

Egg Harbor Township Board of Education Current Horizon Plans vs Proposed Horizon Plans

	Direct Access 15		Direct Access Zero ¹	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$0	\$100	\$0	\$100
Family	\$0	\$250	\$0	\$250
Coinsurance	100%; 90% on select services	70%	100%; 90% on select services	80% Note 1
Annual Out of Pocket Maximum				
Individual	\$400	\$2,000	\$400	\$2,000
Family	\$800	\$5,000	\$800	\$5,000
Benefit Period/Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care/Specialist Copayment	\$15	70% after deductible	100%	80% after deductible
Alcohol/Substance Abuse (Inpatient)	100%	70% after deductible	100%	80% after deductible
Alcohol/Substance Abuse (Outpatient)	100%	70% after deductible	100%	80% after deductible
Ambulance Services	90%	70% after deductible	90%	80% after deductible
Ambulatory Surgery	100%	70% after deductible	100%	80% after deductible
Anesthesia	100%	70% after deductible	100%	80% after deductible
Chiropractic Service	100% after \$15 copay 30 visit max, combined In & Out-of-Network	70% after deductible	100%	80% after deductible
Diabetic Supplies	90%	70% after deductible	90%	80% after deductible
Diagnostic Laboratory	100%	70% after deductible	100%	80% after deductible
Diagnostic X-Ray	100%	70% after deductible	100%	80% after deductible
Durable Medical Equipment	90%	70% after deductible	90%	80% after deductible
Emergency Room	100% after \$50 copay	100% after \$50 copay	100% after \$25 copay	100% after \$25 copay
Home Health Care	100%	70% after deductible	100%	80% after deductible
Hospice Care	100%	70% after deductible	100%	80% after deductible
Inpatient Hospital Care	100%	70% after deductible	100%	80% after deductible
Infertility Treatment	100% after \$15 office copay Limited to 4 egg retrievals per lifetime	70% after deductible	100%	80% after deductible
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Physician Services	100%	70% after deductible	100%	80% after deductible
Maternity/Obstetrical Care	100% after \$15 copay for initial visit	70% after deductible	100%	80% after deductible
Mental or Nervous Condition Treatment (Inpatient)	100%	70% after deductible	100%	80% after deductible
Mental or Nervous Condition Treatment (Outpatient)	100%	70% after deductible	100%	80% after deductible
Physical Therapy and Occupational Therapy	100% after \$15 copay	70% after deductible	100%	80% after deductible
Pre-Admission Testing	100%	70% after deductible	100%	80% after deductible
Private Duty Nursing (Outpatient)	90%	70% after deductible	90%	80% after deductible
Skilled Nursing Facility	100% up 120 days/ calendar year Maximum 120 Days combined In and Out-of-Network	70% after deductible up to 60 days/calendar year	100% after deductible up 120 days/ calendar year Maximum 120 Days combined In and Out-of-Network	80% after deductible up to 60 days/calendar year
Speech Therapy	100% after \$15 copay	70% after deductible	100%	80% after deductible
Surgical Services	100%	70% after deductible	100%	80% after deductible
Vision Examination (routine exam limited to one/year)	100% after \$15 copay	No Coverage	100% after \$10 copay	\$40 allowance
Preventive Care:				
Routine Adult Physicals	100%	70% (no deductible)	100%	80% (no deductible)
Annual Routine Gynecological Exam (one per year)	100%	70% (no deductible)	100%	80% (no deductible)
Mammography	100%	70% (no deductible)	100%	80% (no deductible)
PAP Smears	100%	70% (no deductible)	100%	80% (no deductible)
Immunizations	100%	70% (no deductible)	100%	80% (no deductible)
Well-Child Care	100%	70% (no deductible)	100%	80% (no deductible)
Well-Child Care Immunizations	100%	70% (no deductible)	100%	80% (no deductible)
Child Dependent Termination Age	Children covered to end of year they reach age 26		Children covered to end of year they reach age 26	

¹ - Out of network allowance is 200% of Medicare. Out of Network is specifically, outside of Horizon BCBS Network, not outside of the area.

*Comparison is for illustrative purposes only. Written plan document supersedes any errors on this illustration.