

# January 1, 2021 Benefits Plan Comparison - Edison Township Public Schools

**Pre-Existing Conditions: Does not Apply with any plans due to the Affordable Care Act.**

Plan & Carrier Name	Horizon Direct Access (Design 8)		Horizon Direct Access EDU Plan Mandatory Benefit Plan for all New Employees hired as of 7/1/2020.	
Benefit Levels	In-Network	Out-of-Network	In-Network	Out-of-Network
*Network Deductible	None	\$125 per person/\$250 per family	None	\$350 per person/\$700 per family
Coinsurance	100%	80%	90%	70%
*Maximum Out-of-pocket	\$400 individual/\$800 family	\$2,000 individual/\$5,000 per family	\$500 per person/\$1,000 per family	\$2,000 per person/ \$5,000 per family
Lifetime Maximums	Unlimited		Unlimited	
Primary Care Office Visits	100% after \$10 copay (no referrals )	80% after deductible (no referrals)	100% after \$10 copay	70% after deductible
Specialist Office Visits	100% after \$15 copay (no referrals)	80% after deductible (no referrals)	100% after \$15 copay	70% after deductible
Maternity Visits	100% after \$15 copay (Copay applies to 1st visit only)	80% after deductible	100% after \$15 copay (Copay applies to 1st visit only)	70% after deductible
Routine Physicals (GYN and Well Child Exams, PAP, Mammograms, Prostate Cancer Screenings, Immunizations & Lead Screenings)	100%	80% no deductible	100%	70% after deductible
X-ray and Lab	100% in Office, Labcorp or Outpatient Facility	80% after deductible	100%	70% after deductible
Emergency Room	100% after \$50 facility copay (waived if admitted)		100% after \$125 facility copay(waived if admitted)	
Ambulance	90%	80% after deductible	90%	70% after deductible
Hospital & Surgery: <u>Inpatient</u>	100%	80% after deductible	100%	70% after deductible
Hospital & Surgery: <u>Outpatient</u>	100%	80% after deductible	100%	70% after deductible
Mental Health, Substance Abuse & Alcohol Abuse: Inpatient/Outpatient Department	100%	80% after deductible	100% after \$15 Copay	70% after deductible
Infertility Services (including in-vitro fertilization)	100% after \$15 copay		100% after \$15 Copayment (Outpatient)	70% after deductible
Home Health Care	100%	80% after deductible	100%	70% after deductible
Hospice	100%	80% after deductible	100% (Respite care max 10 days per 6 months)	70% after deductible
*Skilled Nursing Facility/Extended Care	100% up to 120 days (combined for both in & out of Network)	80% after deductible up to 60 days	100% (Up to 120 days per benefit period)	70% after deductible (60 visits max)
Diabetic Supplies & Durable Medical Equipment	90%	80% after deductible	90%	70% after deductible
Acupuncture	100%	80% after deductible	100% after \$15 Copay	Capped at \$60 per visit or 75% of in-network cost per visit.
Therapeutic Manipulations (Chiro)	100% after \$15 office copay	80% after deductible	100% after \$15 Copay	Capped at \$35 per visit or 75% of in-network cost per visit, whichever is less.
Limit	30 visits per benefit period		30 Visits per benefit period	
Short Term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$10 copay	80% after deductible	100% after \$15 Copay; \$52 Physical Therapy	70% after deductible -
Routine Eye Exams	100% after \$10 Copay	No Benefit	100% after \$15 Copayment (1 yr.)	Not Covered
Vision Hardware	Not covered		Not Covered	
Prescription Drug Coverage	ETEA Rx Plan: Retail: \$5 generics /\$15 Brand - Mail Order: \$10 generics/\$30 Brand Name for 90 day supply		Horizon Direct Access EDU Rx Plan: Retail: \$5 Generic/\$10 Brand Mail Order: \$10 Generic/\$20 Brand	Copay + amount above the Allowed Amount (Specialty drugs - not covered)
Prescription MOOP:	\$3,750 Individual/\$7,500 Family		\$1,600 Individual/ \$3,200 Family	Not Included in Out-of-Pocket Maximum

**\*Deductibles & Maximum Out of Pocket : Based on a calendar year**

**\*Skilled Nursing Facility:(In-network days accumulate toward the OON benefit period max & vice versa - combined benefit max is 120 days)**

The NJEHP Prescription Program has many restrictions including: Step Therapy, Mandatory Generics Program, Performance Preferred Medication Program as well as Mandatory Mail-Order for Specialty Medication and a Restrictive Closed Formulary.

Benefit comparison is for illustrative purposes. It is not a contract and some limitations and exclusions may apply. Please refer to benefit summaries/booklets for detailed information.