At Horizon, we’re guiding members to achieve their best health.

With nearly 90 years of helping New Jersey residents get the most out of their health care coverage, Horizon is a leader in providing access to quality health care plans. Plus, we provide tools and support that make navigating health care easier – freeing you to enjoy all that life has to offer.

Horizon Health Guide

Our Horizon Health Guides provide a high level of personalized service, connect you to the care you need and help you maximize your benefits. As experts on your health coverage, services and programs, Horizon Health Guides help you on your health journey by:
• Answering questions
• Solving issues
• Helping with claims
• Scheduling appointments
• Navigating a complex medical situation or chronic condition
• Making health and wellness benefit suggestions

Horizon Health Guides are available by phone at 1-800-414-SHBP (7427) and chat, weekdays, from 8 a.m. to 6 p.m., Eastern Time (ET).

Learn more at HorizonBlue.com/shbp
Health and wellness for mind and body.

Education Resources
Get tips for healthier living with our wide range of online health education topics.

Pregnancy Resources
With personalized support, online tools and interactive resources for moms-to-be, PRECIOUS ADDITIONS® helps you through your pregnancy and beyond. It includes My Pregnancy Assistant, an online tool powered by WebMD®, which has useful videos, trackers and checklists.

Health Management Tools
Track your health securely and confidentially with My Health Manager, powered by WebMD®:
• Digital coaching and customized tools to manage your health and track your progress
• Interactive, easy-to-use resources to identify health risks
• Weight tracker, calorie counter and nutrition help

HorizonbFitSM
Eligible SHBP members may receive a $20 reward for every month they participate for at least 12 days a month by:
• Visiting a fitness facility
• Walking at least 10,000 steps
• Submitting at-home workouts using virtual HorizonbFit-at-home features
• Or completing any combination of the above

Healthy Living Discounts
With Blue365®, get weekly deals from top retailers delivered right to your inbox:
• Fitness memberships, special events and apparel
• Weight management programs and specialty food services
• Discounts on eye care, including frames, lenses and contacts

Learn more at HorizonBlue.com/shbp
Achieve your best health and earn rewards.

The new, improved NJWELL program is a great way to make meaningful changes to your wellness habits with program enhancements for eligible members and their covered spouses/partners. NJWELL can help you achieve holistic well-being including:

- Physical fitness
- Emotional balance
- Preventive care
- Social connection
- Financial security

Learn more about NJWELL at HorizonBlue.com/shbp or visit the NJ Division of Pensions and Benefits website at nj.gov/njwell.

You can earn $250 or more in rewards each wellness year (November 1 to October 31).
Our best coverage, for your best you.

OMNIA<sup>SM</sup> Health Plan
In addition to having some of our best benefits, our OMNIA Health Plan Option gives you the flexibility to choose from New Jersey's largest network: 54,000 local doctors, specialists and health professionals and 87 hospitals in 106 convenient locations across New Jersey and parts of Pennsylvania and Delaware.* You also have worldwide access to over 1.7 million providers in our BlueCard® PPO program.

To save even more, choose from over 41,000 OMNIA Tier 1 doctors and some of the state’s leading hospitals for lower copayments, out-of-pocket costs and no deductibles* – all with no referrals and no need to choose a Primary Care Physician.

*Based on physician data as of 8/15/2021 and is subject to change.

PPO Plans
All of our PPO plans include:
- Care in network or out of network in New Jersey, nationwide and abroad
- No need to select a Primary Care Physician (PCP)
- No referrals necessary to see a specialist
- Lower out-of-pocket costs when using the Horizon Managed Care Network or the BlueCard® PPO Network nationwide and Blue Cross Blue Shield Global® Core abroad

NJ DIRECT High Deductible Health Plans (HDHPs) combine a high deductible health plan with a health savings account (HSA). Eligible preventive services are covered at 100 percent if in network and do not have a deductible. You are responsible for eligible medical and prescription expenses, up to the deductible.

HMO Plans
With our HMO plans, you have access to health care professionals and facilities in the Horizon Managed Care Network in New Jersey and parts of New York, Pennsylvania and Delaware. You select a licensed Primary Care Physician (PCP) from the Horizon Managed Care Network and your PCP will refer you to specialty care when needed. In addition, the Away From Home Care Program is available to eligible HMO members who are outside the State of New Jersey, like students living away from home, long-term travelers and families living apart.

Active employees: Calculate your estimated premium contribution at HorizonBlue.com/shbpcalculator.

Learn more at HorizonBlue.com/shbp
# 2022 NJ State Health Benefits Program (SHBP) State and State College/University Employees –
## Plans for CWA and Union Negotiated Members

Plans effective 1/1/2022 (also effective 1/1/2022 for biweekly employees)

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

## OMNIA™ Tiered Network Option

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>NJ only</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Referral</td>
<td>No referral required</td>
<td>No referral required</td>
</tr>
</tbody>
</table>

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

### Coinsurance Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>0%</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

## HEALTH CARE SERVICES

### Primary Care Office Visit

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5</td>
<td>$20</td>
</tr>
</tbody>
</table>

### Annual Routine Physical (In-Network Only)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Direct Primary Care (DPC) Doctors Office

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Horizon CareOnline (Telemedicine)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost share may apply</td>
<td>Cost share may apply</td>
<td></td>
</tr>
</tbody>
</table>

### Specialist Office Visit

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$30</td>
</tr>
</tbody>
</table>

### Annual Routine Vision (In-Network Only)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$30</td>
</tr>
</tbody>
</table>

### Chiropractic

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$30</td>
</tr>
</tbody>
</table>

### Physical/Occupational/Speech Therapy

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5 office visit/$15 outpatient facility</td>
<td>$20 office visit/ 20% after deductible at an outpatient facility</td>
<td></td>
</tr>
</tbody>
</table>

## DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING

### Outpatient Laboratory/Radiology/Advanced Imaging

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

### Freestanding Laboratory/Radiology/Advanced Imaging

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## EMERGENCY/URGENT MEDICAL SERVICES

### Urgent Care Center

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$30</td>
</tr>
</tbody>
</table>

### Emergency Room

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

### Ambulance

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## OTHER SERVICES

### Inpatient Facility

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150 per admission*</td>
<td>20% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Facility

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$150</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

### Outpatient Behavioral Health

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$30 office visit/ 20% after deductible at an outpatient facility</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment (DME)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## OUT-OF-NETWORK (OON):\(10\)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible - Individual</td>
<td>No out-of-network benefits</td>
<td></td>
</tr>
<tr>
<td>Deductible - Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance after Deductible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes $300 Health Savings Account funding by employer.
2. Deductible applies to all services that require a coinsurance.
3. Includes eligible prescription cost share.
4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulances).
5. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.
6. 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.
7. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.
8. Lower copayment applies to children under 19 and physician referrals.
9. $150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.
10. Deductible does not apply to the following:
   - Inpatient Hospital Deductible
   - Out-of-Pocket Coinsurance Maximum - Individual
   - Out-of-Pocket Coinsurance Maximum - Family
   - Inpatient Hospital Deductible

---
## PPO Plan Options

### IN-NETWORK (IN):

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>CWA Unity DIRECT (employees hired prior to 7/1/19)</th>
<th>CWA Unity DIRECT2019 (new hires on or after 7/1/19)</th>
<th>NJ DIRECT HD1500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Specialist Referral</td>
<td>No referral required</td>
<td>No referral required</td>
<td>No referral required</td>
</tr>
</tbody>
</table>

### Deductible:

<table>
<thead>
<tr>
<th>Category</th>
<th>Deductible (IN)</th>
<th>Deductible (OON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$400</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Coinsurance:

<table>
<thead>
<tr>
<th>Category</th>
<th>Coinsurance (IN)</th>
<th>Coinsurance (OON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Family</td>
<td>10%</td>
<td>30%</td>
</tr>
</tbody>
</table>

### IN-PATIENT FACILITY:

<table>
<thead>
<tr>
<th>Category</th>
<th>Deductible (IN)</th>
<th>Deductible (OON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$500/stay</td>
<td>$500/stay</td>
</tr>
</tbody>
</table>

### OUT-OF-NETWORK (OON):

<table>
<thead>
<tr>
<th>Category</th>
<th>Deductible (IN)</th>
<th>Deductible (OON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible - Individual</td>
<td>$400</td>
<td>See in-network deductible</td>
</tr>
<tr>
<td>Deductible - Family</td>
<td>$1,000</td>
<td>See in-network deductible</td>
</tr>
<tr>
<td>Coinsurance after Deductible</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Out-of-Pocket Coinsurance Maximum - Individual</td>
<td>$2,000</td>
<td>$3,500</td>
</tr>
<tr>
<td>Out-of-Pocket Coinsurance Maximum - Family</td>
<td>$5,000</td>
<td>$7,000</td>
</tr>
<tr>
<td>Inpatient Hospital Deductible</td>
<td>$500/stay</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

---

10. Out-of-network cost basis: CWA Unity DIRECT, CWA Unity DIRECT2019, NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. NJ DIRECT HD plans: 90th percentile of FAIR Health national benchmark. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic ($35), physical therapy ($52) and acupuncture ($80).

11. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit state.nj.us/treasury/pensions/member-guidebooks.shtml for more information.

You can reference the HorizonBlue.com/shbpcalculator to determine your premium contribution.

Horizon Dental Choice plan available. Please visit HorizonBlue.com/shbp.

Retirees: Please visit state.nj.us/treasury/pensions for information regarding available retiree plans.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.
### 2022 NJ State Health Benefits Program (SHBP) State and State College/University Employees – Plans for CWA and Union Negotiated Members

Plans effective 1/1/2022 (also effective 1/1/2022 for biweekly employees)

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

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>Nationwide</th>
<th>NJ and contiguous counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Referral</td>
<td>No referral required</td>
<td>Referral required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible²</th>
<th>Individual</th>
<th>$4,000¹</th>
<th>See DME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>$8,000¹</td>
<td>See DME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>20% after deductible³</th>
<th>0%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Individual</th>
<th>$1,000</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>$2,000</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)</th>
<th>Individual</th>
<th>$5,000¹</th>
<th>$6,960</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>$10,000¹</td>
<td>$13,920</td>
</tr>
</tbody>
</table>

### HEALTH CARE SERVICES

#### Primary Care Office Visit
20% after deductible | $15

#### Annual Routine Physical (In-Network Only)
0% | $0

#### Direct Primary Care (DPC) Doctors Office
Not available | Not available

#### Horizon CareOnline (Telemedicine)
Cost share may apply | Cost share may apply

#### Specialist Office Visit
20% after deductible | $15

#### Annual Routine Vision (In-Network Only)
20% after deductible | $15

#### Chiropractic
20% after deductible | $15

#### Physical/Occupational/Speech Therapy⁴
20% after deductible | $15

### DIAGNOSTIC LABORATORY²/RADIOLOGY/ADVANCED IMAGING

#### Outpatient Laboratory/Radiology/Advanced Imaging
20% after deductible | $0

#### Freestanding Laboratory/Radiology/Advanced Imaging
20% after deductible | $0

### EMERGENCY/URGENT MEDICAL SERVICES

#### Urgent Care Center
20% after deductible | $15

#### Emergency Room
20% after deductible | $100³

#### Ambulance
20% after deductible | $0

### OTHER SERVICES

#### Inpatient Facility
20% after deductible | $0

#### Outpatient Facility
20% after deductible | $0

#### Outpatient Behavioral Health
20% after deductible | $15

#### Durable Medical Equipment (DME)
20% after deductible | $100 deductible, then covered in full

### OUT-OF-NETWORK (OON):¹⁰

#### Deductible - Individual
See in-network deductible¹¹

#### Deductible - Family
See in-network deductible¹¹

#### Coinsurance after Deductible
40%

#### Out-of-Pocket Coinsurance Maximum - Individual
$6,000

#### Out-of-Pocket Coinsurance Maximum - Family
$12,000

#### Inpatient Hospital Deductible
Not applicable

No out-of-network benefits
## OMNIA® Tiered Network Option

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>NJ DIRECT (employees hired prior to 7/1/19)</th>
<th>NJ DIRECT2019 (new hires on or after 7/1/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ only</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
</tbody>
</table>

### Deductible

#### Individual
- Tier 1: $0
- Tier 2: $1,500

#### Family
- Tier 1: $0
- Tier 2: $3,000

### Coinsurance

#### Individual
- Tier 1: 0%
- Tier 2: 20% after deductible

#### Family
- Tier 1: 0%
- Tier 2: Not applicable

### Out-of-Pocket Coinsurance Maximum

#### Individual
- Tier 1: Not applicable
- Tier 2: $4,500

#### Family
- Tier 1: Not applicable
- Tier 2: $9,000

### Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)

#### Individual
- Tier 1: $2,500
- Tier 2: $4,500

#### Family
- Tier 1: $5,000
- Tier 2: $9,000

### PPO Plan Options

#### In-Network (IN):

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>NJ DIRECT</th>
<th>NJ DIRECT2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ only</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
</tbody>
</table>

### Specialist Referral

- No referral required

### Deductible

#### Individual
- Tier 1: $0
- Tier 2: $100

#### Family
- Tier 1: $0
- Tier 2: Not applicable

### Coinsurance

#### Individual
- Tier 1: 0%
- Tier 2: 10% after deductible

#### Family
- Tier 1: 0%
- Tier 2: Not applicable

### Out-of-Pocket Coinsurance Maximum

#### Individual
- Tier 1: Not applicable
- Tier 2: $800

#### Family
- Tier 1: Not applicable
- Tier 2: $2,000

### Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)

#### Individual
- Tier 1: $6,960
- Tier 2: $6,960

#### Family
- Tier 1: $13,920
- Tier 2: $13,920

### Health Care Services

<table>
<thead>
<tr>
<th>Service Area Available</th>
<th>NJ DIRECT</th>
<th>NJ DIRECT2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ only</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
</tbody>
</table>

### Deductible

#### Individual
- Tier 1: $400
- Tier 2: $400

#### Family
- Tier 1: $1,000
- Tier 2: $1,000

### Coinsurance after Deductible

- Tier 1: 30%
- Tier 2: 30%

### Out-of-Pocket Coinsurance Maximum - Individual
- Tier 1: $2,000
- Tier 2: $2,000

### Out-of-Pocket Coinsurance Maximum - Family
- Tier 1: $5,000
- Tier 2: $5,000

### Inpatient Hospital Deductible
- Tier 1: $500/stay
- Tier 2: $500/stay

---

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes $300 Health Savings Account funding by employer.
2. Deductible applies to all services that require a coinsurance.
3. Includes eligible prescription cost share.
4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).
6. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.
7. 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.
8. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.
9. Lower copayment applies to children under 19 and physician referrals.
HorizonBlue.com/shbp  1-800-414-SHBP (7427)

## PPO Plan Options

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN-NETWORK (IN):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area Available</td>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Specialist Referral</td>
<td>No referral required</td>
<td>No referral required</td>
<td>No referral required</td>
<td>No referral required</td>
</tr>
<tr>
<td>Deductible²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$200</td>
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<tr>
<td>Family</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%⁴</td>
<td>10%⁴</td>
<td>10%⁴</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Coinsurance Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$400</td>
<td>$400</td>
<td>$800</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,960</td>
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<tr>
<td>Family</td>
<td>$13,920</td>
<td>$13,920</td>
<td>$13,920</td>
<td>$13,920</td>
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## HEALTH CARE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Office Visit</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Annual Routine Physical (In-Network Only)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Direct Primary Care (DPC) Doctors Office</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Horizon CareOnline (Telemedicine)</td>
<td>Cost share may apply</td>
<td>Cost share may apply</td>
<td>Cost share may apply</td>
<td>Cost share may apply</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35</td>
</tr>
<tr>
<td>Annual Routine Vision (In-Network Only)</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35</td>
</tr>
<tr>
<td>Chiropractic⁴</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35</td>
</tr>
<tr>
<td>Physical/Occupational/Speech Therapy²</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35 office visit/20% after deductible at an outpatient facility</td>
</tr>
</tbody>
</table>

## DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Laboratory/Radiology/Advanced Imaging</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Freestanding Laboratory/Radiology/Advanced Imaging</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

## EMERGENCY/URGENT MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Center</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100²</td>
<td>$100²</td>
<td>$125</td>
<td>$300</td>
</tr>
<tr>
<td>Ambulance</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

## OTHER SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Outpatient Behavioral Health</td>
<td>$15</td>
<td>$25</td>
<td>$30/adult, $20/child¹</td>
<td>$35 office visit/20% after deductible at an outpatient facility</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

## OUT-OF-NETWORK (OON):¹¹

<table>
<thead>
<tr>
<th>Service</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible - Individual</td>
<td>$100</td>
<td>$100</td>
<td>$200</td>
<td>$800</td>
</tr>
<tr>
<td>Deductible - Family</td>
<td>$250</td>
<td>$250</td>
<td>$500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Coinsurance after Deductible</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Out-of-Pocket Coinsurance Maximum - Individual</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$5,000</td>
<td>$6,500</td>
</tr>
<tr>
<td>Out-of-Pocket Coinsurance Maximum - Family</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$12,500</td>
<td>$13,000</td>
</tr>
<tr>
<td>Inpatient Hospital Deductible</td>
<td>$200/stay</td>
<td>$200/stay</td>
<td>$500/stay</td>
<td>$600/stay</td>
</tr>
</tbody>
</table>

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10. $150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.
11. 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).
12. Out-of-network deductible is combined with in-network deductible.
13. This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit state.nj.us/treasury/pensions/member-guidebooks.shtml for more information.
14. This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.
# 2022 NJ State Health Benefits Program (SHBP) State and State College/University Employees – Plans for All Other State Members

Plans effective 1/1/2022 (also effective 1/1/2022 for biweekly employees)

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

<table>
<thead>
<tr>
<th>IN-NETWORK (IN):</th>
<th>PPO Plan Options</th>
<th>HMO Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area Available</td>
<td>Nationwide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Specialist Referral</td>
<td>No referral required</td>
<td>No referral required</td>
</tr>
<tr>
<td>Deductible</td>
<td>Individual: $1,500¹</td>
<td>$1,500¹</td>
</tr>
<tr>
<td></td>
<td>Family: $3,000¹</td>
<td>$8,000¹</td>
</tr>
<tr>
<td>Coinsurance Out-of-Pocket Maximum</td>
<td>Individual: $1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>Family: $2,000</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)</td>
<td>Individual: $2,500¹</td>
<td>$5,000¹</td>
</tr>
<tr>
<td></td>
<td>Family: $5,000¹</td>
<td>$10,000¹</td>
</tr>
</tbody>
</table>

### HEALTH CARE SERVICES

#### Primary Care Office Visit
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

#### Annual Routine Physical (In-Network Only)
- NJ DIRECT HD1500¹: $0
- NJ DIRECT HD4000¹: $0
- HORIZON HMO: $0

#### Direct Primary Care (DPC) Doctors Office
- NJ DIRECT HD1500¹: Not available
- NJ DIRECT HD4000¹: Not available
- HORIZON HMO: Not available

#### Horizon CareOnline (Telemedicine)
- NJ DIRECT HD1500¹: Cost share may apply
- NJ DIRECT HD4000¹: Cost share may apply
- HORIZON HMO: Cost share may apply

#### Specialist Office Visit
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

#### Annual Routine Vision (In-Network Only)
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

#### Chiropractic
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

### DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING

#### Outpatient Laboratory/Radiology/Advanced Imaging
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $0

#### Freestanding Laboratory/Radiology/Advanced Imaging
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $0

### EMERGENCY/URGENT MEDICAL SERVICES

#### Urgent Care Center
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

#### Emergency Room
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $100³

#### Ambulance
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $0

### OTHER SERVICES

#### Inpatient Facility
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $0

#### Outpatient Facility
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $0

#### Outpatient Behavioral Health
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $15

#### Durable Medical Equipment (DME)
- NJ DIRECT HD1500¹: 20% after deductible
- NJ DIRECT HD4000¹: 20% after deductible
- HORIZON HMO: $100 deductible, then covered in full

### OUT-OF-NETWORK (OON):¹¹

#### Deductible - Individual
- See in-network deductible¹²

#### Deductible - Family
- See in-network deductible¹²

#### Coinsurance after Deductible
- NJ DIRECT HD1500¹: 40%
- NJ DIRECT HD4000¹: 40%

#### Out-of-Pocket Coinsurance Maximum - Individual
- NJ DIRECT HD1500¹: $3,500
- NJ DIRECT HD4000¹: $6,000

#### Out-of-Pocket Coinsurance Maximum - Family
- NJ DIRECT HD1500¹: $7,000
- NJ DIRECT HD4000¹: $12,000

#### Inpatient Hospital Deductible
- NJ DIRECT HD1500¹: Not applicable
- NJ DIRECT HD4000¹: Not applicable

---

1. PPO Plan Options
2. HMO Option
3. NJ DIRECT HD4000
4. NJ DIRECT HD1500
5. See DME
6. NJ and contiguous counties
7. Not available
8. In-Network Only
9. Out-of-Network Only
10. Durable Medical Equipment (DME)
11. Out-of-Network (OON)
12. See in-network deductible

---
With Horizon health plans, we’ve got you covered.

**Well Care and Preventive Care**
Services such as an annual physical and gynecological exam, well baby/child medical care, immunizations and an annual vision exam are covered when using a participating doctor.

**Behavioral Health and Substance Use Disorder**
We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caregivers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available. Your Horizon Health Guide can direct you to the right source.

**In-Network Laboratories**
Our members have access to in-network lab services. You can use Quest Diagnostics™ (Quest) or LabCorp for blood tests and other lab services. Our networks also include a number of other participating labs that provide specialized lab services.

**Prescription Drug Coverage**
Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions or contact your employer for details.

**Health Programs**
These programs can help you take control of your health and provide support for managing the challenges of living with conditions such as diabetes, hypertension, back and joint pain, and weight management issues with our partners Livongo, HingeHealth and Wondr™. When you’re facing a serious medical issue and need a specialist for a second opinion, you can consult with top doctors with no out-of-pocket costs through Grand Rounds.

Learn more at [HorizonBlue.com/shbp](http://HorizonBlue.com/shbp)
Making good health care more convenient.

**Direct Primary Care (DPC)**
Eligible members get unlimited access to personalized care with no copays. Simply choose a Direct Primary Care doctor from Everside Health, R-Health or Sanitas Medical Center for you and your covered dependents.

If you are eligible for NJWELL, your DPC provider will credit a well visit and follow-up office visit as a completed health screening.

**Retail Health Clinics**
These clinics treat common health issues such as colds or seasonal allergies.
- On-site board-certified nurse practitioners can diagnose and treat conditions and prescribe medications.
- Sites include MinuteClinics® at select CVS/pharmacy® locations.

**Telemedicine**
Telemedicine is available at the touch of a button through the Horizon Blue app for eligible members. And depending on your doctor’s preferences, you can also use telemedicine via video, chat or phone.

**Immunizations**
Getting vaccinated is more convenient with more participating pharmacies – view our list at HorizonBlue.com/shbpflu.
- Vaccines these pharmacies administer include flu, COVID-19, shingles, hepatitis A and B, pneumococcal and human papillomavirus (HPV).
- Medical claims are automatically submitted for you.

**Urgent Care Centers**
Urgent care centers provide immediate medical care as an alternative to visiting the Emergency Room (ER). They treat wounds, sprains and other conditions that need immediate attention, but are not life-threatening.
- HMO members require a referral to go to a Horizon urgent care center.
- All members are responsible for applicable copayments/coinsurance.
- Routine office visits are not covered at urgent care centers.

Learn more at HorizonBlue.com/shbp
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Connect to care, benefits and support anytime.

With the Horizon Blue app, you can:

• Chat with a nurse about symptoms
• Get help with appointment scheduling
• Get quick claim status updates
• Video chat with doctors
• View and print member ID Cards
• Locate in-network doctors

Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at 1-888-777-5075 weekdays from 7 a.m. to 6 p.m., ET.

Text GetApp to 422-272 for your free Horizon Blue download.*

Here when you need us most.

Visit us online at HorizonBlue.com/shbp. Chat with us online.
Contact us toll free at 1-800-414-SHBP (7427).

*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.

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