

NJ State Health Benefits Program (SHBP) State and State College/University Employees



HorizonBlue.com/shbp 1-800-414-7427







YOUR BEST HEALTH COVERED BY BLUE

As New Jersey's #1 health insurer,¹ Horizon uses its unmatched strength and expertise to make the health care experience better. For more than 90 years, we have worked to improve health care quality and affordability, giving New Jersey residents peace of mind so they can achieve their best health. We guide members to ensure that everyone has access to the right health care, and we provide easy-to-use tools to make managing health benefits even more convenient.



We're ranked #1 in Member Satisfaction among Commercial Health Plans in New Jersey.

1. NAIC Market Share Report, published 2023

Health and wellness for mind and body.

Education Resources

Get tips for healthier living with our wide range of online health education topics.

Pregnancy Resources

PRECIOUS ADDITIONS® offers personalized support and interactive resources during pregnancy and beyond – including My Pregnancy Assistant, an online tool powered by WebMD®.

Health Management Tools

Manage your health and track your progress securely and confidentially with the digital coaching and customized tools of *MyHealth Manager*, powered by WebMD.

Horizon*b*Fit^s™

Eligible SHBP members may receive a \$20 reward¹ for every month they visit a fitness facility, walk 10,000+ steps or complete certain workouts for at least 12 days a month.

Wellness Discounts

With Blue365[®], get weekly email deals from top retailers, including gym memberships, nutrition programs, glasses, contacts and more.

Walgreens Discount²

SHBP members are eligible for 30% off Walgreensbranded health and wellness products every time they shop in store, online or through the Walgreens app. Eligible members can also get select preventive screenings sent to their home. HorizonBlue.com/walgreens

1. Rewards are taxable.

2. Exclusions and limitations apply. For more information, please visit the associated website links above.



Achieve your best health and earn rewards.

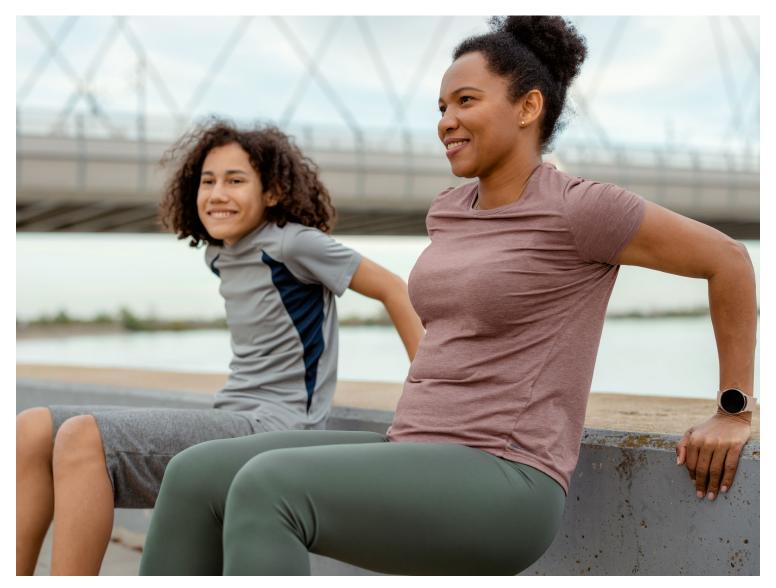
The NJWELL program is a great way to make meaningful changes to your wellness habits with program enhancements for eligible members and their covered spouse/partner. NJWELL can help you achieve holistic well-being, including:

- Physical fitness
- Emotional balance
- Preventive care
- Social connection
- Financial security

Learn more about NJWELL at <u>HorizonBlue.com/shbp/njwell</u> or visit the NJ Division of Pensions and Benefits website at <u>nj.gov/treasury/pensions</u>.



You can earn \$250 or more in rewards* each wellness year (November 1 to October 31). *Rewards are taxable.



Our best coverage, for your best you.

OMNIAsm Health Plan

In addition to having some of our best benefits, our OMNIA Health Plan option gives you the flexibility to choose from one of the largest networks in New Jersey and parts of Pennsylvania and Delaware.* You also have worldwide access to more than 2 million providers in our BlueCard[®] PPO program.

To save even more, choose OMNIA Tier 1 doctors and some of the state's leading hospitals for lower copayments, lower out-of-pocket costs and no deductibles – all with no referrals and no need to choose a Primary Care Physician (PCP).

*Based on Horizon provider network data as of 6/24 and subject to change.

PPO Plans

All of our PPO plans include:

- Care in network or out of network in New Jersey, nationwide and abroad
- No need to select a PCP
- No referrals necessary to see a specialist
- Lower out-of-pocket costs when using the Horizon Managed Care Network or the BlueCard PPO Network nationwide and Blue Cross Blue Shield Global® Core abroad

High Deductible PPO Plans

NJ DIRECT High Deductible Health Plans (HDHPs) combine a high deductible health plan with a health savings account (HSA). Eligible preventive services are covered at 100% if in network and do not have a deductible. You are responsible for eligible medical and prescription expenses, up to the deductible.

HMO Plans

With our HMO plans, you have access to health care professionals and facilities in the Horizon Managed Care Network in New Jersey and parts of New York, Pennsylvania and Delaware. You select a licensed PCP from the Horizon Managed Care Network and your PCP will refer you to specialty care when needed. In addition, the Away From Home Care Program[®] is available to eligible HMO members who are outside the State of New Jersey, like students living away from home, long-term travelers and families living apart.

Active employees: Calculate your estimated premium contribution at <u>HorizonBlue.com/shbp</u>.



Plans for CWA and Union Negotiated Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

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Physical/Occupational/speech Therapy* S20 office visit/S20 outpatient facility 20% after deductible at an outpatient facility DIAGNOSTIC LABORATORY!/RADIOLOGY/ADVANCED IMAGING 20% after deductible Outpatient Laboratory/Radiology/Advanced Imaging \$20 20% after deductible Freestanding Laboratory/Radiology/Advanced Imaging \$0 \$0 EMERGENCY/URGENT MEDICAL SERVICES V Urgent Care Center \$35 \$50 Emergency Room \$100 \$100 Ambulance \$0 \$0 OHTER SERVICES V Inpatient Facility \$150 per admission* 20% after deductible Outpatient Facility \$150 per admission* \$35 office visit/ 20% after deduc	Chiropractic ⁵	\$20			
Outpatient Laboratory/Radiology/Advanced Imaging\$2020% after deductibleFreestanding Laboratory/Radiology/Advanced Imaging\$0\$0EMERGENCY/URGENT MEDICAL SERVICESVUrgent Care Center\$35\$50Emergency Room\$100\$100Ambulance\$0\$0OTHER SERVICESVInpatient Facility\$150 per admission ⁹ 20% after deductibleOutpatient Facility\$150 per admission ⁹ 20% after deductibleOutpatient Facility\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurbate Medical Equipment (DME)\$0\$0Deductible - Individual\$0\$0Deductible - Individual\$0\$0Out-of-Pocket Coinsurance Maximum - Individual\$0\$0Out-of-Pocket Coinsurance Maximum - Family\$0\$0	Physical/Occupational/Speech Therapy ⁶	\$20 office visit/\$20 outpatient facility			
Freestanding Laboratory/Radiology/Advanced Imaging \$0 \$0 EMERGENCY/URGENT MEDICAL SERVICES \$35 \$50 Urgent Care Center \$100 \$100 Emergency Room \$0 \$0 Ambulance \$0 \$0 OTHER SERVICES \$0 \$0 Inpatient Facility \$150 per admission ° \$0% after deductible Outpatient Facility \$150 per admission ° \$0% after deductible Outpatient Behavioral Health \$100 \$0% after deductible at an outpatient facility Durable Medical Equipment (DME) \$0 \$0 Deductible - Individual \$0 \$0 Deductible - Family \$0 \$0 Coinsurance After Deductible \$0 \$0 Autoritible \$0 \$0 Autoritible \$0 \$0 Durdor-Procket Coinsurance Maximum - Individual \$0 Out-of-Pocket Coinsurance Maximum - Family \$0	DIAGNOSTIC LABORATORY7/RADIOLOGY/ADVANCED IMAGING				
EMERGENCY/URGENT MEDICAL SERVICES S0 Urgent Care Center \$35 Emergency Room \$100 Ambulance \$0 OTHER SERVICES \$0 Inpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Behavioral Health \$20 \$35 office visit/ 20% after deductible at an outpatient facility Durable Medical Equipment (DME) \$0 \$0 OUT-OF-NETWORK (OON) ¹⁰ Peductible - Individual Deductible - Individual Peductible No out-of-network benefits Out-of-Pocket Coinsurance Maximum - Individual Peductible No out-of-network benefits Out-of-Pocket Coinsurance Maximum - Family Peductible Peductible	Outpatient Laboratory/Radiology/Advanced Imaging	\$20	20% after deductible		
Urgent Care Center\$35\$50Emergency Room\$100\$100Ambulance\$0\$0OTHER SERVICESImpatient Facility\$150 per admission°20% after deductibleOutpatient Facility\$150 per admission°20% after deductibleOutpatient Behavioral Health\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurable Medical Equipment (DME)\$0\$0Durtof-NETWORK (OON) ¹⁰ Impatient FamilyImpatient FamilyDeductible - IndividualSouto-of-network benefitsNo out-of-network benefitsOut-of-Pocket Coinsurance Maximum - IndividualSouto-of-network benefitsNo out-of-network benefits	Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0		
Emergency Room \$100 \$100 Ambulance \$0 \$0 OTHER SERVICES \$150 per admission \$20% after deductible Inpatient Facility \$150 per admission \$20% after deductible Outpatient Facility \$150 per admission \$20% after deductible S150 Per admission \$20% after deductible Outpatient Behavioral Health \$20 Durable Medical Equipment (DME) \$20 OUTPOF-NETWORK (OON)* Deductible - Individual Deductible - Individual Deductible - Family Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	EMERGENCY/URGENT MEDICAL SERVICES				
Ambulance\$0\$0OTHER SERVICESImpatient Facility\$150 per admission?20% after deductibleInpatient Facility\$150 per admission?20% after deductibleOutpatient Facility\$15020% after deductibleOutpatient Behavioral Health\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurable Medical Equipment (DME)\$0\$0OUTOF-NETWORK (OON)10Impatient Facility\$0Deductible - IndividualImpatient Facility\$0Deductible - FamilyImpatient Facility\$0Coinsurance after DeductibleNo out-of-network benefitsOut-of-Pocket Coinsurance Maximum - IndividualImpatient FacilityOut-of-Pocket Coinsurance Maximum - FamilyImpatient Facility	Urgent Care Center	\$35	\$50		
OTHER SERVICES Impatient Facility S150 per admission ⁹ 20% after deductible Outpatient Facility \$150 per admission ⁹ 20% after deductible Outpatient Facility \$150 20% after deductible Outpatient Behavioral Health \$20 \$35 office visit/ 20% after deductible at an outpatient facility Durable Medical Equipment (DME) \$0 \$0 OUT-OF-NETWORK (OON) ¹⁰ Impatient Pacility Deductible - Individual Impatient Pacility Deductible - Individual Impatient Pacility Out-of-Pocket Coinsurance Maximum - Individual Impatient Pacility Out-of-Pocket Coinsurance Maximum - Family Impatient Pacility	Emergency Room	\$100	\$100		
Inpatient Facility \$150 per admission ° 20% after deductible Outpatient Facility \$150 20% after deductible Outpatient Behavioral Health \$20 \$35 office visit/ 20% after deductible at an outpatient facility 20% after deductible 20%	Ambulance	\$0	\$0		
Outpatient Facility\$15020% after deductibleOutpatient Behavioral Health\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurable Medical Equipment (DME)\$0\$0OUTOF-NETWORK (OON)10Image: Comparison of the second sec	OTHER SERVICES				
Outpatient Behavioral Health\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurable Medical Equipment (DME)\$0\$0OUT-OF-NETWORK (OON)10Image: Constraint of the second seco	Inpatient Facility	\$150 per admission ⁹	20% after deductible		
Outpatient Behavioral Health\$20\$35 office visit/ 20% after deductible at an outpatient facilityDurable Medical Equipment (DME)\$0\$0OUT-OF-NETWORK (OON)10Image: Constraint of the second seco	Outpatient Facility		20% after deductible		
OUT-OF-NETWORK (OON) ¹⁰ Deductible - Individual Deductible - Individual Deductible - Family Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	Outpatient Behavioral Health	\$20			
Deductible - Individual Deductible - Family Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	Durable Medical Equipment (DME)	\$0	\$0		
Deductible - Family Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	OUT-OF-NETWORK (OON) ¹⁰				
Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	Deductible - Individual				
Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	Deductible - Family				
Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family	Coinsurance after Deductible				
	Out-of-Pocket Coinsurance Maximum - Individual	No out-of-network benefits			
	Out-of-Pocket Coinsurance Maximum - Family				
Inpatient Hospital Deductible	Inpatient Hospital Deductible				

High Deductible Health Plan. NJ DIRECT HDLow plan includes \$300 Health Savings Account funding by employer.
 Deductible applies to all services that require a coinsurance.
 Includes eligible prescription cost share.

Includes eligible prescription cost share.
 On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).
 Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.
 Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visit combined maximum per calendar year.
 Chaboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.
 Lower copayment applies to children under 19 and physician referrals.
 \$\$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

Plans for CWA and Union Negotiated Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (7427)	PPO	High Deductible PPO Plan	
	CWA UNITY DIRECT NJ DIRECT (employees hired prior to 7/1/19)	CWA UNITY DIRECT2019 NJ DIRECT2019 (new hires on or after 7/1/19)	NJ DIRECT HDLow ¹
IN-NETWORK (IN)			
Service Area Available	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required
	No relentarrequired	No relentarrequired	Notelenarequired
Individual	\$0	\$100	\$1,650 ³
Family	\$0	Not applicable	\$3,300 ³
Coinsurance	\$0 10%⁴	10% after deductible ⁴	20% after deductible ³
Coinsurance Coinsurance Out-of-Pocket Maximum	1078		
Individual	\$800	\$800	\$1,000
	\$2,000	\$2,000	\$2,000
Family Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)	φ2,000	\$2,000	\$2,000
Individual	\$7,360	\$7,360	\$2,650 ³
Family	\$14,720	\$7,300 \$14,720	\$2,850° \$5,300°
HEALTH CARE SERVICES	ψ1 4 ,/20	ψι τ ι/20	φο _τ ούυ
Primary Care Office Visit	\$15	\$15	20% after deductible
Annual Routine Physical (In-Network Only)	\$0	\$15	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0 \$0	Not available
-	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS) Horizon CareOnline® (Telemedicine)			
Specialist Office Visit	Cost share may apply \$30	Cost share may apply \$30	Cost share may apply 20% after deductible
Annual Routine Vision (In-Network Only)	\$30	\$30	20% after deductible
Chiropractic ⁵	\$30	\$30	20% after deductible
Chiropractic	\$ 30	\$ 30	
Physical/Occupational/Speech Therapy ⁶	\$30	\$30	20% after deductible
DIAGNOSTIC LABORATORY ⁷ /RADIOLOGY/ADVANCED IMAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	\$0	\$0	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	20% after deductible
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	\$45	\$45	20% after deductible
Emergency Room	\$150 ⁸	\$150 ⁸	20% after deductible
Ambulance	10%	10% after deductible	20% after deductible
OTHER SERVICES			
npatient Facility	\$0	\$0	20% after deductible
Outpatient Facility	\$0	\$0	20% after deductible
Outpatient Behavioral Health	\$30	\$30	20% after deductible
Durable Medical Equipment (DME)	10%	10% after deductible	20% after deductible
OUT-OF-NETWORK (OON) ¹⁰			
Deductible - Individual	\$400	\$400	See in-network deductible ¹¹
Deductible - Family	\$1,000	\$1,000	See in-network deductible ¹¹
Coinsurance after Deductible	30%	30%	40%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$3,650
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$7,300
Inpatient Hospital Deductible	\$500/stay	\$500/stay	Not applicable

10. Out-of-network cost basis: CWA Unity DIRECT, CWA Unity DIRECT2019, NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. NJ DIRECT HD plans: 90th percentile of FAIR Health national benchmark. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

11. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit <u>nj.gov/treasury/pensions/member-guidebooks.shtml</u> for more information. You can reference <u>HorizonBlue.com/shbp</u> to determine your premium contribution.

Horizon Dental Choice plan available. Please visit <u>HorizonBlue.com/shbp</u>.

Retirees: Please visit **nj.gov/treasury/pensions** for information regarding available retiree plans.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Plans for CWA and Union Negotiated Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (7427)	High Deductible PPO Plan	HMO Plan	
	NJ DIRECT HDHigh	HORIZON HMO	
IN-NETWORK (IN)			
Service Area Available	Nationwide	NJ and contiguous counties	
Specialist Referral	No referral required	Referral required	
Deductible ²			
Individual	\$4,150 ³	See DME	
Family	\$8,300 ³	See DME	
Coinsurance	20% after deductible ³	0%	
Coinsurance Out-of-Pocket Maximum			
Individual	\$1,000	Not applicable	
Family	\$2,000	Not applicable	
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)			
Individual	\$5,150 ³	\$7,360	
Family	\$10,300 ³	\$14,720	
HEALTH CARE SERVICES			
Primary Care Office Visit	20% after deductible	\$15	
Annual Routine Physical (In-Network Only)	\$0	\$0	
Direct Primary Care (DPC) Doctors Office	Not available	Not available	
First Responders Doctors Office (FRDOCS)	\$0	\$0	
Horizon CareOnline [®] (Telemedicine)	Cost share may apply	Cost share may apply	
Specialist Office Visit	20% after deductible	\$30	
Annual Routine Vision (In-Network Only)	20% after deductible	\$30	
Chiropractic⁵	20% after deductible	\$30	
Physical/Occupational/Speech Therapy ⁶	20% after deductible	\$30	
DIAGNOSTIC LABORATORY7/RADIOLOGY/ADVANCED IMAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	20% after deductible	\$0	
Freestanding Laboratory/Radiology/Advanced Imaging	20% after deductible	\$0	
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	20% after deductible	\$45	
Emergency Room	20% after deductible	\$100 ⁸	
Ambulance	20% after deductible	\$0	
OTHER SERVICES			
Inpatient Facility	20% after deductible	\$0	
Outpatient Facility	20% after deductible	\$0	
Outpatient Behavioral Health	20% after deductible	\$30	
Durable Medical Equipment (DME)	20% after deductible	\$100 deductible, then covered in full	
OUT-OF-NETWORK (OON) ¹⁰			
Deductible - Individual	See in-network deductible ¹¹		
Deductible - Family	See in-network deductible ¹¹		
Coinsurance after Deductible	40%	No out-of-network benefits	
Out-of-Pocket Coinsurance Maximum - Individual	\$6,150		
Out-of-Pocket Coinsurance Maximum - Family	\$12,300		
Inpatient Hospital Deductible	Not applicable		

Plans for All Other State Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (7427)	OMNIA Tiere	ed Network Plan	PPO F	lans
	OMNIA HEALTH PLAN		NJ DIRECT (employees hired prior to 7/1/19)	NJ DIRECT2019 (new hires on or after 7/1/19)
	Tier 1	Tier 2		
IN-NETWORK (IN)				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ²				
Individual	\$0	\$1,500	\$0	\$100
Family	\$0	\$3,000	\$0	Not applicable
Coinsurance	0%	20% after deductible	10% ³	10% after deductible ⁴
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	Not applicable	\$800	\$800
Family	Not applicable	Not applicable	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsura	ance)			
Individual	\$2,500	\$4,500	\$7,360	\$7,360
Family	\$5,000	\$9,000	\$14,720	\$14,720
HEALTH CARE SERVICES				
Primary Care Office Visit	\$5	\$20	\$15	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0	\$0
Horizon CareOnline [®] (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$20	\$35	\$30	\$30
, Annual Routine Vision (In-Network Only)	\$20	\$35	\$30	\$30
Chiropractic ⁶	\$20	\$35	\$30	\$30
· Physical/Occupational/Speech Therapy ⁷	\$20 office visit/ \$20 outpatient facility	\$35 office visit/ 20% after deductible at an outpatient facility	\$30	\$30
DIAGNOSTIC LABORATORY ⁸ /RADIOLOGY/ADVANCED I	MAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	\$20	20% after deductible	\$0	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$35	\$50	\$45	\$45
Emergency Room	\$100	\$100	\$150°	\$150 [°]
Ambulance	\$0	\$0	10%	10% after deductible
OTHER SERVICES				
Inpatient Facility	\$150 per admission ¹⁰	20% after deductible	\$0	\$0
Outpatient Facility	\$150	20% after deductible	\$0	\$0
Outpatient Behavioral Health	\$20	\$35 office visit/ 20% after deductible at an outpatient facility	\$30	\$30
Durable Medical Equipment (DME)	\$0	\$0	10%	10% after deductible
OUT-OF-NETWORK (OON) ¹¹				
Deductible - Individual			\$400	\$400
Deductible - Family	No out-of-network benefits		\$1,000	\$1,000
Coinsurance after Deductible			30%	30%
Out-of-Pocket Coinsurance Maximum - Individual			\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family			\$5,000	\$5,000

High Deductible Health Plan. NJ DIRECT HDLow plan includes \$300 Health Savings Account funding by employer.
 Deductible applies to all services that require a coinsurance.

3. Includes eligible prescription cost share.

4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

4. Un select services (durable medical equipment, prostnetics, ornotics, oxygen, private duty hursing, ambulance).
5. Under age 26.
6. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.
7. Physical, occupational and speech therapy: OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. All other plans based on medical necessity.
8. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.
9. Lower copayment applies to children under 19 and physician referrals.

Plans for All Other State Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (74	27)	PPO Plans			
	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030		
IN-NETWORK (IN)					
Service Area Available	Nationwide	Nationwide	Nationwide		
Specialist Referral	No referral required	No referral required	No referral required		
Deductible ²					
Individual	\$0	\$0	\$0		
Family	\$0	\$0	\$0		
Coinsurance	10%4	10%4	10%4		
Coinsurance Out-of-Pocket Maximum					
Individual	\$400	\$400	\$800		
Family	\$1,000	\$1,000	\$2,000		
Total Out-of-Pocket Maximum (Copay+Deductible+Coi	nsurance)				
Individual	\$7,360	\$7,360	\$7,360		
Family	\$14,720	\$14,720	\$14,720		
HEALTH CARE SERVICES					
Primary Care Office Visit	\$15	\$15	\$20		
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0		
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0		
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0		
Horizon CareOnline [®] (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply		
Specialist Office Visit	\$15	\$25	\$30/adult, \$20/child⁵		
Annual Routine Vision (In-Network Only)	\$15	\$25	\$30/adult, \$20/child⁵		
Chiropractic⁵	\$15	\$25	\$30/adult, \$20/child⁵		
Physical/Occupational/Speech Therapy ⁷	\$15	\$25	\$30/adult, \$20/child⁵		
DIAGNOSTIC LABORATORY [®] /RADIOLOGY/ADVANC	CED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0		
Freestanding Laboratory/Radiology/Advanced Imaging	g \$0	\$0	\$0		
EMERGENCY/URGENT MEDICAL SERVICES					
Urgent Care Center	\$15	\$25	\$30/adult, \$20/child⁵		
Emergency Room	\$100°	\$100°	\$125		
Ambulance	10%	10%	10%		
OTHER SERVICES					
Inpatient Facility	\$0	\$0	\$0		
Outpatient Facility	\$0	\$0	\$0		
Outpatient Behavioral Health	\$15	\$25	\$30/adult, \$20/child⁵		
Durable Medical Equipment (DME)	10%	10%	10%		
OUT-OF-NETWORK (OON)11					
Deductible - Individual	\$100	\$100	\$200		
Deductible - Family	\$250	\$250	\$500		
Coinsurance after Deductible	30%	30%	30%		
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$5,000		
	\$2,000 \$5,000	\$2,000 \$5,000	\$5,000 \$12,500		

10. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

11. Out-of-network cost basis: NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. 90th percentile of FAIR Health national benchmark for all other health plans with an out-of-network benefit. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

12. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit <u>nj.gov/treasury/pensions/member-guidebooks.shtml</u> for more information. Horizon Dental Choice plan available. Please visit <u>HorizonBlue.com/shbp</u>.

Retirees: Please visit **nj.gov/treasury/pensions** for information regarding available retiree plans. This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Plans for All Other State Members

Plans effective 1/1/2025 (effective 12/28/2024 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (742	⁷⁾ PPO Plan	High Deductible PPO Plans		HMO Plan
	NJ DIRECT2035	NJ DIRECT HDLow ¹	NJ DIRECT HDHigh	HORIZON HMO
IN-NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	No referral required	No referral required	Referral required
Deductible ²		1		
Individual	\$200	\$1,650 ³	\$4,150 ³	See DME
Family	\$500	\$3,300 ³	\$8,300 ³	See DME
Coinsurance	20% after deductible	20% after deductible ³	20% after deductible ³	0%
Coinsurance Out-of-Pocket Maximum				
Individual	\$2,000	\$1,000	\$1,000	Not applicable
Family	\$5,000	\$2,000	\$2,000	Not applicable
Total Out-of-Pocket Maximum (Copay+Deductible+Coins				
Individual	\$7,360	\$2,650 ³	\$5,150 ³	\$7,360
Family	\$14,720	\$5,300 ³	\$10,300 ³	\$14,720
HEALTH CARE SERVICES				
Primary Care Office Visit	\$20	20% after deductible	20% after deductible	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	Not available	Not available	Not available
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0	\$0
Horizon CareOnline [®] (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$35	20% after deductible	20% after deductible	\$30
Annual Routine Vision (In-Network Only)	\$35	20% after deductible	20% after deductible	\$30
Chiropractic⁵	\$35	20% after deductible	20% after deductible	\$30
Physical/Occupational/Speech Therapy ⁷	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$30
DIAGNOSTIC LABORATORY ⁸ /RADIOLOGY/ADVANCE	D IMAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$35	20% after deductible	20% after deductible	\$45
Emergency Room	\$300	20% after deductible	20% after deductible	\$100°
Ambulance	20% after deductible	20% after deductible	20% after deductible	\$0
OTHER SERVICES				
Inpatient Facility	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Facility	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Behavioral Health	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$30
Durable Medical Equipment (DME)	20% after deductible	20% after deductible	20% after deductible	\$100 deductible, then covered in full
OUT-OF-NETWORK (OON) ¹¹				
Deductible - Individual	\$800	See in-network deductible ¹²	See in-network deductible ¹²	
Deductible - Family	\$2,000	See in-network deductible ¹²	See in-network deductible ¹²	
Coinsurance after Deductible	40%	40%	40%	No out-of-network
Out-of-Pocket Coinsurance Maximum - Individual	\$6,500	\$3,650	\$6,150	benefits
Out-of-Pocket Coinsurance Maximum - Family	\$13,000	\$7,300	\$12,300	
Inpatient Hospital Deductible	\$600/stay	Not applicable	Not applicable	

With Horizon health plans, we've got you covered.

Well Care and Preventive Care

Services such as an annual physical and gynecological exam, well baby/child medical care, immunizations and an annual vision exam are covered when using a participating doctor.

Behavioral Health and Substance Use Disorder

We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caregivers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available.

Horizon MindCareSM

This secure online behavioral health platform offers personalized behavioral health and resilience information, well-being assessments, tools and resources. Plus, it can match you to reliable in-network providers, facilities and virtual health solutions.

In-Network Laboratories

Our members have access to in-network lab services. You can use Quest Diagnostics[™] (Quest) or LabCorp for blood tests and other lab services. Our networks also include a number of other participating labs that provide specialized lab services.

Prescription Drug Coverage

Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at <u>nj.gov/treasury/pensions</u>.

24/7 Nurse Line*

For everyday health questions, or even a situation that might be more serious, access trusted information by calling the 24/7 Nurse Line at 1-888-800-3609.

*Nurse programs are for informational purposes only. Nurse Line health care professionals cannot provide a diagnosis or recommend specific treatment, and they are not a substitute for a doctor's care. Services are not insurance programs and may be discontinued at any time. In an emergency, go to the nearest hospital or doctor or call 911.



Learn more at HorizonBlue.com/shbp



Making good health care more convenient.

Direct Primary Care (DPC)

Eligible members get unlimited access to personalized care with no copays. Simply choose a DPC doctor from Marathon Health for you and your covered dependents.

If you are eligible for NJWELL, your DPC provider will credit a well visit and follow-up office visit as a completed health screening.

First Responders Program

If you are an eligible first responder, you and your covered family members can receive care at a First Responders Doctors Office (FRDOCS) with no cost share.

Retail Health Clinics

These clinics treat common health issues such as colds or seasonal allergies.

- On-site board-certified nurse practitioners can diagnose and treat conditions and prescribe medications.
- Sites include MinuteClinics[®] at select CVS/pharmacy[®] locations.

Telemedicine

Telemedicine is for eligible members through the Horizon Blue app or by signing in to <u>HorizonBlue.com/shbp</u>. And depending on your doctor's preferences, you can also use telemedicine via video or phone.

Immunizations

Getting vaccinated is more convenient with more participating pharmacies – view our list at HorizonBlue.com/shbpflu.

- Vaccines these pharmacies administer include flu, COVID-19, shingles, hepatitis A and B, pneumococcal and human papillomavirus (HPV).
- Medical claims are automatically submitted for you.

Urgent Care Centers

Urgent care centers provide immediate medical care as an alternative to visiting the Emergency Room (ER). They treat wounds, sprains and other conditions that need immediate attention, but are not life-threatening.

- HMO members require a referral to go to a Horizon urgent care center.
- All members are responsible for applicable copayments/coinsurance.
- Routine office visits are not covered at urgent care centers.

Connect to care, benefits and support anytime.

With the Horizon Blue app, you can:

- View and print member ID Cards
- Submit a medical claim
- Get quick claim status updates
- Video chat with doctors
- Locate in-network doctors

Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at **1-888-777-5075** weekdays from 7 a.m. to 6 p.m., ET.



Download the free Horizon Blue app by scanning the QR Code or visiting the App Store[®] or Google Play[™].*





App Store

*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



Visit us online at HorizonBlue.com/shbp. Chat with us online.

Contact us toll free at 1-800-414-SHBP (7427).

For J.D. Power 2024 award information, visit jdpower.com/awards.

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NJWELL is administered by the New Jersey Division of Pensions and Benefits. All provisions of the program are established by the Division and are subject to change. *NJWELL Reward cards are issued to participants who are eligible for NJWELL at the time the reward is earned by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Use your Visa® Prepaid card anywhere Visa debit cards are accepted around the world.

WebMD® is an independent company that provides health assessment tools and wellness education to eligible Horizon members.

Quest Diagnostics[™] and LabCorp are independent companies that provide lab services to eligible Horizon members.

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Spanish (Español): Para ayuda en español, llame al 1-866-660-6528 (TTY 711). Chinese (中文): 如需中文協助, 請致電 1-866-660-6528 (TTY 711).

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