

2023 PROPOSALS FOR HUNTERDON COUNTY CWA UNITS

Current Plan for most:

PROPOSAL: all move to NJ2030, negotiate to offset

PROPOSAL: all move to Aetna 10, negotiate to cover add'l

Also available: NJD 2019

Also available: HMO

Also available: OMNIA

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

	NJ DIRECT10	NJ DIRECT15	NJ DIRECT2030	PROPOSED NEW "AETNA 10"	NJ DIRECT2019	HORIZON HMO	OMNIA HEALTH PLAN	
							Tier 1	Tier 2
IN-NETWORK (IN)								
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide	NJ and contiguous counties	NJ only	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required	No referral required	Referral required	No referral required	No referral required
Deductible ¹								
Individual	\$0	\$0	\$0	\$0	\$100	See DME	\$0	\$1,500
Family	\$0	\$0	\$0	\$0	n/a	See DME	\$0	\$3,000
Coinsurance	10% ²	10% ²	10% ²	10% ²	10% after deductible ³	0%	0%	20% after deductible
Coinsurance Out-of-Pocket Maximum								
Individual	\$400	\$400	\$800	\$400	\$800	Not applicable	n/a	\$4,500
Family	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	Not applicable	n/a	\$9,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)								
Individual	\$400	\$7,280	\$7,280	\$400	\$7,280	\$7,280	\$2,500	\$4,500
Family	\$1,000	\$14,560	\$14,560	\$1,000	\$14,560	\$14,560	\$5,000	\$9,000
HEALTH CARE SERVICES								
Primary Care Office Visit	\$10	\$15	\$20	\$10	\$15	\$10	\$5	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0	\$0	Not available	\$0	\$0
First Responders Docs (FRDOCS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$15	\$30
Annual Routine Vision (In-Network Only)	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$15	\$30
Chiropractic ⁵	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$15	\$30
Physical/Occupational/Speech Therapy ⁶	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$5 office visit/ \$15 outpatient facility	\$20 office visit/ 20% after deductible at an outpatient facility
PRESCRIPTION DRUG CO-PAYS								
Retail Generics	\$3	\$3	\$3	\$3	\$7	\$3		\$7
Retail: Preferred Brand	\$10	\$10	\$18	\$10	\$16	\$10		\$16
Retail : Non-preferred Brand	\$10	\$10	\$46	\$10		\$10		\$35
Retail: Brand with Generic Equivalent	Pay difference	Pay difference	Pay difference	Pay difference	Pay difference	Pay difference		Pay difference
Mail: Generics	\$0	\$0	\$0	\$0	\$0	\$0		\$0
Mail: Preferred Brand	\$15	\$15	\$36	\$15	\$40	\$15		\$40
Mail: Non-Preferred Brand	\$15	\$15	\$92	\$15		\$15		\$88
Mail: Brand with Generic Equivalent	Pay difference	Pay difference	Pay difference	Pay difference	Pay difference	Pay difference		Pay difference
Prescription Annual Out of Pocket Max (Individual/Family)	\$1820 / \$3,640	\$1820 / \$3,640	\$1820 / \$3,640	\$1820 / \$3,640	\$1820 / \$3,640			\$1820 / \$3,640
EMERGENCY/URGENT MEDICAL SERVICES								
Urgent Care Center	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$15	\$30
Emergency Room	\$75 ¹⁰	\$100 ¹⁰	\$125	\$75 ¹⁰	\$150 ¹⁰	\$85 ¹⁰	\$100	\$100
Ambulance	10%	10%	10%	10%	10% after deductible	\$0	\$0	\$0

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	NJ DIRECT10	NJ DIRECT15	NJ DIRECT2030	PROPOSED NEW "AETNA 10"	NJ DIRECT2019	HORIZON HMO	OMNIA HEALTH PLAN	
							Tier 1	Tier 2
OTHER SERVICES								
Inpatient Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$150 per admission ¹¹	20% after deductible
Outpatient Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$150	20% after deductible
Outpatient Behavioral Health	\$10	\$15	\$30/adult, \$20/child ⁴	\$10	\$15	\$10	\$15	\$30 office visit/ 20% after deductible at an outpatient facility
Durable Medical Equipment (DME)	10%	10%	10%	10%	10% after deductible	\$100 deductible, then covered in full	\$0	\$0
OUT-OF-NETWORK (OON)¹²								
Deductible - Individual	\$100	\$100	\$200	\$100	\$400			
Deductible - Family	\$250	\$250	\$500	\$250	\$1,000			
Coinsurance after Deductible	20%	30%	30%	20%	30%	No out-of-network benefits	No out-of-network benefits	
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$5,000	\$2,000	\$2,000			
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$12,500	\$5,000	\$5,000			
Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$500/stay	\$200/stay	\$500/stay			

1. Check with your employer to find out if all of these plans are available to you. You can reference the HorizonBlue.com/shbp to determine your premium contribution.
 2. High Deductible Health Plan. NJ DIRECT HD1500 plan includes \$300 Health Savings Account funding by employer.
 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.
 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. All other plans based on medical necessity.
 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 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).
 13. Out-of-network deductible is combined with in-network deductible.
- Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.
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