000	\$1,000	Not applicable
Family	\$5,000	\$2,000	\$2,000	Not applicable
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$9,600	\$2,750 ⁴	\$5,250 ⁴	\$9,600
Family	\$19,200	\$5,500 ⁴	\$10,500 ⁴	\$19,200
HEALTH CARE SERVICES				
Primary Care Office Visit	\$20	20% after deductible	20% after deductible	\$10
Annual Routine Physical (In Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	Not available	Not available	Not available
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$35	20% after deductible	20% after deductible	\$10
Annual Routine Vision (In Network Only)	\$35	20% after deductible	20% after deductible	\$10
Chiropractic ⁷	\$35	20% after deductible	20% after deductible	\$10
Physical/Occupational/Speech Therapy ⁸	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$10
DIAGNOSTIC LABORATORY ⁹ /RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory	20% after deductible	20% after deductible	20% after deductible	\$0
Freestanding Laboratory	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Freestanding Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	20% after deductible
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$35	20% after deductible	20% after deductible	\$10
Emergency Room	\$300	20% after deductible	20% after deductible	\$85 ¹⁰
Ambulance	20% after deductible	20% after deductible	20% after deductible	\$0
OTHER SERVICES				
Inpatient Facility	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Facility ¹⁴	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Behavioral Health	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$10
Durable Medical Equipment (DME)	20% after deductible	20% after deductible	20% after deductible	\$100 deductible, then covered in full
OUT OF NETWORK (OON) ¹²				
Deductible - Individual	\$800	See in-network deductible ¹³	See in-network deductible ¹³	No out-of-network benefits
Deductible - Family	\$2,000	See in-network deductible ¹³	See in-network deductible ¹³	
Coinsurance after Deductible	40%	40%	40%	
Out-of-Pocket Coinsurance Maximum - Individual	\$6,500	\$3,750	\$6,250	
Out-of-Pocket Coinsurance Maximum - Family	\$13,000	\$7,500	\$12,500	
Inpatient Hospital Deductible	\$600/stay	Not applicable	Not applicable	

13. Out-of-network deductible is combined with in-network deductible.

14. Certain procedures when rendered in an outpatient hospital vs. an ASC will have a 50% coinsurance if not authorized to be performed at the outpatient hospital. Call Member Services for additional details.

Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit nj.gov/treasury/pensions/member-guidebooks.shtml for more information.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

APPLICABLE TO ALL 26 PLANS

What's changing from the existing plans?

- In-network and out-of-network deductibles
- Out-of-network out-of-pocket maximums
- Limits on the number of covered out-of-network physical therapy visits
- In-network diagnostic imaging and radiology services copay

Certain procedures will cost you less when performed at an Ambulatory Surgical Center (ASC).

These centers perform planned procedures that don't require a hospital stay.

- The listed procedures performed at in-network ASCs are covered at standard in-network benefit levels.
- A 50% coinsurance will apply to the same procedures when performed at an outpatient hospital unless medical criteria are met and an authorization is obtained.
- A 50% coinsurance will apply if these same procedures are performed at an out-of-network hospital or out-of-network ASCs.

Applicable procedures include:

- Endoscopy (any)
- Intraocular lens procedures
- Introduction/injection of anesthetic agent (nerve block), diagnostic or therapeutic procedures on the somatic nerves or paravertebral spinal nerves and branches
- Injection, drainage or aspiration procedures on the spine and spinal cord
- Destruction by neurolytic agent (e.g., chemical, thermal, electrical or radiofrequency) procedures on the somatic nerves
- Hernia surgery
- Carpal tunnel surgery
- Arthroscopy
- Knee arthrotomy
- Lumpectomy
- Tonsillectomy
- Colonoscopy

Please call Member Services at 1-800-414-7427 about coverage and specific requirements.

Learn more at HorizonBlue.com/shbp

2027 NJ State Health Benefits Program Local Government Employee Plans¹



HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	OMNIA Tiered Network Plan		PPO Plans	
	26 OMNIA HEALTH PLAN		26 NJ DIRECT	26 NJ DIRECT10
	Tier 1	Tier 2		
IN NETWORK (IN)				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ³				
Individual	\$0	\$1,500	\$110	\$110
Family	\$0	\$3,000	\$220	\$220
Coinsurance	0%	20% after deductible	10% ⁵	10% ⁵
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	Not applicable	\$800	No coinsurance maximum
Family	Not applicable	Not applicable	\$2,000	No coinsurance maximum
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$2,500	\$4,500	\$9,880	\$400
Family	\$5,000	\$9,000	\$19,760	\$1,000
HEALTH CARE SERVICES				
Primary Care Office Visit	\$5	\$20	\$15	\$10
Annual Routine Physical (In Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$30	\$15	\$10
Annual Routine Vision (In Network Only)	\$15	\$30	\$15	\$10
Chiropractic ⁷	\$15	\$30	\$15	\$10
Physical/Occupational/Speech Therapy ⁸	\$5 office visit/ \$15 outpatient facility	\$20 office visit/ 20% after deductible at an outpatient facility	\$15	\$10
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory	\$15	20% after deductible	\$0	\$0
Freestanding Laboratory	\$0	\$0	\$0	\$0
Outpatient Radiology/Advanced Imaging	\$15	20% after deductible	\$50	\$50
Freestanding Radiology/Advanced Imaging	\$0	\$0	\$50	\$50
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$15	\$30	\$15	\$10
Emergency Room	\$100	\$100	\$150 ¹⁰	\$75 ¹⁰
Ambulance	\$0	\$0	10%	10%
OTHER SERVICES				
Inpatient Facility	\$150 per admission ¹¹	20% after deductible	\$0	\$0
Outpatient Facility ¹⁴	\$150	20% after deductible	\$0	\$0
Outpatient Behavioral Health	\$15	\$30 office visit/ 20% after deductible at an outpatient facility	\$15	\$10
Durable Medical Equipment (DME)	\$0	\$0	10%	10%
OUT OF NETWORK (OON)¹²				
Deductible - Individual	No out-of-network benefits		\$750	\$750
Deductible - Family			\$1,500	\$1,500
Coinsurance after Deductible			30%	20%
Out-of-Pocket Coinsurance Maximum - Individual			\$2,500	\$2,500
Out-of-Pocket Coinsurance Maximum - Family			\$6,000	\$6,000
Inpatient Hospital Deductible			\$500/stay	\$200/stay

1. Check with your employer to find out if all of these plans are available to you. You can reference HorizonBlue.com/shbp to determine your premium contribution.

2. High Deductible Health Plan Low and 26 High Deductible Health Plan Low members may receive a \$300 HSA contribution if their employer elects to fund it.

3. Deductible applies to all services that require a coinsurance.

4. Includes eligible prescription cost share.

5. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

6. Under age 26.

7. Chiropractic: 26 Horizon HMO: 20 visits per calendar year. 26 OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

2027 NJ State Health Benefits Program Local Government Employee Plans¹



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	PPO Plans			
	26 NJ DIRECT15	26 NJ DIRECT1525	26 NJ DIRECT2030	26 NJ DIRECT2035
IN NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ³				
Individual	\$110	\$110	\$110	\$200
Family	\$220	\$220	\$220	\$500
Coinsurance	10% ⁵	10% ⁵	10% ⁵	20% after deductible
Coinsurance Out-of-Pocket Maximum				
Individual	\$400	\$400	\$800	\$2,000
Family	\$1,000	\$1,000	\$2,000	\$5,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$9,880	\$9,880	\$9,880	\$9,880
Family	\$19,760	\$19,760	\$19,760	\$19,760
HEALTH CARE SERVICES				
Primary Care Office Visit	\$15	\$15	\$20	\$20
Annual Routine Physical (In Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$25	\$30/adult, \$20/child ⁶	\$35
Annual Routine Vision (In Network Only)	\$15	\$25	\$30/adult, \$20/child ⁶	\$35
Chiropractic ⁷	\$15	\$25	\$30/adult, \$20/child ⁶	\$35
Physical/Occupational/Speech Therapy ⁸	\$15	\$25	\$30/adult, \$20/child ⁶	\$35 office visit/20% after deductible at an outpatient facility
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory	\$0	\$0	\$0	\$0
Freestanding Laboratory	\$0	\$0	\$0	\$0
Outpatient Radiology/Advanced Imaging	\$50	\$50	\$50	\$50
Freestanding Radiology/Advanced Imaging	\$50	\$50	\$50	\$50
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$15	\$25	\$30/adult, \$20/child ⁶	\$35
Emergency Room	\$100 ¹⁰	\$100 ¹⁰	\$125 ¹⁰	\$300
Ambulance	10%	10%	10%	20% after deductible
OTHER SERVICES				
Inpatient Facility	\$0	\$0	\$0	20% after deductible
Outpatient Facility ¹⁴	\$0	\$0	\$0	20% after deductible
Outpatient Behavioral Health	\$15	\$25	\$30/adult, \$20/child ⁶	\$35 office visit/20% after deductible at an outpatient facility
Durable Medical Equipment (DME)	10%	10%	10%	20% after deductible
OUT OF NETWORK (OON)¹²				
Deductible - Individual	\$750	\$750	\$750	\$800
Deductible - Family	\$1,500	\$1,500	\$1,500	\$2,000
Coinsurance after Deductible	30%	30%	30%	40%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,500	\$2,500	\$5,000	\$6,500
Out-of-Pocket Coinsurance Maximum - Family	\$6,000	\$6,000	\$12,500	\$13,000
Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$500/stay	\$600/stay

8. Physical, occupational and speech therapy: 26 OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. For all other plans, in-network visits are based on medical necessity. Plans that offer out-of-network benefits have a 20 visit per calendar year limit for physical therapy.

9. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

10. Lower copayment applies to children under 19 and physician referrals.

11. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

12. Out-of-network cost basis: 26 NJ DIRECT: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. 90th percentile of FAIR Health national benchmark for all other health plans with an out-of-network benefit. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

2027 NJ State Health Benefits Program Local Government Employee Plans¹



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	High Deductible PPO Plans		HMO Plan
	26 NJ DIRECT HDLow ²	26 NJ DIRECT HDHigh	26 HORIZON HMO
IN NETWORK (IN)			
Service Area Available	Nationwide	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	No referral required	Referral required
Deductible ³			
Individual	\$1,750 ⁴	\$4,250 ⁴	See DME
Family	\$3,500 ⁴	\$8,500 ⁴	See DME
Coinsurance	20% after deductible	20% after deductible ⁴	0%
Coinsurance Out-of-Pocket Maximum			
Individual	\$1,000	\$1,000	Not applicable
Family	\$2,000	\$2,000	Not applicable
Total Out-of-Pocket Maximum (Copey+Deductible+Coinsurance)			
Individual	\$2,750 ⁴	\$5,250 ⁴	\$9,880
Family	\$5,500 ⁴	\$10,500 ⁴	\$19,760
HEALTH CARE SERVICES			
Primary Care Office Visit	20% after deductible	20% after deductible	\$10
Annual Routine Physical (In Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	Not available	Not available	Not available
Horizon CareOnline® (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	20% after deductible	20% after deductible	\$10
Annual Routine Vision (In Network Only)	20% after deductible	20% after deductible	\$10
Chiropractic ⁷	20% after deductible	20% after deductible	\$10
Physical/Occupational/Speech Therapy ⁸	20% after deductible	20% after deductible	\$10
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING			
Outpatient Laboratory	20% after deductible	20% after deductible	\$0
Freestanding Laboratory	20% after deductible	20% after deductible	\$0
Outpatient Radiology/Advanced Imaging	20% after deductible	20% after deductible	\$0
Freestanding Radiology/Advanced Imaging	20% after deductible	20% after deductible	\$0
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	20% after deductible	20% after deductible	\$10
Emergency Room	20% after deductible	20% after deductible	\$85 ¹⁰
Ambulance	20% after deductible	20% after deductible	\$0
OTHER SERVICES			
Inpatient Facility	20% after deductible	20% after deductible	\$0
Outpatient Facility ¹⁴	20% after deductible	20% after deductible	\$0
Outpatient Behavioral Health	20% after deductible	20% after deductible	\$10
Durable Medical Equipment (DME)	20% after deductible	20% after deductible	\$100 deductible, then covered in full
OUT OF NETWORK (OON)¹²			
Deductible - Individual	See in-network deductible ¹³	See in-network deductible ¹³	No out-of-network benefits
Deductible - Family	See in-network deductible ¹³	See in-network deductible ¹³	
Coinsurance after Deductible	40%	40%	
Out-of-Pocket Coinsurance Maximum - Individual	\$3,750	\$6,250	
Out-of-Pocket Coinsurance Maximum - Family	\$7,500	\$12,500	
Inpatient Hospital Deductible	Not applicable	Not applicable	

13. Out-of-network deductible is combined with in-network deductible.

14. Certain procedures when rendered in an outpatient hospital vs. an ASC will have a 50% coinsurance if not authorized to be performed at the outpatient hospital. Please refer to page 7 or call Member Services for additional details.

Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit nj.gov/treasury/pensions/member-guidebooks.shtml for more information.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Achieve your best health and earn rewards.

The NJWELL program is a great way to make meaningful changes to your wellness habits with program enhancements for eligible members and their covered spouse/partner. NJWELL can help you achieve holistic well-being, including:

- Physical fitness
- Emotional balance
- Preventive care
- Social connection
- Financial security

Learn more about NJWELL at HorizonBlue.com/shbp/njwell or visit the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions.



NJWELL
Working for a
Healthy New Jersey

You can earn \$250 or more in rewards* each program year (November 1 to October 31).

*Rewards are taxable.

With Horizon health plans, we've got you covered.

Well Care and Preventive Care

Services such as an annual physical and gynecological exam, well baby/child medical care, immunizations and an annual vision exam are covered when using a participating doctor.

Behavioral Health and Substance Use Disorder

We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caregivers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available.

Horizon MindCare®

This secure online behavioral health platform makes connecting with evidence-based tools, resources and content easy. Plus, it can match you to reliable in-network providers, facilities and virtual health solutions. To get started, visit Horizon MindCare at shbp.crediblemind.com.

In-Network Laboratories

Our members have access to in-network lab services. You can use Quest Diagnostics™ (Quest) or Labcorp for blood tests and other lab services. Our networks also include a number of other participating labs that provide specialized lab services.

Prescription Drug Coverage

Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions or contact your employer for details.

24/7 Nurse Line*

For everyday health questions, or even a situation that might be more serious, access trusted information by calling the 24/7 Nurse Line at 1-888-800-3609.

*Nurse programs are for informational purposes only. Nurse Line health care professionals cannot provide a diagnosis or recommend specific treatment, and they are not a substitute for a doctor's care. Services are not insurance programs and may be discontinued at any time. In an emergency, go to the nearest hospital or doctor or call 911.

Learn more at HorizonBlue.com/shbp

Health and wellness for mind and body.

Education Resources

Get tips for healthier living with our wide range of online health education topics.

Pregnancy Resources

PRECIOUS ADDITIONS® offers personalized support and interactive resources during pregnancy and beyond – including My Pregnancy Assistant, an online tool powered by WebMD®.

Health Management Tools

Manage your health and track your progress securely and confidentially with the digital coaching and customized tools of *My Health Manager*, powered by WebMD.

HorizonbFitSM

Eligible SHBP members may receive a \$20 reward¹ for every month they visit a fitness facility, walk 10,000+ steps or complete certain workouts for at least 12 days a month.

Wellness Discounts

With Blue365®, get weekly email deals from top retailers, including gym memberships, nutrition programs, glasses, contacts and more. Visit blue365deals.com for more details.

Walgreens Discount²

SHBP members are eligible for a 30% discount on Walgreens-branded health and wellness products every time they shop in store, online or through the Walgreens app. Eligible members can also get select preventive screenings sent to their home.

HorizonBlue.com/walgreens

1. Rewards are taxable.

2. Exclusions and limitations apply. For more information, please visit the associated website link above.

Making good health care more convenient.

Direct Primary Care (DPC)

Eligible members get unlimited access to personalized care with no copays. Simply choose a DPC doctor from Marathon Health for you and your covered dependents.

If you are eligible for NJWELL, your DPC provider will credit a well visit and follow-up office visit as a completed health screening.

Retail Health Clinics

These clinics treat common health issues such as colds or seasonal allergies.

- Onsite board-certified nurse practitioners can diagnose and treat conditions and prescribe medications.
- Sites include MinuteClinics® at select CVS/pharmacy® locations.

Telemedicine

Telemedicine is available for eligible members through the Horizon Blue app or by signing in to HorizonBlue.com/shbp. And depending on your doctor's preferences, you can also use telemedicine via video or phone.

Immunizations

Getting vaccinated is more convenient with more participating pharmacies – view our list at HorizonBlue.com/shbpflu.

- Vaccines these pharmacies administer include flu, COVID-19, shingles, hepatitis A and B, pneumococcal and human papillomavirus (HPV).
- Medical claims are automatically submitted for you.

Urgent Care Centers

Urgent care centers provide immediate medical care as an alternative to visiting the Emergency Room (ER). They treat wounds, sprains and other conditions that need immediate attention but are not life-threatening.

- HMO members require a referral to go to a Horizon urgent care center.
- All members are responsible for applicable copayments/coinsurance.
- Routine office visits are not covered at urgent care centers.

Connect to care, benefits and support anytime.

With the Horizon Blue app, you can:

- View, share, print or download member ID cards
- Find in-network doctors and get estimated costs for care
- Video chat with doctors
- Get quick claim status updates
- Access NJWELL

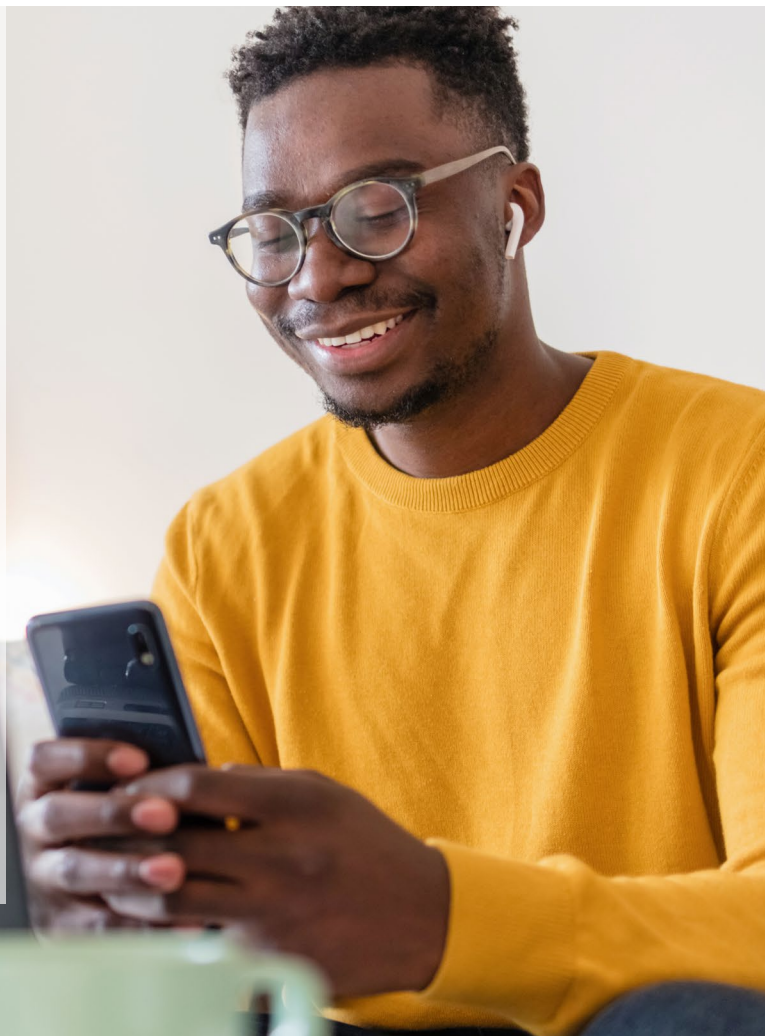
Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at **1-888-777-5075** weekdays from 7 a.m. to 6 p.m., ET.



Download the free Horizon Blue app by scanning the QR Code or visiting the App Store® or Google Play™.*



*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



Visit us online at HorizonBlue.com/shbp. Chat with us online.

Contact us toll free at **1-800-414-SHBP (7427)**.

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NJWELL, administered by the NJ Division of Pensions and Benefits, is an incentive-based wellness program offered to eligible employees and their covered spouses/partners who participate in SHBP/SEHBP. All provisions of the program are established by the Division and are subject to change.

WebMD® is an independent company that provides health assessment tools and wellness education to eligible Horizon members.

Quest Diagnostics™ and Labcorp are independent companies that provide lab services to eligible Horizon members.

Marathon Health is independent from and not affiliated with Horizon.

Walgreens is an independent company that supports Horizon in providing health information/preventative screenings and offering certain member discounts.

Minute Clinic® and CVS are independent from and not affiliated with Horizon.

Apple Inc. and Google LLC are independent from and not affiliated with Horizon.

Horizon complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al 1-800-414-7427 (TTY 711). Chinese (中文): 如需中文協助, 請致電 1-800-414-7427 (TTY 711).

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