

## Barnegat Township Board of Education

### Horizon Benefit Comparison 2022



	Direct Access 10		Direct Access 15		Direct Access Zero		NJEHP (NJ Educators Health Plan)		GSHP (Garden State Health Plan) *NJ ONLY	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	*Out-of-Network	In-Network	*Out-of-Network
<b>Benefit Period</b>	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
<b>Annual Deductible</b>										
Individual	\$0	\$100	\$0	\$100	\$0	\$100	\$0	\$350	\$0	\$350
Family	\$0	\$250	\$0	\$250	\$0	\$250	\$0	\$700	\$0	\$700
<b>Coinsurance</b>	100%	80%	100%	70%	100%	80%	100%	70%	100%	70%
<b>Out of Pocket Maximum</b>										
Individual	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$500	\$2,000	\$500	\$2,000
Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Primary Care Office Visit</b>	\$10	80% after deductible	\$15	70% after deductible	100%	80% after deductible	\$10	70% after deductible	\$10	70% after deductible
<b>Specialist Office Visit</b>	\$10	80% after deductible	\$15	70% after deductible	100%	80% after deductible	\$15	70% after deductible	\$15	70% after deductible
<b>Preventative Care For Adults and Children</b>	100% (no copayment)	80% (no deductible)	100% (no copayment)	70% (no deductible)	100% (no copayment)	80% (no deductible)	100% (no copayment)	70% after deductible	100% (no copayment)	70% after deductible
Emergency Room	\$25 copay (copay waived if admitted)	80% (no deductible)	\$50 copay (copay waived if admitted)	70% (no deductible)	\$25 copay (copay waived if admitted)	80% (no deductible)	\$125 copay (copay waived if admitted)	70% after deductible	\$125 copay (copay waived if admitted)	70% after deductible
Urgent Care Center	\$10 copay	80% after deductible	\$15 copay	70% after deductible	100%	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible
Ambulance Services	90%	80% after deductible	90%	70% after deductible	90%	80% after deductible	90%	70% after deductible	90%	70% after deductible
Chiropractic Service	\$10 copay	80% after deductible	\$15 copay	70% after deductible	100%	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible
	<b>30 visit max, per calendar year, combined in and out of network</b>		<b>30 visit max, per calendar year, combined in and out of network</b>		<b>30 visit max, per calendar year, combined in and out of network</b>		<b>30 visit max, per calendar year, combined in and out of network</b>		<b>30 visit max, per calendar year, combined in and out of network</b>	
Physical Therapy	\$10 copay	80% after deductible	\$15 copay	70% after deductible	100%	80% after deductible	\$15 copay	\$52 cap on reimbursement fee (deductible & coinsurance will be applied)	\$15 copay	\$52 cap on reimbursement fee (deductible & coinsurance will be applied)
Acupuncture	\$10 copay	80% after deductible	\$15 copay	70% after deductible	100%	80% after deductible	\$15 copay	\$60 cap on reimbursement fee (deductible & coinsurance will be applied)	\$15 copay	\$60 cap on reimbursement fee (deductible & coinsurance will be applied)
Durable Medical Equipment	90%	80% after deductible	90%	70% after deductible	90%	80% after deductible	90%	70% after deductible	90%	70% after deductible
<b>Benecard Prescription Drug Benefit</b>	<b>Benefits at Participating Pharmacies</b>									
Retail Copay	\$20 Brand/\$10 Generic						\$10 Brand/\$5 Generic			
Mail Order Copay-up to 90 day supply	No Copay						\$20 Brand/\$10 Generic			
Out of Pocket Maximum	\$3,000 single/\$6,000 family						\$1,600 single/\$3,200 family			
Mandatory Generic	No						Yes			
Step Therapy	Yes						Yes			
Closed Formulary	No						Yes			

Comparison is for illustrative purposes only. Written plan document supersedes any errors on this illustration.

\*EHP & GSP have mandatory generic which means member pays the brand drug copay plus the difference in cost between the brand and the generic when choosing to fill a brand medication when a generic equivalent is available. Step therapy requires a member to try certain alternative medications before a requested medication will be covered.

\*out of network reimbursement is set at 200% of CMS for the EHP & GSP

Out-of-network providers may bill you for differences between the P&C, which is the amount paid by carrier, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the provider's actual charge.