



LOCAL EDUCATION ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2021 HORIZON PLANS - MEDICAL COST SHARING

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN
Medical Cost Sharing			
Primary Care Copayment	\$10	\$15	\$10
Specialist Care Copayment	\$10	\$15	\$15
Emergency Room Copayment	\$25	\$50	\$125
In-Network Deductible			
In-Network Coinsurance	10% ¹	10% ¹	10% ¹
In-Network Coinsurance Maximum (Individual/Family)		\$400/\$1,000	
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$6,840/\$13,420	\$500/\$1,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$350/\$700
Out-of-Network Coinsurance ²	20%	30%	30% ³
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/ \$5,000	\$2,000/\$5,000
Out-of-Network In Patient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)
Out-of-Network Chiropractic Services	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit
Out-of-Network Acupuncture Services	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit
Out-of-Network Physical Therapy Services	75% of In-Network cost/visit	75% of In-Network cost/visit	75% of In-Network cost/visit

¹ On Select Services

² After Deductible

³ Out of Network Allowance is 200% of CMS Fee Schedule



**LOCAL EDUCATION ACTIVE GROUP
 MEDICAL PLAN DESIGN - PLAN YEAR 2021
 HORIZON PLANS - MEDICAL COST SHARING**

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN
Prescription Drug Copayments			
Retail: Generic Copayments	\$3	\$3	\$5
Retail: Preferred Brand Copayments	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	\$10	Member pays difference ⁴
Mail: Generic Copayments	\$5	\$5	\$10
Mail: Preferred Brand Copayments	\$15	\$15	\$20
Mail: Non-Preferred Brand Copayments	\$15	\$15	Member pays difference ⁴
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,710/\$3,420	\$1,710/\$3,420	\$1,600/\$3,200

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

⁴ You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions
This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.