South River Board of Education

Horizon NJEHP & GSHP
July 1, 2025 Through June 30, 2026

	NJEHP / GSHP	
Plan Highlights	**In Network**	**Out of Network**
Referral Requirement	No	No
Deductible		
Individual	N/A	$350
Family	N/A	$700
Co-Insurance	100%	70%
Out of Pocket Maximum		
Individual	$500	$2,000
Family	$1,000	$5,000
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Office Visit	$10 Copay	70% after Deductible
Specialist Office Visit	$15 Copay	70% after Deductible
Inpatient Hospital Care	100%	70% after Deductible
Maternity Care		
Office Visit	$15 Copay 1st visit then 100%	70% after Deductible
Outpatient Surgery	100%	70% after Deductible
Emergency Room	$125 Copay Waived if admitted	$125 Copay Waived if admitted
Speech Therapy	$15 Copay	70% after Deductible
Physical/ Occupational Therapy	$15 Copay	70% after Deductible, Max allowance of $52 per visit
Chiropractic Care/Restorative Therapy	$15 Copay 30 visits per benefit period	70% after Deductible 30 visits per benefit period

	NJEHP / GSHP	
	In Network	**Out of Network**
Home Health Care	100%	70% after Deductible
Mental Health/Substance Abuse		
Outpatient Visits	100%	70% after Deductible
Inpatient Days	100%	70% after Deductible
Durable Medical Equipment/Medical Supplies	90%	70% after Deductible
Prescription Drugs		
Retail	$5 Generic/$10 Preferred Brand*	N/A
Mail Order	$10 Generic/$20 Perferred Brand*	N/A
Plan Monthly Rates:		
Single:	N/A	
Two Adults:	N/A	
Employee+Child(ren):	N/A	
Family:	N/A	
	Contribution based on salary, not premium. See Ch. 44 contribution table.	

This benefit grid is a quick reference guide meant only to cover some of the major points of each available plan through South River Board of Education. It does not contain all of the details that are included in your summary plan descriptions or benefit summary. For a copy of these documents please request them from Human Resources.

NJEHP & GSHP - For Non-Preferred Brand Name Prescription Drugs or Specialty Drugs with Generic Prescription Drug equivalents: Member pays the applicable Brand Name Prescription Drug copay plus the cost difference between the Brand Name Prescription Drug and the Generic Prescription Drug.

NJEHP & GSHP - Effective July 1, 2022, ER Copay will be $125 to adhere with Chapter 44 and State Law.

GSHP only - Coverage available in New Jersey only. No coverage (In-Network or Out of Network) outside of New Jersey.