



# Pittsgrove Township BOE Group # 96928

PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Dental	00	Active	co-insurance	100%/70%/50%
DOP	01	COBRA	Deductible	\$0
	02	Retiree	BPM	\$1,000
			Ortho	not covered
			Dep term age	EOY 23
PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Dental	35	Active	co-insurance	100%
Total Care	36	COBRA	Deductible	\$0
	37	Retiree	Ortho	100%
				EOY 23
PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
Direct Access Design 7 \$10 copay	05 20 07 21	Active COBRA Dep 31 Retiree	in-net ov copay	\$10 pcp/specialist
			Er copay	\$25 copay
			in-net deductible	none
			in-net coinsurance	100%
			in-network MOOP	\$400/\$800
			out-net deductible	\$100/\$250
			out-net MOOP	\$2,000/\$5,000
			out-net coinsurance	80%
			Telemedicine	Not covered
			Institutional Reimbursement	Horizon Allowance
Professional Reimbursement	90th Fair Health			
ASC Reimbursement	160% of CMS			
RX TOsale	90%			
Dep Term	EOY 26			
PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
POS Design 10 \$10 copay	10 11 12 13	Active COBRA Dep 31 Retiree	in-net ov copay	\$10 pcp/ specialist
			Er copay	\$35 copay
			in-net deductible	none
			in-net coinsurance	100%
			out-net deductible	\$500/\$1,000
			in & out -network MOOP	\$4,000/\$8,000
			out-net coinsurance	60%
			Telemedicine	Not Covered
			Institutional Reimbursement	Horizon Allowance
			Professional Reimbursement	90th Fair Health
ASC Reimbursement	160% of CMS			
RX	\$5/\$10/\$20 retail,\$5/\$15/\$25 MO			
RX MOOP	\$1,430/ \$2,860			
Dep Term	EOY 26			



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

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PLAN TYPE	SUBGROUP(S)	CLASSIFICATION	BENEFITS	BENEFIT/DESCRIPTION
OMNIA 10	15	Active	<b>TIER 1</b>	
	16	COBRA	Office Visit Copay	100% after \$5 PCP/\$5 Spec ; ER \$25
	17	Dep 31	Deductible	None
	18	Retiree	Coinsurance	100%
			Maximum Out-of-pocket	\$400 person/\$800 family
			Hospital Inpatient Admission Copay	\$0 copay per admission
			Hospital Outpatient Surgery Copay	\$0 copay
			Ambulatory Surgical Center Copay	\$0 copay
			<b>TIER 2 Blue Card</b>	
			Office Visit Copay	100% after \$10 PCP/\$10 Spec ; ER \$25
			Deductible	\$1,500 person/\$3,000 family
			Coinsurance	100% after deductible
			Maximum Out-of-pocket	\$2,000 person/\$4,000 family
			Hospital Inpatient Admission Copay	100% after \$150 copay
			Hospital Outpatient Surgery Copay	100% after deductible
		Ambulatory Surgical Center Copay	100% after deductible	
		Telemedicine	Not covered	
		Institutional Reimbursement	no out of network benefits	
		Professional Reimbursement	no out of network benefits	
		ASC Reimbursement	no out of network benefits	
		RX	\$5/\$10/\$20 retail,\$5/\$15/\$25 MO	
		Dep Term	EOY 26	
Billing Acct # 401140904- sub group 00				
Billing Acct # 838052071- sub group 01,02				
Billing Acct # 304039490- sub group 35				
Billing Acct # 848333501- sub group 36				
Billing Acct # 419016401- sub group 37				
Billing Acct # 838052071- sub group 20				