

Bridgewater-Raritan Board of Education

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

	Horizon Direct 10		Horizon Direct 15		Horizon Direct 15/25		Horizon Direct 20/20		Horizon Direct 20/35	
Medical:	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
Referral Required	No		No		No		No		No	
Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$200	\$200	\$800
Family Deductible	None	\$250	None	\$250	None	\$250	None	\$500	400	\$1,600
Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%	20% after ded.	40%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000
Max. Coinsurance Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,000	\$5,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$4,000	\$12,500
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.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$25	70% after ded.	\$20	70% after ded.	\$35	60% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	70% after ded.	100%	70% after ded.	80% after ded.	60% after ded. & \$500 copay
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$75 copay		100% after \$100 copay		100% after \$100 copay	
Medical Monthly Premium Rates:										
Single	\$886.09		\$843.54		\$818.70		\$769.40		\$665.02	
Parent/Child(ren)	\$1,550.68		\$1,476.21		\$1,432.71		\$1,346.46		\$1,163.78	
2-Party	\$1,772.23		\$1,687.11		\$1,608.77		\$1,538.81		\$1,330.03	
Family	\$2,436.78		\$2,319.76		\$2,212.08		\$2,115.86		\$1,828.80	
Prescription:										
Retail Generic Copay	\$5		\$5		\$5		\$5		\$5	
Retail Brand Copay	\$10		\$10		\$10		\$10		\$10	
Mail Order Generic Copay	\$5		\$5		\$5		\$5		\$5	
Mail Order Brand Copay	\$10		\$10		\$10		\$10		\$10	
Prescription Drug Monthly Premium Rates:										
Single	\$210.32		\$210.32		\$210.32		\$210.32		\$210.32	
Parent/Child(ren)	\$334.64		\$334.64		\$334.64		\$334.64		\$334.64	
2-Party	\$416.51		\$416.51		\$416.51		\$416.51		\$416.51	
Family	\$562.85		\$562.85		\$562.85		\$562.85		\$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)	\$32,145	Family (1)	\$28,700

Total Enrollment - 1036

(34)

(965)

(11)

(18)

(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

	POS 10		POS 15/25		POS 20/20		POS 20/35		OMNIA 10	
Medical:	In-Network		In-Network		In-Network		In-Network		Tier 1	Tier 2
Referral Required	YES		YES		YES		YES		No	
Individual Deductible	None		None		None		\$200		None	\$1,500
Family Deductible	None		None		None		None		None	\$3,000
Coinsurance	N/A		N/A		N/A		20%		N/A	N/A
Max. Coinsurance Single	N/A		N/A		N/A		\$2,000		\$400	\$2,000
Max. Coinsurance Family	N/A		N/A		N/A		\$5,000		\$800	\$4,000
Max. Out of Pocket Single	\$4,000		\$4,000		\$4,000		\$2,000		\$400	\$2,000
Max. Out of Pocket Family	\$8,000		\$8,000		\$8,000		\$5,000		\$800	\$4,000
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	Unlimited
PCP Office Copay	\$10		\$15		\$20		\$20		\$5	\$10
Specialist Office Copay	\$10		\$25		\$20		\$35		\$5	\$10
Inpatient Hospital Copay	100%		100%		100%		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		\$698.45		\$600.69		\$674.17	
Parent/Child(ren)	\$1,407.68		\$1,299.87		\$1,222.31		\$1,051.19		\$1,179.81	
2-Party	\$1,608.77		\$1,485.53		\$1,396.89		\$1,201.35		\$1,348.36	
Family	\$2,212.08		\$2,043.38		\$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		\$10		\$10	
Mail Order Generic Copay	\$5		\$5		\$5		\$5		\$5	
Mail Order Non-Preferred Copay	\$10		\$10		\$10		\$10		\$10	
Prescription Drug Monthly Premium Rates:										
Single	\$210.32		\$210.32		\$210.32		\$210.32		\$210.32	
Parent/Child(ren)	\$334.64		\$334.64		\$334.64		\$334.64		\$334.64	
2-Party	\$416.51		\$416.51		\$416.51		\$416.51		\$416.51	
Family	\$562.85		\$562.85		\$562.85		\$562.85		\$562.85	
Prescription Drug Monthly Premium Rates:										
Single	Single (0)	\$12,177	Single (0)	\$11,437	Single (2)	\$10,905	Single (0)	\$9,732	Single (0)	\$10,614
Parent/Child(ren)	P/C (0)	\$20,908	P/C (0)	\$19,614	P/C (0)	\$18,683	P/C (0)	\$16,630	P/C (0)	\$18,173
2-Party	2A (0)	\$24,303	2A (0)	\$22,824	2A (0)	\$21,761	2A (0)	\$19,414	2A (0)	\$21,178
Family	Family (1)	\$33,299	Family (0)	\$31,275	Family (0)	\$29,803	Family (1)	\$26,577	Family (0)	\$29,002

(1)

(0)

(2)

(1)

(0)