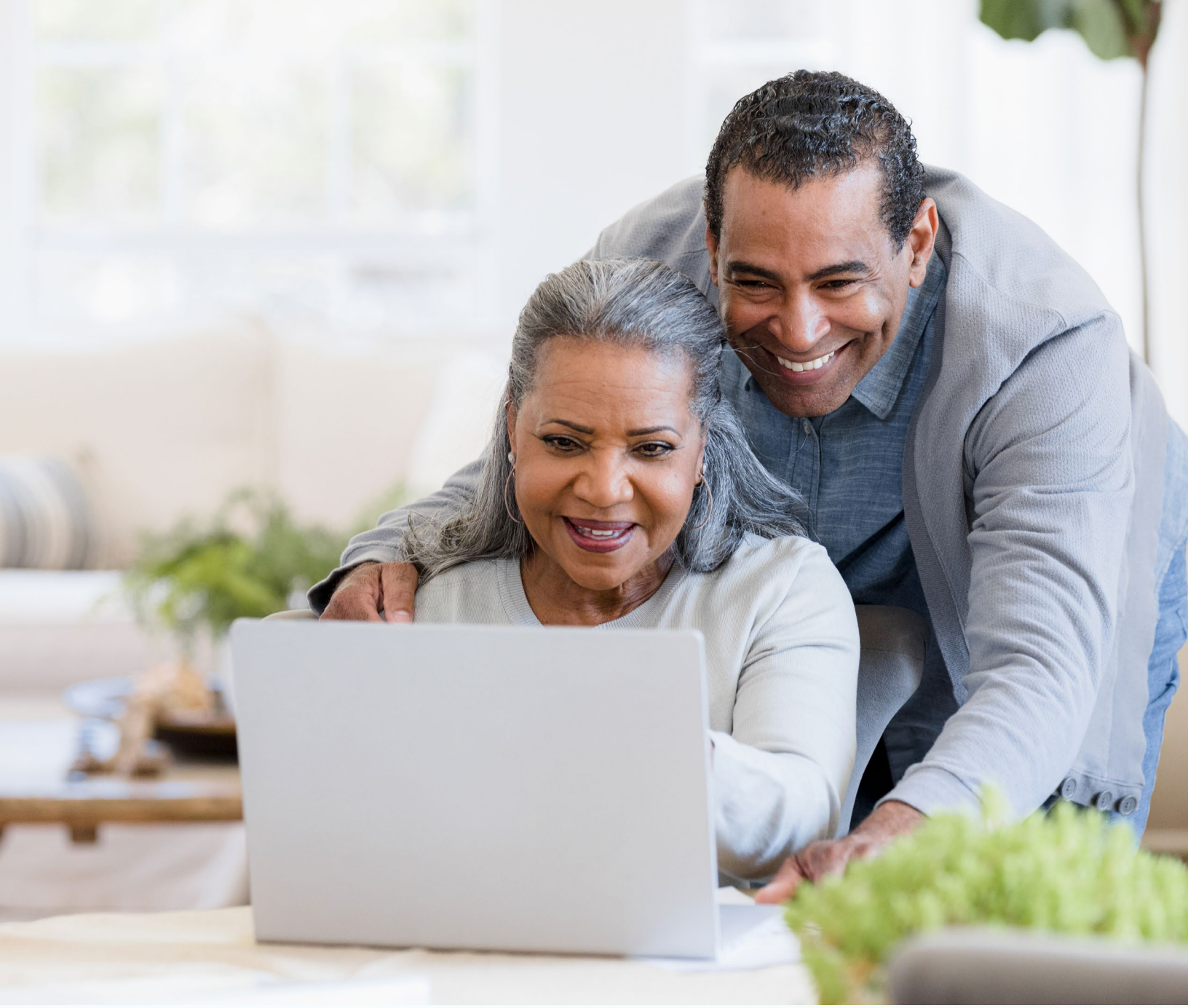
# 2024 OVERVIEW

# NJ State Health Benefits Program (SHBP)

## State and State College/University Employees



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

For more than 90 years, Horizon has helped New Jersey residents get the most out of their health care coverage. As a leader in providing access to quality, affordable health plans, we offer an extensive provider network to ensure you're cared for whenever, wherever. We keep things simple – every New Jersey hospital is in our network. Plus, we provide tools and support that make navigating health care easier.

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

PRECIOUS ADDITIONS® offers personalized support and interactive resources during pregnancy and beyond – including My Pregnancy Assistant, an online tool powered by WebMD®.

## Health Management Tools

Manage your health and track your progress securely and confidentially with the digital coaching and customized tools of *MyHealth Manager*, powered by WebMD.

## Horizon*b*Fit℠

Eligible SHBP members may receive a $20 reward[1] for every month they visit a fitness facility, walk 10,000+ steps or complete certain workouts for at least 12 days a month.

## Wellness Discounts

With Blue365®, get weekly email deals from top retailers, including gym memberships, nutrition programs, glasses, contacts and more.

## YMCA Discount[2]

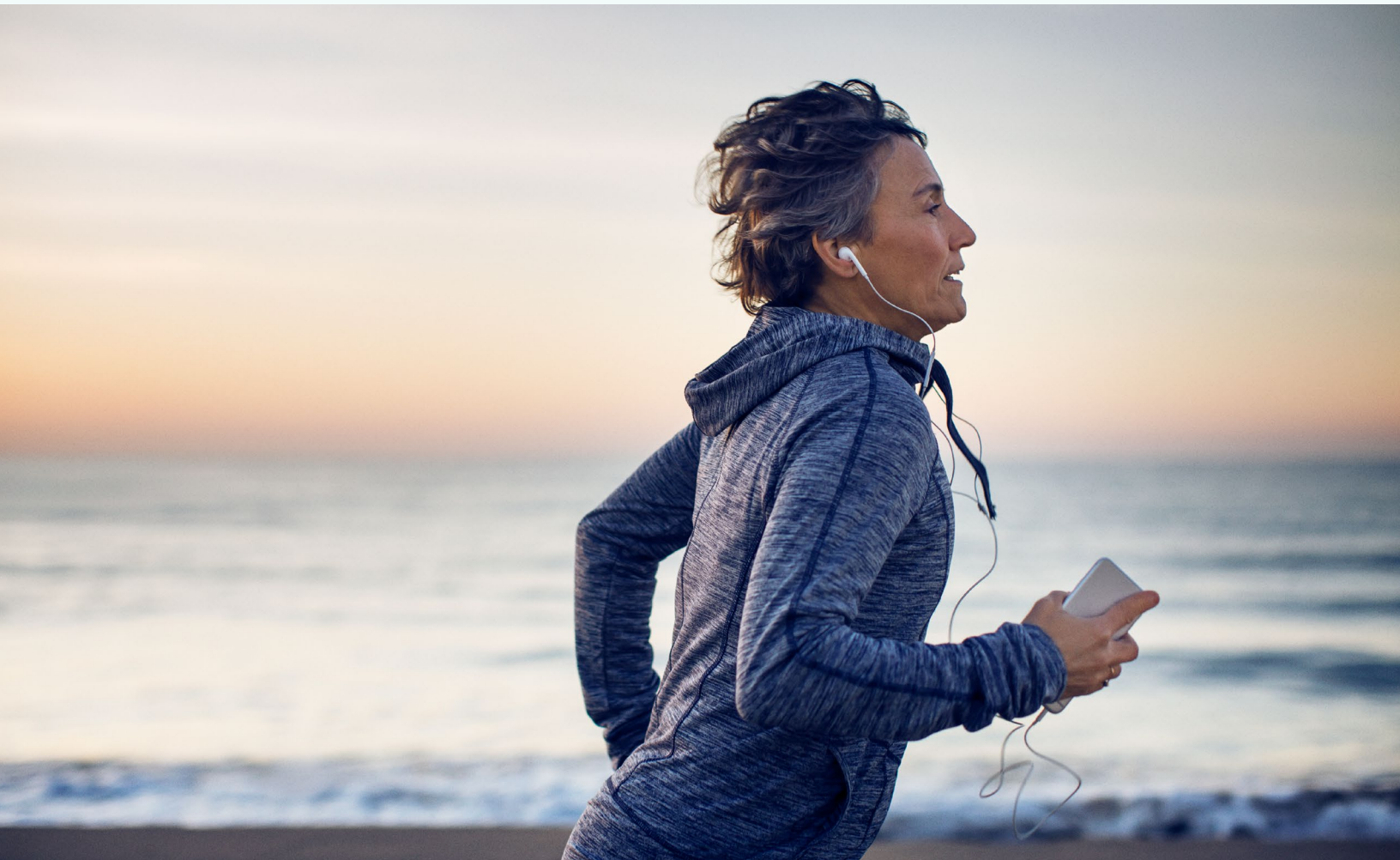
Get a 15% discount on monthly memberships at participating New Jersey YMCAs – plus, new YMCA members can have their initiation fee waived.
HorizonBlue.com/ymca

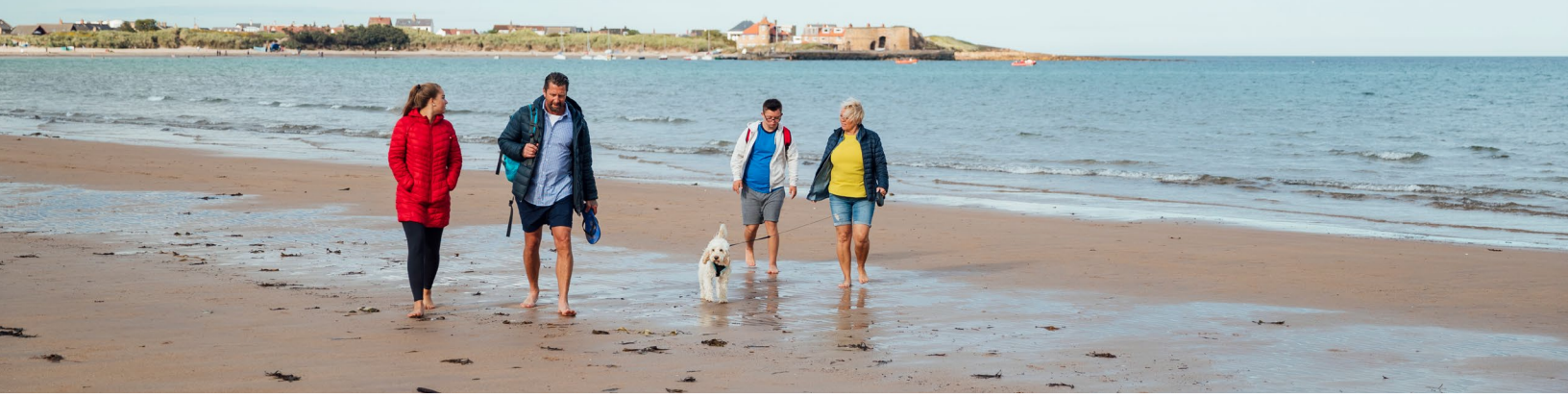
## Walgreens Discount[2]

SHBP members are eligble for 30% off Walgreens-branded health and wellness products every time they shop in store, online or through the Walgreens app.
HorizonBlue.com/walgreens

1. Rewards are taxable.
2. Restrictions and limitations apply. For more information, please visit the associated website links above. Walgreens discounts available as of July 1, 2024.

Learn more at HorizonBlue.com/shbp





# Achieve your best health and earn rewards.

NJWELL
Working for a Healthy New Jersey

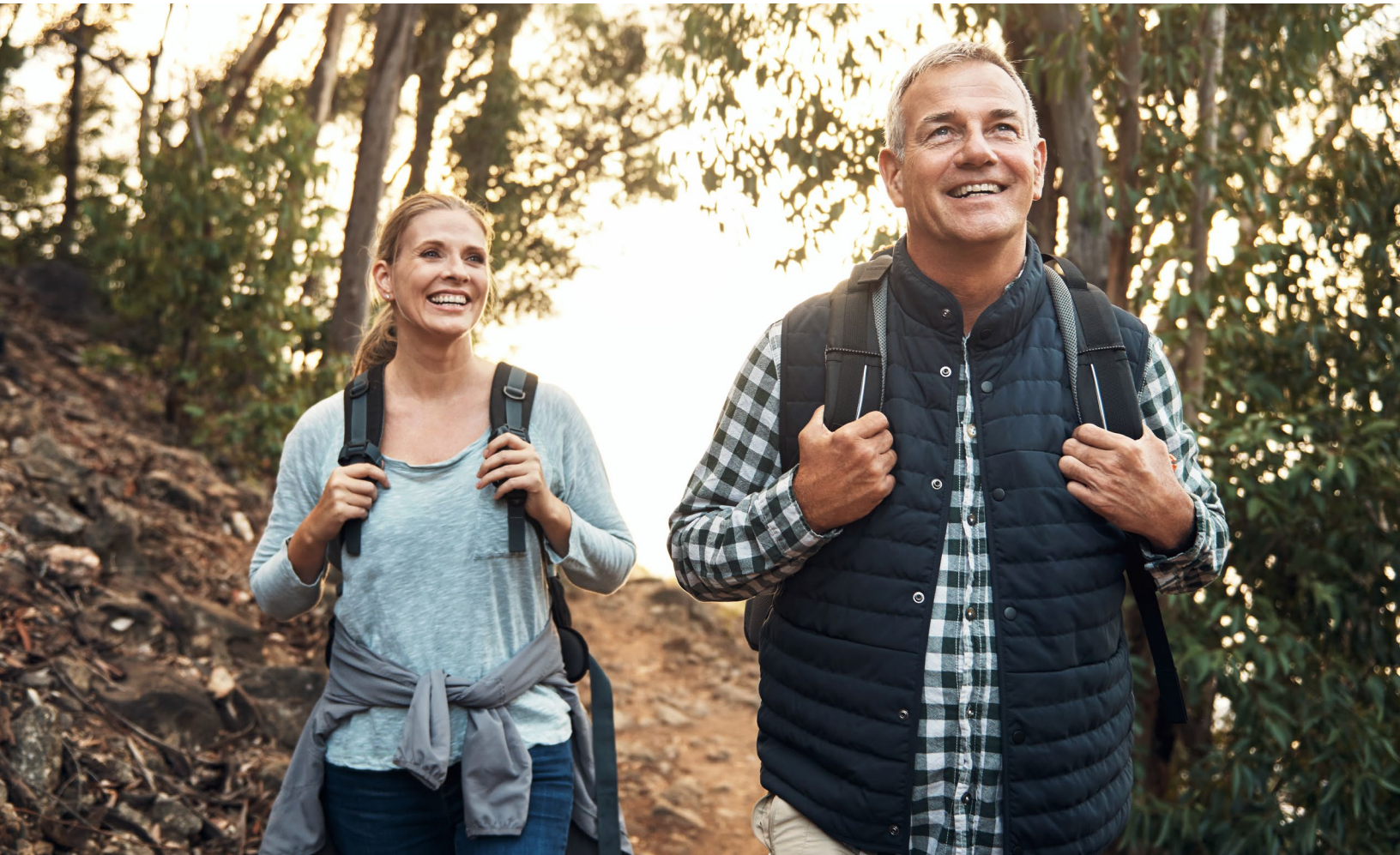
The NJWELL program is a great way to make meaningful changes to your wellness habits with program enhancements for eligible members and their covered spouse/partner. NJWELL can help you achieve holistic well-being including:

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

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

**You can earn $250 or more in rewards* each wellness year (November 1 to October 31).**

Rewards are taxable.



# Our best coverage, for your best you.

## OMNIA℠ Health Plan

In addition to having some of our best benefits, our OMNIA Health Plan Option gives you the flexibility to choose from one of New Jersey's largest networks: 70,000+ local doctors, specialists and health professionals and 95 hospitals in 115 convenient locations across New Jersey and parts of Pennsylvania and Delaware.* You also have worldwide access to more than 2 million providers in our BlueCard® PPO program.

To save even more, choose from more than 49,000 OMNIA Tier 1 doctors* and some of the state's leading hospitals for lower copayments, lower out-of-pocket costs and no deductibles – all with no referrals and no need to choose a Primary Care Physician (PCP).

*Based on Horizon provider network data as of 10/23 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 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

## High Deductible PPO Plans

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 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/shbp**.

# 2024 NJ SHBP State and State College/University Employees Plans for CWA and Union Negotiated Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | OMNIA Tiered Network Plan | |
|---|---|---|
| | OMNIA HEALTH PLAN | |
| | Tier 1 | Tier 2 |
| **IN-NETWORK (IN)** | | |
| Service Area Available | NJ only | Nationwide |
| Specialist Referral | No referral required | No referral required |
| Deductible[2] | | |
| Individual | $0 | $1,500 |
| Family | $0 | $3,000 |
| Coinsurance | 0% | 20% after deductible |
| Coinsurance Out-of-Pocket Maximum | | |
| Individual | Not applicable | Not applicable |
| Family | Not applicable | Not applicable |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | |
| Individual | $2,500 | $4,500 |
| Family | $5,000 | $9,000 |
| **HEALTH CARE SERVICES** | | |
| Primary Care Office Visit | $5 | $20 |
| Annual Routine Physical (In-Network Only) | $0 | $0 |
| Direct Primary Care (DPC) Doctors Office | $0 | $0 |
| First Responders Doctors Office (FRDOCS) | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply |
| Specialist Office Visit | $20 | $35 |
| Annual Routine Vision (In-Network Only) | $20 | $35 |
| Chiropractic[5] | $20 | $35 |
| Physical/Occupational/Speech Therapy[6] | $20 office visit/$20 outpatient facility | $35 office visit/<br>20% after deductible at an outpatient facility |
| **DIAGNOSTIC LABORATORY[7]/RADIOLOGY/ADVANCED IMAGING** | | |
| Outpatient Laboratory/Radiology/Advanced Imaging | $20 | 20% after deductible |
| Freestanding Laboratory/Radiology/Advanced Imaging | $0 | $0 |
| **EMERGENCY/URGENT MEDICAL SERVICES** | | |
| Urgent Care Center | $35 | $50 |
| Emergency Room | $100 | $100 |
| Ambulance | $0 | $0 |
| **OTHER SERVICES** | | |
| Inpatient Facility | $150 per admission[9] | 20% after deductible |
| Outpatient Facility | $150 | 20% after deductible |
| Outpatient Behavioral Health | $20 | $35 office visit/<br>20% after deductible at an outpatient facility |
| Durable Medical Equipment (DME) | $0 | $0 |
| **OUT-OF-NETWORK (OON)[10]** | | |
| Deductible - Individual | No out-of-network benefits | |
| Deductible - Family | | |
| Coinsurance after Deductible | | |
| Out-of-Pocket Coinsurance Maximum - Individual | | |
| Out-of-Pocket Coinsurance Maximum - Family | | |
| Inpatient Hospital Deductible | | |

1. High Deductible Health Plan. NJ DIRECT HDLow 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).
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.

# 2024 NJ SHBP State and State College/University Employees Plans for CWA and Union Negotiated Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | PPO Plans | | High Deductible PPO Plan |
|---|---|---|---|
| | CWA UNITY DIRECT NJ DIRECT (employees hired prior to 7/1/19) | CWA UNITY DIRECT2019 NJ DIRECT2019 (new hires on or after 7/1/19) | NJ DIRECT HDLow[1] |
| **IN-NETWORK (IN)** | | | |
| Service Area Available | Nationwide | Nationwide | Nationwide |
| Specialist Referral | No referral required | No referral required | No referral required |
| Deductible[2] | | | |
| Individual | $0 | $100 | $1,600[3] |
| Family | $0 | Not applicable | $3,200[3] |
| Coinsurance | 10%[4] | 10% after deductible[4] | 20% after deductible[3] |
| Coinsurance Out-of-Pocket Maximum | | | |
| Individual | $800 | $800 | $1,000 |
| Family | $2,000 | $2,000 | $2,000 |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | | |
| Individual | $7,560 | $7,560 | $2,600[3] |
| Family | $15,120 | $15,120 | $5,200[3] |
| **HEALTH CARE SERVICES** | | | |
| Primary Care Office Visit | $15 | $15 | 20% after deductible |
| Annual Routine Physical (In-Network Only) | $0 | $0 | $0 |
| Direct Primary Care (DPC) Doctors Office | $0 | $0 | Not available |
| First Responders Doctors Office (FRDOCS) | $0 | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply | Cost share may apply |
| Specialist Office Visit | $30 | $30 | 20% after deductible |
| Annual Routine Vision (In-Network Only) | $30 | $30 | 20% after deductible |
| Chiropractic[5] | $30 | $30 | 20% after deductible |
| Physical/Occupational/Speech Therapy[6] | $30 | $30 | 20% after deductible |
| **DIAGNOSTIC LABORATORY[7]/RADIOLOGY/ADVANCED IMAGING** | | | |
| Outpatient Laboratory/Radiology/Advanced Imaging | $0 | $0 | 20% after deductible |
| Freestanding Laboratory/Radiology/Advanced Imaging | $0 | $0 | 20% after deductible |
| **EMERGENCY/URGENT MEDICAL SERVICES** | | | |
| Urgent Care Center | $45 | $45 | 20% after deductible |
| Emergency Room | $150[8] | $150[8] | 20% after deductible |
| Ambulance | 10% | 10% after deductible | 20% after deductible |
| **OTHER SERVICES** | | | |
| Inpatient Facility | $0 | $0 | 20% after deductible |
| Outpatient Facility | $0 | $0 | 20% after deductible |
| Outpatient Behavioral Health | $30 | $30 | 20% after deductible |
| Durable Medical Equipment (DME) | 10% | 10% after deductible | 20% after deductible |
| **OUT-OF-NETWORK (OON)[10]** | | | |
| Deductible - Individual | $400 | $400 | See in-network deductible[11] |
| Deductible - Family | $1,000 | $1,000 | See in-network deductible[11] |
| Coinsurance after Deductible | 30% | 30% | 40% |
| Out-of-Pocket Coinsurance Maximum - Individual | $2,000 | $2,000 | $3,600 |
| Out-of-Pocket Coinsurance Maximum - Family | $5,000 | $5,000 | $7,200 |
| Inpatient Hospital Deductible | $500/stay | $500/stay | Not applicable |

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 ($60).
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 **nj.gov/treasury/pensions/member-guidebooks.shtml** for more information.
You can reference **HorizonBlue.com/shbp** to determine your premium contribution.
Horizon Dental Choice plan available. Please visit **HorizonBlue.com/shbp**.
Retirees: Please visit **nj.gov/treasury/pensions** for information regarding available retiree plans.

# 2024 NJ SHBP State and State College/University Employees Plans for CWA and Union Negotiated Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | High Deductible PPO Plan | HMO Plan |
|---|---|---|
| | NJ DIRECT HDHigh | HORIZON HMO |
| **IN-NETWORK (IN)** | | |
| Service Area Available | Nationwide | NJ and contiguous counties |
| Specialist Referral | No referral required | Referral required |
| Deductible[2] | | |
| Individual | $4,100[3] | See DME |
| Family | $8,200[3] | See DME |
| Coinsurance | 20% after deductible[3] | 0% |
| Coinsurance Out-of-Pocket Maximum | | |
| Individual | $1,000 | Not applicable |
| Family | $2,000 | Not applicable |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | |
| Individual | $5,100[3] | $7,560 |
| Family | $10,200[3] | $15,120 |
| **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 |
| First Responders Doctors Office (FRDOCS) | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply |
| Specialist Office Visit | 20% after deductible | $30 |
| Annual Routine Vision (In-Network Only) | 20% after deductible | $30 |
| Chiropractic[5] | 20% after deductible | $30 |
| Physical/Occupational/Speech Therapy[6] | 20% after deductible | $30 |
| **DIAGNOSTIC LABORATORY[7]/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 | $45 |
| Emergency Room | 20% after deductible | $100[8] |
| 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 | $30 |
| Durable Medical Equipment (DME) | 20% after deductible | $100 deductible, then covered in full |
| **OUT-OF-NETWORK (OON)[10]** | | |
| Deductible - Individual | See in-network deductible[11] | No out-of-network benefits |
| Deductible - Family | See in-network deductible[11] | |
| Coinsurance after Deductible | 40% | |
| Out-of-Pocket Coinsurance Maximum - Individual | $6,100 | |
| Out-of-Pocket Coinsurance Maximum - Family | $12,200 | |
| Inpatient Hospital Deductible | Not applicable | |

# 2024 NJ SHBP State and State College/University Employees Plans for All Other State Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | OMNIA Tiered Network Plan | | PPO Plans | |
|---|---|---|---|---|
| | OMNIA HEALTH PLAN | | NJ DIRECT (employees hired prior to 7/1/19) | NJ DIRECT2019 (new hires on or after 7/1/19) |
| | Tier 1 | Tier 2 | | |
| **IN-NETWORK (IN)** | | | | |
| Service Area Available | NJ only | Nationwide | Nationwide | Nationwide |
| Specialist Referral | No referral required | No referral required | No referral required | No referral required |
| Deductible[2] | | | | |
| Individual | $0 | $1,500 | $0 | $100 |
| Family | $0 | $3,000 | $0 | Not applicable |
| Coinsurance | 0% | 20% after deductible | 10%[4] | 10% after deductible[4] |
| Coinsurance Out-of-Pocket Maximum | | | | |
| Individual | Not applicable | Not applicable | $800 | $800 |
| Family | Not applicable | Not applicable | $2,000 | $2,000 |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | | | |
| Individual | $2,500 | $4,500 | $7,560 | $7,560 |
| Family | $5,000 | $9,000 | $15,120 | $15,120 |
| **HEALTH CARE SERVICES** | | | | |
| Primary Care Office Visit | $5 | $20 | $15 | $15 |
| Annual Routine Physical (In-Network Only) | $0 | $0 | $0 | $0 |
| Direct Primary Care (DPC) Doctors Office | $0 | $0 | $0 | $0 |
| First Responders Doctors Office (FRDOCS) | $0 | $0 | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply | Cost share may apply | Cost share may apply |
| Specialist Office Visit | $20 | $35 | $30 | $30 |
| Annual Routine Vision (In-Network Only) | $20 | $35 | $30 | $30 |
| Chiropractic[6] | $20 | $35 | $30 | $30 |
| Physical/Occupational/Speech Therapy[7] | $20 office visit/ $20 outpatient facility | $35 office visit/ 20% after deductible at an outpatient facility | $30 | $30 |
| **DIAGNOSTIC LABORATORY[8]/RADIOLOGY/ADVANCED IMAGING** | | | | |
| Outpatient Laboratory/Radiology/Advanced Imaging | $20 | 20% after deductible | $0 | $0 |
| Freestanding Laboratory/Radiology/Advanced Imaging | $0 | $0 | $0 | $0 |
| **EMERGENCY/URGENT MEDICAL SERVICES** | | | | |
| Urgent Care Center | $35 | $50 | $45 | $45 |
| Emergency Room | $100 | $100 | $150[9] | $150[9] |
| Ambulance | $0 | $0 | 10% | 10% after deductible |
| **OTHER SERVICES** | | | | |
| Inpatient Facility | $150 per admission[10] | 20% after deductible | $0 | $0 |
| Outpatient Facility | $150 | 20% after deductible | $0 | $0 |
| Outpatient Behavioral Health | $20 | $35 office visit/ 20% after deductible at an outpatient facility | $30 | $30 |
| Durable Medical Equipment (DME) | $0 | $0 | 10% | 10% after deductible |
| **OUT-OF-NETWORK (OON)[11]** | | | | |
| Deductible - Individual | No out-of-network benefits | | $400 | $400 |
| Deductible - Family | | | $1,000 | $1,000 |
| Coinsurance after Deductible | | | 30% | 30% |
| Out-of-Pocket Coinsurance Maximum - Individual | | | $2,000 | $2,000 |
| Out-of-Pocket Coinsurance Maximum - Family | | | $5,000 | $5,000 |
| Inpatient Hospital Deductible | | | $500/stay | $500/stay |

1. High Deductible Health Plan. NJ DIRECT HDLow 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).
5. Under age 26.
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.

# 2024 NJ SHBP State and State College/University Employees Plans for All Other State Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | PPO Plans | | |
|---|---|---|---|
| | NJ DIRECT15 | NJ DIRECT1525 | NJ DIRECT2030 |
| **IN-NETWORK (IN)** | | | |
| Service Area Available | Nationwide | Nationwide | Nationwide |
| Specialist Referral | No referral required | No referral required | No referral required |
| Deductible[1] | | | |
| Individual | $0 | $0 | $0 |
| Family | $0 | $0 | $0 |
| Coinsurance | 10%[4] | 10%[4] | 10%[4] |
| Coinsurance Out-of-Pocket Maximum | | | |
| Individual | $400 | $400 | $800 |
| Family | $1,000 | $1,000 | $2,000 |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | | |
| Individual | $7,560 | $7,560 | $7,560 |
| Family | $15,120 | $15,120 | $15,120 |
| **HEALTH CARE SERVICES** | | | |
| Primary Care Office Visit | $15 | $15 | $20 |
| Annual Routine Physical (In-Network Only) | $0 | $0 | $0 |
| Direct Primary Care (DPC) Doctors Office | $0 | $0 | $0 |
| First Responders Doctors Office (FRDOCS) | $0 | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply | Cost share may apply |
| Specialist Office Visit | $15 | $25 | $30/adult, $20/child[5] |
| Annual Routine Vision (In-Network Only) | $15 | $25 | $30/adult, $20/child[5] |
| Chiropractic[5] | $15 | $25 | $30/adult, $20/child[5] |
| Physical/Occupational/Speech Therapy[7] | $15 | $25 | $30/adult, $20/child[5] |
| **DIAGNOSTIC LABORATORY[8]/RADIOLOGY/ADVANCED IMAGING** | | | |
| Outpatient Laboratory/Radiology/Advanced Imaging | $0 | $0 | $0 |
| Freestanding Laboratory/Radiology/Advanced Imaging | $0 | $0 | $0 |
| **EMERGENCY/URGENT MEDICAL SERVICES** | | | |
| Urgent Care Center | $15 | $25 | $30/adult, $20/child[5] |
| Emergency Room | $100[9] | $100[9] | $125 |
| Ambulance | 10% | 10% | 10% |
| **OTHER SERVICES** | | | |
| Inpatient Facility | $0 | $0 | $0 |
| Outpatient Facility | $0 | $0 | $0 |
| Outpatient Behavioral Health | $15 | $25 | $30/adult, $20/child[5] |
| Durable Medical Equipment (DME) | 10% | 10% | 10% |
| **OUT-OF-NETWORK (OON)[11]** | | | |
| Deductible - Individual | $100 | $100 | $200 |
| Deductible - Family | $250 | $250 | $500 |
| Coinsurance after Deductible | 30% | 30% | 30% |
| Out-of-Pocket Coinsurance Maximum - Individual | $2,000 | $2,000 | $5,000 |
| Out-of-Pocket Coinsurance Maximum - Family | $5,000 | $5,000 | $12,500 |
| Inpatient Hospital Deductible | $200/stay | $200/stay | $500/stay |

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.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit **nj.gov/treasury/pensions/member-guidebooks.shtml** for more information.
Horizon Dental Choice plan available. Please visit **HorizonBlue.com/shbp**.
Retirees: Please visit **nj.gov/treasury/pensions** for information regarding available retiree plans.

# 2024 NJ SHBP State and State College/University Employees Plans for All Other State Members

Plans effective 7/1/2024 (effective 6/29/2024 for biweekly employees)

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

| | PPO Plan | High Deductible PPO Plans | | HMO Plan |
|---|---|---|---|---|
| | NJ DIRECT2035 | NJ DIRECT HDLow[1] | NJ DIRECT HDHigh | HORIZON HMO |
| **IN-NETWORK (IN)** | | | | |
| Service Area Available | Nationwide | Nationwide | Nationwide | NJ and contiguous counties |
| Specialist Referral | No referral required | No referral required | No referral required | Referral required |
| Deductible[2] | | | | |
| Individual | $200 | $1,600[3] | $4,100[3] | See DME |
| Family | $500 | $3,200[3] | $8,200[3] | See DME |
| Coinsurance | 20% after deductible | 20% after deductible[3] | 20% after deductible[3] | 0% |
| Coinsurance Out-of-Pocket Maximum | | | | |
| Individual | $2,000 | $1,000 | $1,000 | Not applicable |
| Family | $5,000 | $2,000 | $2,000 | Not applicable |
| Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance) | | | | |
| Individual | $7,560 | $2,600[3] | $5,100[3] | $7,560 |
| Family | $15,120 | $5,200[3] | $10,200[3] | $15,120 |
| **HEALTH CARE SERVICES** | | | | |
| Primary Care Office Visit | $20 | 20% after deductible | 20% after deductible | $15 |
| Annual Routine Physical (In-Network Only) | $0 | $0 | $0 | $0 |
| Direct Primary Care (DPC) Doctors Office | $0 | Not available | Not available | Not available |
| First Responders Doctors Office (FRDOCS | $0 | $0 | $0 | $0 |
| Horizon CareOnline (Telemedicine) | Cost share may apply | Cost share may apply | Cost share may apply | Cost share may apply |
| Specialist Office Visit | $35 | 20% after deductible | 20% after deductible | $30 |
| Annual Routine Vision (In-Network Only) | $35 | 20% after deductible | 20% after deductible | $30 |
| Chiropractic[5] | $35 | 20% after deductible | 20% after deductible | $30 |
| Physical/Occupational/Speech Therapy[7] | $35 office visit/ 20% after deductible at an outpatient facility | 20% after deductible | 20% after deductible | $30 |
| **DIAGNOSTIC LABORATORY[8]/RADIOLOGY/ADVANCED IMAGING** | | | | |
| Outpatient Laboratory/Radiology/Advanced Imaging | 20% after deductible | 20% after deductible | 20% after deductible | $0 |
| Freestanding Laboratory/Radiology/Advanced Imaging | 20% after deductible | 20% after deductible | 20% after deductible | $0 |
| **EMERGENCY/URGENT MEDICAL SERVICES** | | | | |
| Urgent Care Center | $35 | 20% after deductible | 20% after deductible | $45 |
| Emergency Room | $300 | 20% after deductible | 20% after deductible | $100[9] |
| Ambulance | 20% after deductible | 20% after deductible | 20% after deductible | $0 |
| **OTHER SERVICES** | | | | |
| Inpatient Facility | 20% after deductible | 20% after deductible | 20% after deductible | $0 |
| Outpatient Facility | 20% after deductible | 20% after deductible | 20% after deductible | $0 |
| Outpatient Behavioral Health | $35 office visit/ 20% after deductible at an outpatient facility | 20% after deductible | 20% after deductible | $30 |
| Durable Medical Equipment (DME) | 20% after deductible | 20% after deductible | 20% after deductible | $100 deductible, then covered in full |
| **OUT-OF-NETWORK (OON)[11]** | | | | |
| Deductible - Individual | $800 | See in-network deductible[12] | See in-network deductible[12] | No out-of-network benefits |
| Deductible - Family | $2,000 | See in-network deductible[12] | See in-network deductible[12] | |
| Coinsurance after Deductible | 40% | 40% | 40% | |
| Out-of-Pocket Coinsurance Maximum - Individual | $6,500 | $3,600 | $6,100 | |
| Out-of-Pocket Coinsurance Maximum - Family | $13,000 | $7,200 | $12,200 | |
| Inpatient Hospital Deductible | $600/stay | Not applicable | Not applicable | |

# 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.

## NEW- Horizon MindCare℠

This secure online behavioral health platform offers personalized behavioral health and resilience information, well-being assessments, tools and resources. Plus, it can match you to reliable in-network providers, facilities and virtual health solutions.

## 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.

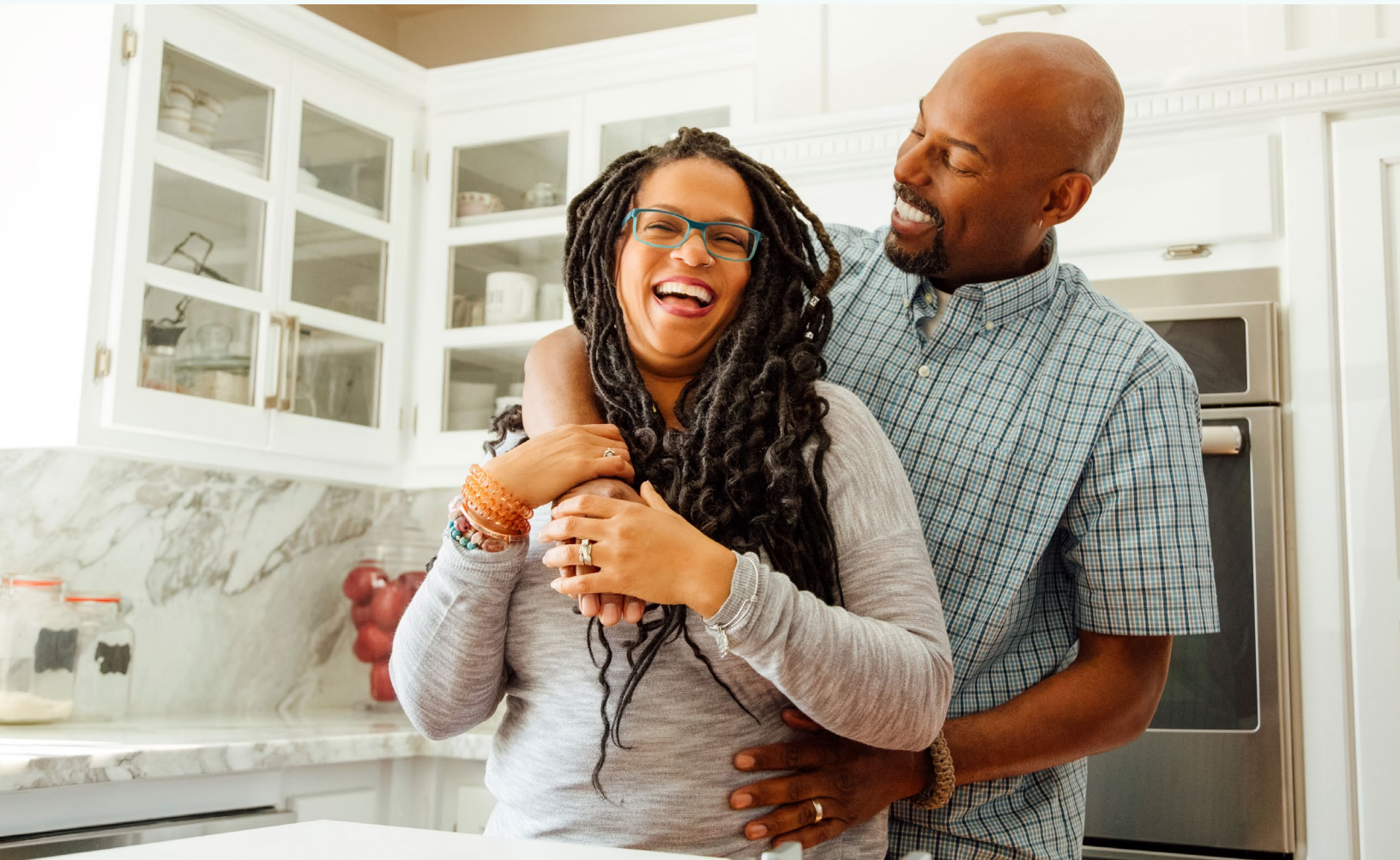
## Prescription Drug Coverage

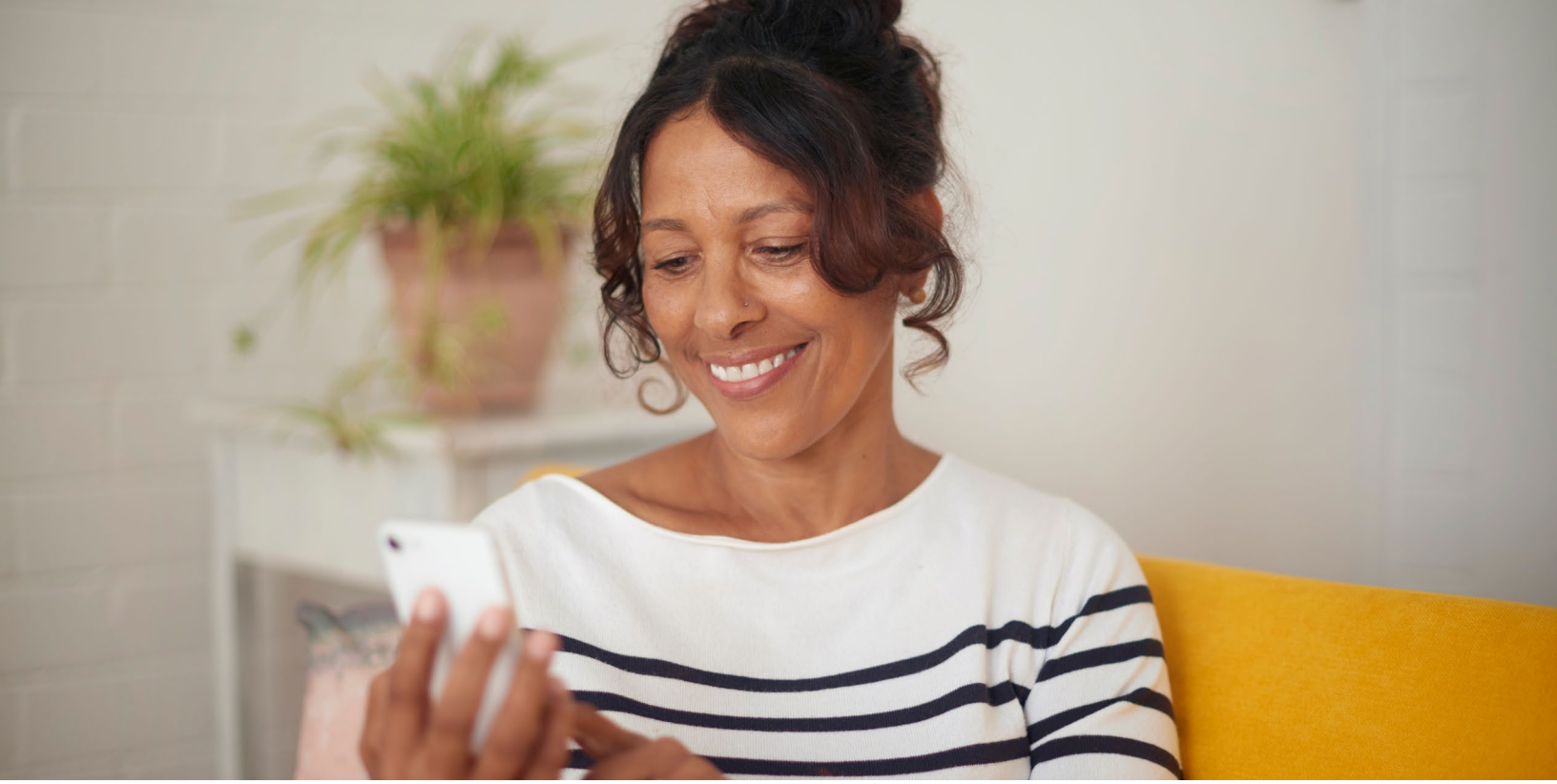
Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at **nj.gov/treasury/pensions**.

## 24/7 Nurse Line

For everyday health questions, or even a situation that might be more serious, access trusted information by calling the 24/7 Nurse Line at 1-888-624-3096.

Learn more at **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 DPC doctor from Everside 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.

## First Responders Program

If you are an eligible first responder, you and your covered family members can receive care at a First Responders Doctors Office (FRDOCS) with no cost share.

## 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.

# Connect to care, benefits and support anytime.

## With the Horizon Blue app, you can:

- 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.

HORIZON

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

Google play | Download on the App Store

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

# 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)**.

Horizon



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