



**UNION NEGOTIATED PLANS
MEDICAL PLAN DESIGN - PLAN YEAR 2020
STATE ACTIVE GROUP
HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HD4000**	NJ DIRECT HD1500**
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$5	\$20		
Specialist Care Copayment	\$15	\$15	\$15	\$30		
Emergency Room Copayment	\$150 ⁹	\$100	\$100	\$100		
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	\$100 ²	None	\$1,500 ⁷	\$4,000 ⁷	\$1,500 ⁷
In-Network Coinsurance	10% ²		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$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				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000				\$6,000/\$12,000	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	\$500					
Employer Health Savings Account Funding ⁵						\$300
Out of Network Reimbursement Rate ¹¹	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195% ¹⁰ CMS until treatment completed				After deductible, 60% of reasonable and customary allowance	After deductible, 60% of reasonable and customary allowance

Note: NJ DIRECT members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.

* **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**

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).

¹⁰ If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.

¹¹ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.



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Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	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			

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

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² You pay the cost difference between the brand drug and the generic drug.

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