



Ventnor School District

Horizon Benefit Comparison 2021

	Direct Access 10		EHP (Educators Health Plan)	
	In-Network	Out -of-Network	In-Network	*Out-of-Network
Benefit Period	Calendar Year		Calendar Year	
Out of Network Reimbursement	90th FAIR Health		200% of CMS	
Annual Deductible				
Individual	\$0	\$100	\$0	\$350
Family	\$0	\$250	\$0	\$700
Coinsurance	10% (on selected services)	30%	10% (on selected services)	30%
Out of Pocket Maximum				
Individual	\$400	\$2,000	\$500	\$2,000
Family	\$800	\$5,000	\$1,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Office Visit	\$5	70% after deductible	\$10	70% after deductible
Specialist Office Visit	\$5	70% after deductible	\$15	70% after deductible
Preventative Care For Adults and Children	100% (no copayment)	70% after deductible	100% (no copayment)	\$100% (no copayment)
Emergency Room	\$25 copay (copay waived if admitted)	\$25 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)
Urgent Care Center	\$5 copay	70% after deductible	\$15	70% after deductible
Ambulance Services	100%	70% after deductible	90%	70% after deductible
Chiropractic Service	\$5 copay	70% after deductible	\$15	70% after deductible
	<i>30 visit max, per calendar year, combined in and out of network</i>		<i>30 visit max, per calendar year, combined in and out of network</i>	
Physical Therapy	\$5 copay (Unlimited visits)	70% after deductible (Unlimited Visits)	\$15	70% after deductible max allowance per visit up to \$52
Acupuncture	100%	70% after deductible	\$15	70% after deductible max allowance per visit up to \$60
Durable Medical Equipment	100%	70% after deductible	90%	70% after deductible
Prescription Drug Benefit	Covered Under Freestanding Program - Maxor		Covered Under Freestanding Program - Maxor	
Retail Copay	\$10 Generic / \$20 Brand		\$5 Generic / \$10 Brand	
Mail Order Copay-up to 90 day supply	\$10 Generic / \$20 Brand		\$10 Generic / \$20 Brand	
Out of Pocket Maximum			\$1,600/\$3,200	
Mandatory Generic	No		Yes	
Mandatory Mail Order for Specialty Medications	No		No	
Step Therapy	No		Yes	
Closed Formulary	No		Yes	

Comparison is for illustrative purposes only. Written plan document supersedes any errors on this illustration.

***out of network reimbursement is set at 200% of CMS for the EHP**

Out-of-network providers may bill you for differences between the R&C, which is the amount paid by carrier, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the provider's actual charge.