Bridgewater-Raritan Board of Education

Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2019 Rates

Family Deductible None 10% (select serv) 20% None 10% (select serv) 30% 10% 10% 10% 10% 10% 10% 10% 10% 10% 1		•										
Medical:		Horizon Direct 10		Horizon Direct 15		Horizon Direct 15/25		Horizon Direct 20/20		Horizon Direct 20/35		
No	Medical:				1							
Individual Deductible												
Consurance 10% (select serv) 20% 10% (select serv) 39% 10% (select serv) 30% 30% 20% after ded. 40% 40% \$2,000 \$400 \$400	Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$200	\$200	\$800	
Consurance 10% (select serv) 20% 40% (select serv) 30% 10% (select serv) 30% 30% 30% 20% after ded. 40%	Family Deductible	None	\$250	None	\$250	None	\$250	None	\$500	400	\$1,600	
Max. Colinsurance Single \$400 \$2,000 \$400 \$2,000 \$800 \$5,000 \$2,000 \$800 \$5,000 \$5,000 \$12,500 \$4,000 \$12,5	Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%	20% after ded.	40%	
Max. Out of Pocket Single \$400 \$2,000 \$400 \$2,000 \$400 \$2,000 \$5,000 \$5,000 \$2,000 \$5,000 \$2,000 \$5,000 \$3,000 \$3,000 \$3,000 \$3,000 \$1,	Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000		\$2,000	\$800	\$5,000	\$2,000	\$5,000	
Max. Out of Pocket Family	Max. Coinsurance Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500	
Lifetime Benefit Maximum Unlimited S20 70% after ded. \$20 70% after ded. \$35 60% after ded. \$20 70% after ded. \$35 60% after ded. \$20 70% after ded. \$35 60% after ded. \$35 70% after ded. \$25 70% after ded. \$20 70% after ded. \$35 60% after ded.	Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000	
PCP Office Copay	Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500	
Specialist Office Copay	Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
	PCP Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$15	70% after ded.	\$20	70% after ded.	\$20	60% after ded.	
Inpatient Hospital Copay 100% after \$25 c	Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$25	70% after ded.	\$20	70% after ded.	\$35	60% after ded.	
Section Sect	Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	70% after ded.	100%	70% after ded.	80% after ded.		
Single \$886.09 \$843.54 \$818.70 \$769.40 \$665.02	Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$75 copay		100% after \$100 copay				
Parent/Child(ren) \$1,550.68 \$1,476.21 \$1,432.71 \$1,346.46 \$1,163.78 \$2.24 arty \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,772.23 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,588.80 \$1,688.77 \$1,538.81 \$1,330.03 \$1,687.11 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.81 \$1,340.43 \$1,688.77 \$1,588.81 \$1,340.43 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.81 \$1,340.43 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.81 \$1,340.43 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,588.80 \$1,688.77 \$1,688.	Medical Monthly Premium Rates:											
Standard Copay Stan	Single	\$886.09		\$843.54		\$818.70		\$769.40		\$665.02		
Family \$2,436.78 \$2,319.76 \$2,212.08 \$2,115.86 \$1,828.80	Parent/Child(ren)	\$1,550.68		\$1,476.21		\$1,432.71		\$1,346.46		\$1,163.78		
Prescription: Retail Generic Copay Retail Brand Copay S5 S	2-Party	\$1,772.23		\$1,687.11		· •						
Retail Generic Copay \$5	Family	\$2,43	\$2,436.78		\$2,319.76		\$2,212.08		\$2,115.86		\$1,828.80	
Retail Brand Copay \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Prescription:											
Mail Order Generic Copay \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$6 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Retail Generic Copay	\$5	\$5		\$5		\$5		·		•	
Mail Order Brand Copay \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Retail Brand Copay	\$10		\$10		\$10		\$10		\$10		
Mail Order Brand Copay \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Mail Order Generic Copay	\$5		\$5		\$5		\$5		\$5		
Prescription Drug Monthly Premium Rates: Single	. ,											
Single \$210.32				,		,		,		·		
Parent/Child(ren) \$334.64 \$334				\$210.32		\$210.32		\$210.32		\$210.32		
2-Party \$416.51 \$416.5	-	-		-		-		-		-		
Family \$562.85	· · · · · · · · · · · · · · · · · · ·	-		-		-		-		-		
Medical & Rx Annual Premium Single Single (10) \$13,157 Single (231) \$12,646 Single (5) \$12,348 Single (9) \$11,757 Single (2) \$10,504 Parent/Child(ren) P/C (3) \$22,624 P/C (72) \$21,730 P/C (0) \$21,208 P/C (0) \$20,173 P/C (0) \$17,981 2-Party 2A (8) \$26,265 2A (152) \$25,243 2A (1) \$24,303 2A (4) \$23,464 2A (1) \$20,958 Family Family (13) \$35,996 Family (510) \$34,591 Family (5) \$33,299 Family (5) \$32,445 Family (1) \$28,700 Total Enrollment - 1036 (34) (965) (11) (11) (18) (4)	Family	\$562.85		-		\$562.85		\$562.85		\$562.85		
Parent/Child(ren) P/C (3) \$22,624 P/C (72) \$21,730 P/C (0) \$21,208 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) P/C	Medical & Rx Annual Premium											
Parent/Child(ren) P/C (3) \$22,624 P/C (72) \$21,730 P/C (0) \$21,208 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) \$20,173 P/C (0) \$17,981 P/C (0) P/C	Single	Single (10)	\$13,157	Single (231)	\$12,646	Single (5)	\$12,348	Single (9)	\$11,757	Single (2)	\$10,504	
2-Party 2A (8) \$26,265 2A (152) \$25,243 2A (1) \$24,303 2A (4) \$23,464 2A (1) \$20,958 24 (1) \$20,	Parent/Child(ren)								\$20,173	P/C (0)	\$17,981	
Family Family (13) \$35,996 Family (510) \$34,591 Family (5) \$33,299 Family (5) \$32,145 Family (1) \$28,700 Family (1) (18)	2-Party		\$26,265	2A (152)	\$25,243	2A (1)			\$23,464	2A (1)	\$20,958	
Total Enrollment - 1036 (34) (965) (11) (18) (4)	Family											
			4)	(96	55)	(1:			3)	(4)	

*Enrollment based on December 2018 eligibility report

Bridgewater-Raritan Board of Education

Simplified Horizon BCBSNJ Medical & Prescription Plan Benefits Comparison with July 1, 2019 Rates

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	POS	3 10	PC	OS 15/25	POS	S 20/20	POS	20/35	OMN	IIA 10	
Medical:	In-Network		In-Network			In-Network		work	Tier 1 Tier 2		
Referral Required	YES		YES			YES		S	No		
Individual Deductible	None		None		N	None		00	None	\$1,500	
Family Deductible	No	ne	None		N	None		ne	None	\$3,000	
Coinsurance	N/	Ά	N/A			N/A		%	N/A	N/A	
Max. Coinsurance Single	N/	Ά	N/A			N/A		000	\$400	\$2,000	
Max. Coinsurance Family	N/	Ά	N/A			N/A		000	\$800	\$4,000	
Max. Out of Pocket Single	\$4,0	000	\$4,000		\$4	\$4,000		000	\$400	\$2,000	
Max. Out of Pocket Family	\$8,0	\$8,000		\$8,000		\$8,000		000	\$800	\$4,000	
Lifetime Benefit Maximum	Unlin	nited	Unlimited		Uni	Unlimited		nited	Unlimited	Unlimited	
PCP Office Copay	\$1	0	\$15			\$20		0	\$5	\$10	
Specialist Office Copay	\$1	0	\$25		:	\$20		\$35		\$10	
Inpatient Hospital Copay	100%		100%		1	100%		100%		70% after ded.	
Emergency Room Copay	\$35 copay		\$75 copay		\$	\$100		80% after \$100 copay		100% after \$25 copay	
Medical Monthly Premium Rates:											
Single	\$804.39		\$742.78		\$6	\$698.45		\$600.69		\$674.17	
Parent/Child(ren)	\$1,407.68		\$1,299.87		\$1,	\$1,222.31		\$1,051.19		\$1,179.81	
2-Party	\$1,608.77		\$1,485.53		\$1,	\$1,396.89		\$1,201.35		\$1,348.36	
Family	\$2,212.08		\$2,043.38		\$1,	\$1,920.76		\$1,651.87		\$1,853.98	
Prescription:											
Retail Generic Copay	\$5		\$5			\$5		\$5		\$5	
Retail Non-Preferred Copay	\$10		\$10			\$10		0	\$10		
Mail Order Generic Copay	\$5		\$5			\$5		5	\$5		
Mail Order Non-Preferred Copay	\$10		\$10			\$10		0	\$10		
Prescription Drug Monthly Premium	<u> </u>			•			**		•		
Single		\$210.32		\$210.32		\$210.32		0.32	\$210.32		
Parent/Child(ren)	\$334.64		\$334.64		•	\$334.64		\$334.64		\$334.64	
2-Party	\$416.51		\$416.51			\$416.51		5.51	\$416.51		
Family	\$562.85		\$562.85			\$562.85		2.85	\$562.85		
Prescription Drug Monthly Premium	Rates:										
Single	Single (0)	\$12,177	Single (0)	\$11,43	7 Single (2)	\$10,905	Single (0)	\$9,732	Single (0)	\$10,614	
Parent/Child(ren)	P/C (0)	\$20,908			4 P/C (0)		P/C (0)	\$16,630		\$18,173	
2-Party	2A (0)	\$24,303			4 2A (0)	\$21,761		\$19,414		\$21,178	
Family	Family (1)		Family (0)		5 Family (0)		Family (1)		Family (0)	\$29,002	
•	(1			(0)		(2)	(1		, , ,	(0)	