

# Horizon BCBS of NJ Side by Side Plan Comparison 7/1/2019-6/30/2020

Benefit	Horizon POS Design 8		Horizon POS Design 4		OMNIA 10 with BlueCard		Horizon MyWay HSA Direct Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network
Benefit Period	Calendar Year							
Deductible	\$0/\$0	\$100/\$250	\$500/\$1,000	\$3,000/\$6,000	\$0/\$0	\$1,500/\$3,000	\$1,500/\$3,000	
Coinsurance	100%	70%	90% <i>ALL PCP &amp; Pre-admission testing Covered 100%</i>	70% <i>ALL PCP &amp; Pre-admission testing Covered 100%</i>	100% <i>ALL PCP &amp; Pre-admission testing Covered 100%</i>		100% <i>ALL PCP &amp; Pre-admission testing Covered 100%</i>	70% <i>ALL PCP &amp; Pre-admission testing Covered 100%</i>
Maximum OOP	\$400/\$800	\$2,000/\$5,000	\$5,000/\$10,000	\$6,000/\$12,000	\$400/\$800	\$2,000/\$4,000	\$5,000/\$10,000	\$10,000/\$20,000
Primary Care	100% after \$5 Copay	70% after ded	100% after \$25 Copay	70% after ded	100% after \$5 Copay <i>PCP is general/family practitioner, internist or pediatrician</i>	100% after \$10 Copay <i>PCP is general/family practitioner, internist or pediatrician</i>	100% after ded <i>PCP is general/family practitioner, internist or pediatrician</i>	70% after ded <i>PCP is general/family practitioner, internist or pediatrician</i>
Specialist	100% after \$5 Copay <i>Referral required</i>	70% after ded <i>Referral required</i>	100% after \$35 Copay <i>Referral required</i>	70% after ded <i>Referral required</i>	100% after \$5 Copay <i>Referral not required</i>	100% after \$10 Copay <i>Referral not required</i>	100% after ded <i>Referral not required</i>	70% after ded <i>Referral not required</i>
Hospital Inpatient	100%	70% after ded & \$200 copay	90% after ded	70% after ded	100%	\$150 Copay per admission after ded <i>*Does not apply to hospice</i>	100% after ded	70% after ded
Emergency Room	100% after \$25 Copay		100% after \$100 facility Copay		100% after \$25 Copay (Copay waived if admitted) <i>Payment at in-network level across-the-board applies only to true Medical Emergencies &amp; Accidental Injuries</i>		100% after ded <i>Payment at in-network level across-the-board applies only to true Medical Emergencies &amp; Accidental Injuries</i>	
Outpatient Surgery	100%	70% after ded	90% after ded	70% after ded	100%	100% after ded	100% after ded	70% after ded
Prescription	Benecard: \$10/\$20 1x Mail Order No Deductible						CDHRx: \$10/\$25/\$5- 2x Mail Order after Medical Deductible	