

# ACTIVE SEHBP

## Comparison of the NJ Direct 10 to the NJ Direct Zero

	Horizon Direct 10 Aetna Freedom 10	Horizon Direct Zero Aetna PPO Zero
<b>IN-NETWORK</b>		
Deductible (Single/Family)	None	None
Coinsurance OOP Maximum (Single/Family)	None	None
Total In-Network OOP Maximum (Single/Family)	\$400/\$1,000	\$400/\$1,000
In-Network Coinsurance	10%	10%
Primary Care Physician	\$10 copay	\$0 copay
Specialist	\$10 copay	\$0 copay
Emergency Room	\$25 copay	\$50 copay
Inpatient Hospital	No charge	No charge

<b>OUT-OF-NETWORK</b>		
Deductible (Single/Family)	\$100/\$250	\$100/\$250
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000
Out-of-Network Coinsurance	20%	20%
Maximum provider reimbursement: Reasonable and customary (R&C)*	90th percentile of Fair Health	200% of Center of Medicare Services (CMS)

<b>PRESCRIPTION DRUG</b>		
OOP Maximum (Single/Family)	\$1,580/\$3,160	\$1,580/\$3,160
Retail-Generic	\$3	\$3
Retail- Preferred Brand	\$10	\$10
Retail- Non-Preferred Brand	\$10	Member pays the difference**
Mail- Generic	\$5	\$5
Mail- Preferred Brand	\$15	\$15
Mail- Non-Preferred Brand	\$15	Member pays the difference**

<b>NJ WELL</b>		
Subscriber Wellcare Incentive	\$250	\$500

	Horizon Direct 10 Aetna PPO 10	Horizon Direct Zero Aetna PPO Zero
<b>Medical Coverage Only</b>		
Single	\$11,589	\$9,280
Employee + Spouse	\$23,178	\$18,560
Family	\$33,145	\$26,540
Employee + Child(ren)	\$21,556	\$17,260
<b>Rx Card***</b>		
Single	\$2,280	\$2,080
Employee + Spouse	\$4,559	\$4,160
Family	\$6,519	\$5,950
Employee + Child(ren)	\$4,240	\$3,870
<b>Rx with Medical Coverage***</b>		
Single	\$13,253	\$10,944
Employee + Spouse	\$26,507	\$21,888
Family	\$37,905	\$31,299
Employee + Child(ren)	\$24,651	\$20,355

\* Typically, 200% of CMS can result in a much lower payment to a provider than 90% of Fair Health. This can result in a larger balance billing liability for the patient when utilizing out-of-network services. When a provider bills more than the R&C, the member is responsible for 100% of the difference between the billed amount and the R&C. (These services have a different R&C than 200% of CMS in the Freedom Zero and Direct Zero plans: Chiropractic: \$35 a visit, Acupuncture \$60 a visit or 75% of the in-network cost per visit, whichever is less, Physical therapy: in-network cost per visit.)

\*\* Prescription drug plan will move to Optum's Premium Formulary, which directs prescriptions to more cost-effective, clinically-equivalent medications. All non-preferred drugs (brand drugs with generic equivalents available), the plan will pay for the cost of the generic equivalent. Members who choose to fill the prescription for the brand name drug will be responsible for the difference in the cost of the medications.

\*\*\* Local education employers can select from the SEHBP's Prescription Drug Plan, receive prescription drug coverage through the SEHBP medical plan, or purchase their own prescription drug coverage plan. Copayments and Rx Card premiums shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans. To get the total premium add the Medical Coverage only premium with the Rx Card premium. If prescription drug coverage is through the medical plan, co-insurance is 10%, and the premium shown under Rx with Medical Coverage is the total premium for both medical and prescription drug coverage.