Little Egg Harbor Township - Side By Side All Plans Benefit Comparison

	NEW Horizon Direct Access $25 - $50 (Design 3)		What you will pay if enrolled in the NEW Horizon Direct Access $25 - $50 with The Difference Card HRA		Horizon Direct Access $10 (Design 8)		Horizon OMNIA 10 (with BlueCard)	
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**TIER 1**	**TIER 2 (includes BlueCard Network)**
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Deductible								
Individual	$2,500	$5,000	$0	$0	None	$100	None	$1,500
Family	$5,000	$10,000	$0	$0	None	$250	None	$3,000
Coinsurance	20%	40%	0%	0%	100%	30%	100%	100%
Maximum Out of Pocket								
Individual	$5,000	$10,000	$0	$0	$400	$2,000	$400	$2,000
Family	$10,000	$20,000	$0	$0	$800	$5,000	$800	$4,000
Doctor's Office Visits								
Primary Care Office Visit	100% after $25 copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Specialist Office Visit	100% after $50 copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Maternity Visits	100% after $50 copay Copay applies to 1st visit only	40% after deductible	$0 Copay applies to 1st visit only	0%	100% after $10 copay Copay applies to 1st visit only	30% after deductible	100% after $5 copay Copay applies to 1st visit only	100% after $10 copay Copay applies to 1st visit only
Allergy Testing and Treatment (office)	100%	40% after deductible	100%	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Preventive Care								
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations	100%	40% no deductible	100%	0%	100%	30% (no deductible)	100%	100%
Well Child Exams (through age 19)	100%	40% no deductible	100%	0%	100%	30% (no deductible)	100%	100%
Well Child Immunizations & Lead Screen	100%	40% no deductible	100%	0%	100%	30% (no deductible)	100%	100%
Diagnostic Procedures								
Laboratory	100% in office or LabCorp 20% after deductible in outpatient facility	40% after deductible	100% in office or LabCorp 0% in outpatient facility	0%	100% in office setting or LabCorp 100% in outpatient facility	30% after deductible	100% in office setting or LabCorp 100% in outpatient facility	100% in office setting or LabCorp 100% in outpatient facility
Outpatient X-ray/Radiology Services*	100% in office 20% after deductible in outpatient facility	40% after deductible	100% in office 0% in outpatient facility	0%	100% in office setting 100% in outpatient facility	30% after deductible	100% in office setting 100% in outpatient facility	100% in office setting 100% in outpatient facility
Hospital Care								
Inpatient Admission (including maternity)	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible and $200 copay	100%	$150 copay per admission after deductible
Room and Board	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Pre-admission Testing	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Surgery in Hospital	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Inpatient Physician Services	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Outpatient Department Services	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Emergency Care								
Emergency Room	20% after $50 facility copay		$0		100% after $25 facility copay (copay waived if admitted)		100% after $25 facility copay (copay waived if admitted)	
Ambulance	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100%
Outpatient Surgery								
Hospital Outpatient Surgery	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Surgery in an Ambulatory SurgiCenter	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible

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BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**TIER 1**	**TIER 2 (includes BlueCard Network)**
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Mental Health Services								
Inpatient	20% after deductible	40% after deductible	0%	0%	100%	30% after ded. & $200 copay	100%	$150 copay per admission after deductible
Outpatient	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Office setting	100% after $50 copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Alcohol/Substance Abuse Services								
Inpatient	20% after deductible	40% after deductible	0%	0%	100%	30% after ded. & $200 copay	100%	$150 copay per admission after deductible
Outpatient	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Office setting	100% after $50 copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Other Services								
Bariatric Surgery	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	$150 copay per admission after deductible
Diabetic Education	100% after office copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Diabetic Supplies	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100%
Durable Medical Equipment	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100%
Orthotics and Prosthetics (NJ Mandate)	100% after office copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Home Health Care	20% after deductible	40% after deductible (100 visits)	0%	0% (100 visits)	100%	30% after deductible	100%	100%
Hospice Care	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100%
Infertility (including in-vitro fertilization)	100% after office copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Private Duty Nursing	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	100% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after office copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay 30 visit maximum per therapy, per benefit period	100% after $10 copay
Skilled Nursing Facility/Extended Care Center	20% after deductible 120 days per benefit period	40% after deductible 60 days per benefit period	0% 120 days per benefit period	0% 60 days per benefit period	100% 120 days maximum	30% after deductible 60 days maximum	100% Limited to 100 days per benefit period	$150 copay per admission after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after office copay 30 visit maximum per benefit period	40% after deductible	$0 30 visit maximum per benefit period	0%	100% after $10 copay 30 visit maximum per benefit period	30% after deductible	100% after $5 copay 25 visit maximum per benefit period	100% after $10 copay
Routine Vision Care (Exam Only)	100% after $50 copay	40% after deductible	$0	0%	100% after $10 copay	30% after deductible	100% after $5 copay	100% after $10 copay
Prescription Drugs								
Retail (up to 30-day supply) Generic Brand-Name Mail Order (up to 90-day supply) Generic Brand-Name	Retail (up to 30-day supply): Generic - $3 copay Brand Name - $25 copay Mail Order (up to 90-day supply): Generic - $3 copay Brand Name - $25 copay		Retail (up to 30-day supply): Generic - $0 copay Brand Name - $0 copay Mail Order (up to 90-day supply): Generic - $0 copay Brand Name - $0 copay		Retail (up to 30-day supply): Generic - $3 copay Brand Name - $10 copay Mail Order (up to 90-day supply): Generic - $5 copay Brand Name - $15 copay		Retail (up to 30-day supply): Generic - $3 copay Brand Name - $10 copay Mail Order (up to 90-day supply): Generic - $5 copay Brand Name - $15 copay	
Eligibility	Dependent children, including full-time students, are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.							