



**LOCAL EDUCATION ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2020
HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	NJ DIRECT ZERO	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	Horizon HMO2035 ¹	NJ DIRECT HD1500*
Medical Cost Sharing											
Primary Care Copayment	\$0	\$10	\$15	\$15	\$20	\$20	\$10	\$15	\$20	\$20	
Specialist Care Copayment	\$0	\$10	\$15	\$25	\$30 adult/ \$20 child**	\$35	\$10	\$25	\$30 adult/ \$20 child**	\$35	
Emergency Room Copayment	\$50	\$25	\$50	\$75	\$125	\$300	\$35	\$75	\$125	\$300	
In-Network Deductible	\$0					\$200 ⁸	\$100 ²	\$100 ²	\$100 ²	\$200 ⁸	\$1,500/ \$3,000
In-Network Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	20% after deductible ⁸				20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)			\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2,000/ \$5,000					
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/ \$1,000	\$400/ \$1,000	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$6,520/ \$13,040	\$2,500/ \$5,000
Out-of-Network Deductible (Individual/Family)	\$100/ \$250***	\$100/ \$250	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000					See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	20%***	20%	30%	30%	30%	40%					40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/ \$5,000***	\$2,000/ \$5,000	\$2,000/ \$5,000	\$2,000/ \$5,000	\$5,000/ \$12,500	\$6,500/ \$13,000					\$3,500/ \$7,000
Out-of-Network Inpatient Hospital Deductible				\$200/stay	\$500/stay	\$600/stay					
Employer Health Savings Account Funding ⁵											\$300

See Page 2 for footnotes.



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Prescription Drug Copayments⁶											
Retail: Generic Copayments	\$3	\$3	\$3	\$7	\$3	\$7 ⁷	\$3	\$7	\$3	\$7 ⁷	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$10	\$10	\$10	\$16	\$18	\$21 ⁷	\$10	\$16	\$18	\$21 ⁷	
Retail: Non-Preferred Brand Copayments	Member pays difference ⁹	\$10	\$10	\$35	\$46	Member pays difference ^{7,9}	\$10	\$35	\$46	Member pays difference ^{7,9}	
Mail: Generic Copayments	\$5	\$5	\$5	\$18	\$5	\$18 ⁷	\$5	\$18	\$5	\$18 ⁷	
Mail: Preferred Brand Copayments	\$15	\$15	\$15	\$40	\$36	\$52 ⁷	\$15	\$40	\$36	\$52 ⁷	
Mail: Non-Preferred Brand Copayments	Member pays difference ⁹	\$15	\$15	\$88	\$92	Member pays difference ^{7,9}	\$15	\$88	\$92	Member pays difference ^{7,9}	
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	\$1,630/\$3,260	

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

* **HD = High Deductible Health Plan**

** **Age 26 and under**

*** **Out of Network cost basis is 200% of CMS fee schedule**

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 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: Coinsurance is 10% for NJ DIRECT ZERO, NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030;

Coinsurance is 20% for NJDIRECT2035. Copayments for Horizon HMO are: \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Horizon HMO1525, Horizon HMO2030, and Horizon HMO2035 as shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SEHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

⁷ For maintenance prescription drugs, mail order is mandatory under the 2035 PPO and HMO plans (NJ DIRECT2035 and Horizon HMO2035).

⁸ Applies to services that do not require a copayment.

⁹ You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.