

**2023**  
OVERVIEW

# NJ State Health Benefits Program (SHBP)

State and State College/University Employees



# At Horizon, we're guiding members to achieve their best health.

With 90 years of helping New Jersey residents get the most out of their health care coverage, Horizon is a leader in providing access to quality health care plans. Plus, we provide tools and support that make navigating health care easier. These are just a few of the reasons Horizon has the most members in New Jersey and is ranked #1 in member satisfaction.<sup>1,2</sup>

1. Claim is based on NAIC's 2021 Market Share Report.  
2. #1 in Member satisfaction among commercial health plans in NJ, 5 out of 6 Years by J.D. Power.



## Horizon Health Guide

Our Horizon Health Guides provide a high level of personalized service, connect you to the care you need and help you maximize your benefits. As experts on your health coverage, services and programs, Horizon Health Guides help you on your health journey by:

**ANSWERING**  
questions

**SOLVING**  
issues

**HELPING**  
with claims

**SCHEDULING**  
appointments

**NAVIGATING**  
a complex  
medical situation or  
chronic condition

**MAKING**  
health and wellness  
benefit suggestions

Horizon Health Guides are available by phone at **1-800-414-SHBP (7427)** and chat, weekdays, from 8 a.m. to 6 p.m., Eastern Time (ET).

Learn more at [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp)



# 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

With personalized support, online tools and interactive resources for moms-to-be, PRECIOUS ADDITIONS® helps you through your pregnancy and beyond. It includes My Pregnancy Assistant, an online tool powered by WebMD®, which has useful videos, trackers and checklists.

## Health Management Tools

Track your health securely and confidentially with *My Health Manager*, powered by WebMD.

- Digital coaching and customized tools to manage your health and track your progress
- Interactive, easy-to-use resources to identify health risks
- Weight tracker, calorie counter and nutrition help

## HorizonbFit<sup>SM</sup>

Eligible SHBP members may receive a \$20 reward for every month they participate for at least 12 days a month by:

- Visiting a fitness facility
- Walking at least 10,000 steps
- Submitting at-home workouts using virtual HorizonbFit-at-home features
- Or completing any combination of the above

## Healthy Living Discounts

With Blue365®, get weekly deals from top retailers delivered right to your inbox.

- Fitness memberships, special events and apparel
- Weight management programs and specialty food services
- Discounts on eye care, including frames, lenses and contacts

Learn more at [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp)





## 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 [HorizonBlue.com/shbp/njwell](https://HorizonBlue.com/shbp/njwell) or visit the NJ Division of Pensions and Benefits website at [nj.gov/treasury/pensions](https://nj.gov/treasury/pensions).



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





# Our best coverage, for your best you.

## OMNIA<sub>SM</sub> 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 New Jersey's largest networks: 60,000 local doctors, specialists and health professionals and 95 hospitals in 103 convenient locations across New Jersey and parts of Pennsylvania and Delaware.\* You also have worldwide access to over 1.7 million providers in our BlueCard<sup>®</sup> PPO program.

To save even more, choose from over 44,000 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.

\*Based on Horizon provider network data as of 6/30/2022 and is 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 Primary Care Physician
- 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<sup>®</sup> Core abroad

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 percent 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 Primary Care Physician (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 [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp).



Learn more at [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp)

# 2023 NJ State Health Benefits Program (SHBP) State and State College/University Employees Plans for CWA and Union Negotiated Members

Plans effective 1/1/2023 (effective 12/31/2022 for biweekly employees)

[HorizonBlue.com/shbp](http://HorizonBlue.com/shbp) 1-800-414-SHBP (7427)

	OMNIA Tiered Network Option	
	OMNIA HEALTH PLAN	
	Tier 1	Tier 2
<b>IN-NETWORK (IN)</b>		
Service Area Available	NJ only	Nationwide
Specialist Referral	No referral required	No referral required
Deductible <sup>2</sup>		
Individual	\$0	\$1,500
Family	\$0	\$3,000
Coinsurance	0%	20% after deductible
Coinsurance Out-of-Pocket Maximum		
Individual	Not applicable	\$4,500
Family	Not applicable	\$9,000
Total Out-of-Pocket Maximum (Copoly+Deductible+Coinsurance)		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
<b>HEALTH CARE SERVICES</b>		
Primary Care Office Visit	\$5	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0
First Responders Docs (FRDOCS)	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply
Specialist Office Visit	\$20	\$35
Annual Routine Vision (In-Network Only)	\$20	\$35
Chiropractic <sup>5</sup>	\$20	\$35
Physical/Occupational/Speech Therapy <sup>6</sup>	\$20 office visit/\$20 outpatient facility	\$35 office visit/ 20% after deductible at an outpatient facility
<b>DIAGNOSTIC LABORATORY<sup>7</sup>/RADIOLOGY/ADVANCED IMAGING</b>		
Outpatient Laboratory/Radiology/Advanced Imaging	\$20	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>		
Urgent Care Center	\$35	\$50
Emergency Room	\$100	\$100
Ambulance	\$0	\$0
<b>OTHER SERVICES</b>		
Inpatient Facility	\$150 per admission <sup>9</sup>	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
<b>OUT-OF-NETWORK (OON)<sup>10</sup></b>		
Deductible - Individual	No out-of-network benefits	
Deductible - Family		
Coinsurance after Deductible		
Out-of-Pocket Coinsurance Maximum - Individual		
Out-of-Pocket Coinsurance Maximum - Family		
Inpatient Hospital Deductible		

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes \$300 Health Savings Account funding by employer.

2. 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).

5. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

6. 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.

7. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

8. Lower copayment applies to children under 19 and physician referrals.

9. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

# 2023 NJ State Health Benefits Program (SHBP) State and State College/University Employees Plans for CWA and Union Negotiated Members

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	PPO Plan Options		
	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 HD1500 <sup>1</sup>
<b>IN-NETWORK (IN)</b>			
Service Area Available	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required
Deductible <sup>2</sup>			
Individual	\$0	\$100	\$1,500 <sup>3</sup>
Family	\$0	Not applicable	\$3,000 <sup>3</sup>
Coinsurance	10% <sup>4</sup>	10% after deductible <sup>4</sup>	20% after deductible <sup>3</sup>
Coinsurance Out-of-Pocket Maximum			
Individual	\$800	\$800	\$1,000
Family	\$2,000	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)			
Individual	\$7,280	\$7,280	\$2,500 <sup>3</sup>
Family	\$14,560	\$14,560	\$5,000 <sup>3</sup>
<b>HEALTH CARE SERVICES</b>			
Primary Care Office Visit	\$15	\$15	20% after deductible
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	Not available
First Responders Docs (FRDOCS)	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$30	\$30	20% after deductible
Annual Routine Vision (In-Network Only)	\$30	\$30	20% after deductible
Chiropractic <sup>5</sup>	\$30	\$30	20% after deductible
Physical/Occupational/Speech Therapy <sup>6</sup>	\$30	\$30	20% after deductible
<b>DIAGNOSTIC LABORATORY<sup>7</sup>/RADIOLOGY/ADVANCED IMAGING</b>			
Outpatient Laboratory/Radiology/Advanced Imaging	\$0	\$0	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	20% after deductible
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>			
Urgent Care Center	\$45	\$45	20% after deductible
Emergency Room	\$150 <sup>8</sup>	\$150 <sup>8</sup>	20% after deductible
Ambulance	10%	10% after deductible	20% after deductible
<b>OTHER SERVICES</b>			
Inpatient 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
<b>OUT-OF-NETWORK (OON)<sup>10</sup></b>			
Deductible - Individual	\$400	\$400	See in-network deductible <sup>11</sup>
Deductible - Family	\$1,000	\$1,000	See in-network deductible <sup>11</sup>
Coinsurance after Deductible	30%	30%	40%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$3,500
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$7,000
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 [nj.gov/treasury/pensions/member-guidebooks.shtml](http://nj.gov/treasury/pensions/member-guidebooks.shtml) for more information.

You can reference the [HorizonBlue.com/shbp](http://HorizonBlue.com/shbp) to determine your premium contribution.

Horizon Dental Choice plan available. Please visit [HorizonBlue.com/shbp](http://HorizonBlue.com/shbp).

Retirees: Please visit [nj.gov/treasury/pensions](http://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.

# 2023 NJ State Health Benefits Program (SHBP) State and State College/University Employees Plans for CWA and Union Negotiated Members

Plans effective 1/1/2023 (effective 12/31/2022 for biweekly employees)

[HorizonBlue.com/shbp](https://HorizonBlue.com/shbp) 1-800-414-SHBP (7427)

	PPO Plan Options	HMO Option
	NJ DIRECT HD4000 <sup>1</sup>	HORIZON HMO
<b>IN-NETWORK (IN)</b>		
Service Area Available	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	Referral required
Deductible <sup>2</sup>		
Individual	\$4,000 <sup>3</sup>	See DME
Family	\$8,000 <sup>3</sup>	See DME
Coinsurance	20% after deductible <sup>3</sup>	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	\$5,000 <sup>3</sup>	\$7,280
Family	\$10,000 <sup>3</sup>	\$14,560
<b>HEALTH CARE SERVICES</b>		
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 Docs (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
Chiropractic <sup>5</sup>	20% after deductible	\$30
Physical/Occupational/Speech Therapy <sup>6</sup>	20% after deductible	\$30
<b>DIAGNOSTIC LABORATORY<sup>7</sup>/RADIOLOGY/ADVANCED IMAGING</b>		
Outpatient Laboratory/Radiology/Advanced Imaging	20% after deductible	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	20% after deductible	\$0
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>		
Urgent Care Center	20% after deductible	\$45
Emergency Room	20% after deductible	\$100 <sup>8</sup>
Ambulance	20% after deductible	\$0
<b>OTHER SERVICES</b>		
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
<b>OUT-OF-NETWORK (OON)<sup>10</sup></b>		
Deductible - Individual	See in-network deductible <sup>11</sup>	No out-of-network benefits
Deductible - Family	See in-network deductible <sup>11</sup>	
Coinsurance after Deductible	40%	
Out-of-Pocket Coinsurance Maximum - Individual	\$6,000	
Out-of-Pocket Coinsurance Maximum - Family	\$12,000	
Inpatient Hospital Deductible	Not applicable	



# 2023 NJ State Health Benefits Program (SHBP) State and State College/University Employees Plans for All Other State Members

Plans effective 1/1/2023 (effective 12/31/2022 for biweekly employees)

[HorizonBlue.com/shbp](https://HorizonBlue.com/shbp) 1-800-414-SHBP (7427)

	OMNIA <sup>SM</sup> Tiered Network Option		PPO Plan Options	
	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		
<b>IN-NETWORK (IN)</b>				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible <sup>2</sup>				
Individual	\$0	\$1,500	\$0	\$100
Family	\$0	\$3,000	\$0	Not applicable
Coinsurance	0%	20% after deductible	10% <sup>4</sup>	10% after deductible <sup>4</sup>
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	\$4,500	\$800	\$800
Family	Not applicable	\$9,000	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$2,500	\$4,500	\$7,280	\$7,280
Family	\$5,000	\$9,000	\$14,560	\$14,560
<b>HEALTH CARE SERVICES</b>				
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 Docs (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 <sup>6</sup>	\$20	\$35	\$30	\$30
Physical/Occupational/Speech Therapy <sup>7</sup>	\$20 office visit/ \$20 outpatient facility	\$35 office visit/ 20% after deductible at an outpatient facility	\$30	\$30
<b>DIAGNOSTIC LABORATORY<sup>8</sup>/RADIOLOGY/ADVANCED IMAGING</b>				
Outpatient Laboratory/Radiology/Advanced Imaging	\$20	20% after deductible	\$0	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>				
Urgent Care Center	\$35	\$50	\$45	\$45
Emergency Room	\$100	\$100	\$150 <sup>9</sup>	\$150 <sup>9</sup>
Ambulance	\$0	\$0	10%	10% after deductible
<b>OTHER SERVICES</b>				
Inpatient Facility	\$150 per admission <sup>10</sup>	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
<b>OUT-OF-NETWORK (OON)<sup>11</sup></b>				
Deductible - Individual	No out-of-network benefits		\$400	\$400
Deductible - Family			\$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
Inpatient Hospital Deductible			\$500/stay	\$500/stay

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes \$300 Health Savings Account funding by employer.

2. 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).

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.

# 2023 NJ State Health Benefits Program (SHBP) State and State College/University Employees Plans for All Other State Members

Plans effective 1/1/2023 (effective 12/31/2022 for biweekly employees)

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## PPO Plan Options

	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035
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IN-NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible <sup>2</sup>				
Individual	\$0	\$0	\$0	\$200
Family	\$0	\$0	\$0	\$500
Coinsurance	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	20% after deductible
Coinsurance Out-of-Pocket Maximum				
Individual	\$400	\$400	\$800	\$2,000
Family	\$1,000	\$1,000	\$2,000	\$5,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$7,280	\$7,280	\$7,280	\$7,280
Family	\$14,560	\$14,560	\$14,560	\$14,560
HEALTH CARE SERVICES				
Primary Care Office Visit	\$15	\$15	\$20	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
First Responders Docs (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	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35
Annual Routine Vision (In-Network Only)	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35
Chiropractic <sup>6</sup>	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35
Physical/Occupational/Speech Therapy <sup>7</sup>	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35 office visit/ 20% after deductible at an outpatient facility
DIAGNOSTIC LABORATORY <sup>8</sup> /RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	20% after deductible
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35
Emergency Room	\$100 <sup>9</sup>	\$100 <sup>9</sup>	\$125	\$300
Ambulance	10%	10%	10%	20% after deductible
OTHER SERVICES				
Inpatient Facility	\$0	\$0	\$0	20% after deductible
Outpatient Facility	\$0	\$0	\$0	20% after deductible
Outpatient Behavioral Health	\$15	\$25	\$30/adult, \$20/child <sup>5</sup>	\$35 office visit/ 20% after deductible at an outpatient facility
Durable Medical Equipment (DME)	10%	10%	10%	20% after deductible
OUT-OF-NETWORK (OON) <sup>11</sup>				
Deductible - Individual	\$100	\$100	\$200	\$800
Deductible - Family	\$250	\$250	\$500	\$2,000
Coinsurance after Deductible	30%	30%	30%	40%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$5,000	\$6,500
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$12,500	\$13,000
Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$500/stay	\$600/stay

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 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 [nj.gov/treasury/pensions/member-guidebooks.shtml](https://nj.gov/treasury/pensions/member-guidebooks.shtml) for more information.

Horizon Dental Choice plan available. Please visit [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp).

Retirees: Please visit [nj.gov/treasury/pensions](https://nj.gov/treasury/pensions) for information regarding available retiree plans.

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Plans effective 1/1/2023 (effective 12/31/2022 for biweekly employees)

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	PPO Plan Options		HMO Option
	NJ DIRECT HD1500 <sup>1</sup>	NJ DIRECT HD4000 <sup>1</sup>	HORIZON HMO
<b>IN-NETWORK (IN)</b>			
Service Area Available	Nationwide	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	No referral required	Referral required
Deductible <sup>2</sup>			
Individual	\$1,500 <sup>3</sup>	\$4,000 <sup>3</sup>	See DME
Family	\$3,000 <sup>3</sup>	\$8,000 <sup>3</sup>	See DME
Coinsurance	20% after deductible <sup>3</sup>	20% after deductible <sup>3</sup>	0%
Coinsurance Out-of-Pocket Maximum			
Individual	\$1,000	\$1,000	Not applicable
Family	\$2,000	\$2,000	Not applicable
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)			
Individual	\$2,500 <sup>3</sup>	\$5,000 <sup>3</sup>	\$7,280
Family	\$5,000 <sup>3</sup>	\$10,000 <sup>3</sup>	\$14,560
<b>HEALTH CARE SERVICES</b>			
Primary Care Office Visit	20% after deductible	20% after deductible	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	Not available	Not available	Not available
First Responders Docs (FRDOCS)	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	20% after deductible	20% after deductible	\$30
Annual Routine Vision (In-Network Only)	20% after deductible	20% after deductible	\$30
Chiropractic <sup>6</sup>	20% after deductible	20% after deductible	\$30
Physical/Occupational/Speech Therapy <sup>7</sup>	20% after deductible	20% after deductible	\$30
<b>DIAGNOSTIC LABORATORY<sup>8</sup>/RADIOLOGY/ADVANCED IMAGING</b>			
Outpatient Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	\$0
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>			
Urgent Care Center	20% after deductible	20% after deductible	\$45
Emergency Room	20% after deductible	20% after deductible	\$100 <sup>9</sup>
Ambulance	20% after deductible	20% after deductible	\$0
<b>OTHER SERVICES</b>			
Inpatient Facility	20% after deductible	20% after deductible	\$0
Outpatient Facility	20% after deductible	20% after deductible	\$0
Outpatient Behavioral Health	20% after deductible	20% after deductible	\$30
Durable Medical Equipment (DME)	20% after deductible	20% after deductible	\$100 deductible, then covered in full
<b>OUT-OF-NETWORK (OON)<sup>11</sup></b>			
Deductible - Individual	See in-network deductible <sup>12</sup>	See in-network deductible <sup>12</sup>	No out-of-network benefits
Deductible - Family	See in-network deductible <sup>12</sup>	See in-network deductible <sup>12</sup>	
Coinsurance after Deductible	40%	40%	
Out-of-Pocket Coinsurance Maximum - Individual	\$3,500	\$6,000	
Out-of-Pocket Coinsurance Maximum - Family	\$7,000	\$12,000	
Inpatient Hospital Deductible	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. Your Horizon Health Guide can direct you to the right source.

## 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 [nj.gov/treasury/pensions](https://nj.gov/treasury/pensions).

## Health Programs

These programs can help you take control of your health and provide support for managing the challenges of living with conditions such as diabetes, hypertension, back and joint pain, and weight management issues with our partners HingeHealth and Wondr™.

Learn more at [HorizonBlue.com/shbp](https://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 Direct Primary Care doctor from Everside Health or Sanitas Medical Center 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 (FRDOCS)

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 available at the touch of a button

through the Horizon Blue app for eligible members. And depending on your doctor's preferences, you can also use telemedicine via video, chat or phone.

### Immunizations

Getting vaccinated is more convenient with more participating pharmacies – view our list at [HorizonBlue.com/shbpflu](https://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:

- Chat with a nurse about symptoms
- Get help with appointment scheduling
- Get quick claim status updates
- Video chat with doctors
- View and print member ID Cards
- 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.



Text GetApp to **422-272** for your free Horizon Blue download.\*



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



## Here when you need us most.

Visit us online at [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp). Chat with us online.

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



For J.D. Power 2022 award information, visit [jdpower.com/awards](https://jdpower.com/awards).

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LabCorp, Quest Diagnostics and Everside Health are independent from and not affiliated with Horizon.

Sanitas Medical Centers are independently owned and operated by Sanitas of New Jersey LLC. Sanitas is independent from and not affiliated with Horizon. Other providers are available in our network. Sanitas Medical Centers serve people insured by Horizon, Original Medicare and those self-paying for medical treatment.

HingeHealth and Wondr are independent from and not affiliated with Horizon.

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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).