## Medical Plan Design - Plan Year 2021

**HORIZON PLANS - MEDICAL COST SHARING**

### Plan Options
- **NJ DIRECT**
  - NJ DIRECT 2019*
  - NJ DIRECT15
  - NJ DIRECT1525
  - NJ DIRECT2030
  - NJ DIRECT2035
- **Horizon HMO**
- **Horizon OMNIA**
- **NJ DIRECT HD4000**
- **NJ DIRECT HD1500**

### Medical Cost Sharing

<table>
<thead>
<tr>
<th></th>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
<th>TIER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$25</td>
<td>$30 adult/20 child***</td>
</tr>
<tr>
<td>Emergency Room Copayment</td>
<td>$150*</td>
<td>$100</td>
<td>$100</td>
<td>$125</td>
</tr>
</tbody>
</table>

### In-Network Deductible
- **Primary Care**: $100 (if hired after 7/1/19)
- **Specialist Care**: $200/$500 5
- **Emergency Room**: $400/$1,000
- **Out-of-Network Deductible**: $2,500
- **In-Network Coincursance Maximum (Individual/Family)**
  - $800/$2,000
  - $400/$1,000

### In-Network Out-of-Pocket Maximum (Individual/Family)
- $6,840/$13,680
- $6,840/$13,680
- $6,840/$13,680
- $6,840/$13,680
- $2,500 7

### Out-of-Network Deductible
- $2,000/$5,000
- $2,000/$5,000

### Employer Health Savings Account Funding
- $300

### Notes
- * Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.
- ** HD = High Deductible Health Plan
- *** Age 26 and under
- Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.
- 1 On select services.
- 2 Out-of-Network Deductible is combined with In-Network Deductible.
- 3 After Deductible.
- 4 Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

---

* Applies to services that do not require a copayment.
7 Family amounts are 2 x per member amounts listed in table.
* $100 in network deductible has exclusions: 2ND wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
9 $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).
10 All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.

---

*HA-0895-0521*
<table>
<thead>
<tr>
<th>Prescription Drug Copayments</th>
<th>NJ DIRECT/ NJ DIRECT 2019*</th>
<th>NJ DIRECT15</th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT2035</th>
<th>Horizon HMO(^1)</th>
<th>Horizon OMNIA</th>
<th>NJ DIRECT HD4000**</th>
<th>NJ DIRECT HD1500**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail: Generic Copayments</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7(^2)</td>
<td>$3</td>
<td>$7</td>
<td>Subject to deductible and coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Retail: Brand Copayments</td>
<td>$16</td>
<td>$10</td>
<td>$16</td>
<td>$18</td>
<td>$21(^3)</td>
<td>$10</td>
<td>$16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail: Brand w/ Generic available Copayments</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2, 3)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail: Generic Copayments</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail: Brand Copayments</td>
<td>$40</td>
<td>$15</td>
<td>$40</td>
<td>$36</td>
<td>$52(^1)</td>
<td>$15</td>
<td>$40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail: Brand w/ Generic available Copayments</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2, 3)</td>
<td>Member pays difference(^2)</td>
<td>Member pays difference(^2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td>$1,710/$3,420</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

\(^1\) Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.

\(^2\) HD = High Deductible Health Plan

\(^3\) Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

\(^4\) You pay the cost difference between the brand drug and the generic drug.

\(^5\) For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions

This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.