

**BRIDGEWATER-RARITAN REGIONAL BOARD OF EDUCATION
HORIZON DIRECT ACCESS 15 vs. HORIZON DIRECT ACCESS 20/35**

	Horizon Direct Access 15		Horizon Direct Access 20/35	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital In-patient	100%	70% after deductible	80% after deductible	60% after deductible and \$500 copay
Skilled Nursing Facility	100% 120 days per calendar year	70% after deductible 60 days per cal. year	80% after deductible 120 days per cal. year	60% after deductible 60 days per cal. year
Hospital Pre-Admission Testing	100%	70% after deductible	80% after deductible	60% after deductible
Physician (Surgery)	100%	70% after deductible	80% after deductible	60% after deductible
Primary Care (Office Visits)	100% after \$15 copay	70% after deductible	100% after \$20 copay	60% after deductible
Specialist (Office Visits)	100% after \$15 copay	70% after deductible	100% after \$35 copay	60% after deductible
Chiropractic	100% after \$15 copay	70% after deductible	100% after \$35 copay	60% after deductible
	30 visits per calendar year		30 visits per calendar year	

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Emergency Room	100% after \$50 copay			
Durable Medical Equipment	90%	70% after deductible	80% after deductible	60% after deductible
Radiation/Chemotherapy Outpatient	100%	70% after deductible	80% after deductible	60% after deductible
Well-Child Immunizations	100%	70% no deductible	100%	60% no deductible
Adult Immunizations	100%	70% no deductible	100%	60% no deductible
Routine Adult Physical Exams	100%	70% no deductible	100%	60% no deductible
Routine OB/GYN Exam	100%	70% no deductible	100%	60% no deductible
Routine Eye Exam	100% after \$15 copay	Not Covered	100% after \$35 copay	Not Covered
Imaging Tests (MRIs, MRAs, CAT & PET Scans)	100%	70% after deductible	80% after deductible	60% after deductible

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X-Rays/Lab Tests	100%	70% after deductible	80% after deductible	60% after deductible
Maternity (Physician)	100% after \$15 copay for 1 st visit	70% after deductible	80% after deductible after \$35 copay for 1 st visit	60% after deductible
Well Child Care	100%	70% no deductible	100%	60% no deductible
Alcohol Abuse (Outpatient)	100%	70% after deductible	80% after deductible	60% after deductible
Alcohol Abuse (In-patient)	100%	70% after deductible	80% after deductible	60% after deductible and \$500 copay
Mental Health (In-patient)	100%	70% after deductible	80% after deductible	60% after deductible and \$500 copay

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Mental Health (Office visit)	100% after \$15 copay	70% after deductible	100% after \$35 copay	60% after deductible
Physical/Speech/ Occupational Therapy	100% after \$15 copay	70% after deductible	100% after \$20 copay	60% after deductible
Ambulance	90%	70% after deductible	80% after deductible	60% after deductible
Acupuncture	100% after \$15 copay	70% after deductible	100% after \$35 copay	60% after deductible
Inherited Metabolic Disease Medical Foods	90%	70% after deductible	80% after deductible	60% after deductible
Diabetes Supplies	90%	70% after deductible	80% after deductible	60% after deductible
Home Health Care	100%	70% after deductible	80% after deductible	60% after deductible

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Deductibles (Individual)	N/A	\$100	\$200	\$800
Deductibles (Family)	N/A	\$250	\$400	\$1,600
Maximum Out-of-Pocket (Individual)	\$400	\$2,000	\$2,000	\$5,000
Maximum Out-of-Pocket (Family)	\$800	\$5,000	\$4,000	\$12,500
Annual/Lifetime Maximum	Unlimited		Unlimited	

• Both of the above Horizon Direct Access plans utilize the exact same network of in-network providers. The Horizon Direct Access network in New Jersey and the BlueCard PPO network outside of New Jersey.