

Shamong Township Board of Education Simplified Horizon BCBS Medical Benefits Comparison

	Horizon Direct Access 15		Horizon Direct Access 15/25		Horizon Direct Access 20/30	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No		No		No	
Individual Deductible	None	\$100	None	\$100	None	\$200
Family Deductible	None	\$250	None	\$250	None	\$500
Coinsurance	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000
Max. Coinsurance Family	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$15	70% after ded.	\$15	70% after ded.	\$20	70% after ded.
Specialist Office Copay	\$15	70% after ded.	\$25	70% after ded.	\$30	70% after ded.
Inpatient Hospital Copay	100%	70% after ded.	100%	70% after ded.	100%	70% after ded.
Emergency Room Copay	100% after \$50 copay		100% after \$75 copay		100% after \$100 copay	

	Horizon POS 10		Horizon POS 1525		Horizon OMNIA	
Medical:	In-Network		In-Network		Tier One	Tier Two
Referral Required	YES		YES		NO	NO
Individual Deductible	N/A		N/A		N/A	\$1,500
Family Deductible	None		None		N/A	\$3,000
Coinsurance	N/A		N/A		N/A	N/A
Max. Coinsurance Single	N/A		N/A		N/A	N/A
Max. Coinsurance Family	N/A		N/A		N/A	N/A
Max. Out of Pocket Single	\$4,000		\$4,000		\$400	\$2,000
Max. Out of Pocket Family	\$8,000		\$8,000		\$800	\$4,000
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited	Unlimited
PCP Office Copay	\$10		\$15		\$5	\$10
Specialist Office Copay	\$10		\$25		\$5	\$10
Inpatient Hospital Copay	100%		100%		100%	\$150 copay
Emergency Room Copay	100% after \$35 copay		100% after \$75 copay		100% after \$25 copay	