NJDPB Pensions & Benefits
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STATE ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2020
HORIZON PLANS - MEDICAL COST SHARING

	NJ DIRECT/ NJ DIRECT 2019*	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO[1]	Horizon OMNIA		NJ DIRECT HD4000**	NJ DIRECT HD1500**
Medical Cost Sharing							**TIER 1**	**TIER 2**		
Primary Care Copayment	$15	$15	$15	$20	$20	$15	$5	$20		
Specialist Care Copayment	$15	$15	$25	$30 adult/ $20 child***	$35	$15	$15	$30		
Emergency Room Copayment	$150[9]	$100	$100	$125	$300	$100	$100	$100		
In-Network Deductible	$100[8] (if hired after 7/1/19)				$200[6]	None	None	$1,500[7]	$4,000[7]	$1,500[7]
In-Network Coinsurance	10%[2]	10%[2]	10%[2]	10%[2]	20%[6] after deductible		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	$800/$2,000	$400/$1,000	$400/$1,000	$800/$2,000	$2,000/$5,000		None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	$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[7]	$4,500[7]	$5,000/ $10,000	$2,500/ $5,000
Out-of-Network Deductible (Individual/Family)	$400/$1,000	$100/$250	$100/$250	$200/$500	$800/$2,000				See In-Network Deductible[3]	See In-Network Deductible[3]
Out-of-Network Coinsurance[4]	30%	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$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	$500/stay	$600/stay					
Employer Health Savings Account Funding[5]										$300
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195% CMS until treatment completed									

***** **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**

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 Applies to services that do not require a copayment.
7 Family amounts are 2 x per member amounts listed in table.
8 $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
9 $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

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Prescription Drug Copayments									
Retail: Generic Copayments	$7	$3	$7	$3	$7[3]	$3	$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	$16	$10	$16	$18	$21[3]	$10	$16		
Retail: Brand w/Generic available Copayments[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2, 3]	Member pays difference[2]	Member pays difference[2]		
Mail: Generic Copayments	$0	$0	$0	$0	$0	$0	$0		
Mail: Brand Copayments	$40	$15	$40	$36	$52[3]	$15	$40		
Mail: Brand w/Generic available Copayments[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2, 3]	Member pays difference[2]	Member pays difference[2]		
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		

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

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[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] You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.
[3] For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

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