



**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



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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.

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