## Medical Cost Sharing - Plan Year 2021

<table>
<thead>
<tr>
<th>Medical Cost Sharing</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 HMO¹</th>
<th>Horizon OMNIA</th>
<th>NJ DIRECT HD4000**</th>
<th>NJ DIRECT HD1500**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Copayment</strong></td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
<td>$20</td>
<td>$15</td>
<td>$5</td>
<td>$20</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Specialist Care Copayment</strong></td>
<td>$15</td>
<td>$15</td>
<td>$25</td>
<td>$30 adult/ $20 child**</td>
<td>$35</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Copayment</strong></td>
<td>$150²</td>
<td>$100</td>
<td>$100</td>
<td>$125</td>
<td>$300</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>In-Network Deductible</strong></td>
<td>$100² (if hired after 7/1/19)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$1,500³</td>
<td>$4,000⁴</td>
</tr>
<tr>
<td><strong>In-Network coinsurance</strong></td>
<td>10%²</td>
<td>10%²</td>
<td>10%²</td>
<td>10%²</td>
<td>20%³ after deductible</td>
<td>10%²</td>
<td>None</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>In-Network Out-of-Pocket Maximum</strong></td>
<td>$800/$2,000 (Individual/Family)</td>
<td>$400/$1,000</td>
<td>$400/$1,000</td>
<td>$800/$2,000</td>
<td>$2,000/$5,000</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>In-Network Out-of-Pocket Maximum</strong></td>
<td>$6,840/$13,680 (Individual/Family)</td>
<td>$6,840/$13,680</td>
<td>$6,840/$13,680</td>
<td>$6,840/$13,680</td>
<td>$6,840/$13,680</td>
<td>$6,840/$13,680</td>
<td>$2,500²</td>
<td>$4,500²</td>
<td>$5,000⁴/ $10,000</td>
</tr>
<tr>
<td><strong>Out-of-Network Deductible</strong></td>
<td>$400/$1,000 (Individual/Family)</td>
<td>$100/$250</td>
<td>$100/$250</td>
<td>$200/$500</td>
<td>$800/$2,000</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$6,000⁴/ $12,000</td>
</tr>
<tr>
<td><strong>Out-of-Network coinsurance</strong></td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Out-of-Network Out-of-Pocket Maximum</strong></td>
<td>$2,000/$5,000 (Individual/Family)²</td>
<td>$2,000/$5,000</td>
<td>$2,000/$5,000</td>
<td>$5,000/$12,500</td>
<td>$6,500/$13,000</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Out-of-Network Inpatient Hospital Deductible</strong></td>
<td>$500</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

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* 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
¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.
² On select services.
³ Out-of-Network Deductible is combined with In-Network Deductible.
⁴ Applies to services that do not require a copayment.
⁵ Family amounts are 2 x per member amounts listed in table.
⁶ $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
⁷ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.
⁸ Applies to services that do not require a copayment.
⁹ Family amounts are 2 x per member amounts listed in table.
¹⁰ Applies to services that do not require a copayment.
¹¹ Applies to services that do not require a copayment.
¹² Applies to services that do not require a copayment.
¹³ Applies to services that do not require a copayment.
¹⁴ Applies to services that do not require a copayment.
¹⁵ Applies to services that do not require a copayment.
¹⁶ Applies to services that do not require a copayment.
¹⁷ Applies to services that do not require a copayment.
¹⁸ Applies to services that do not require a copayment.
¹⁹ Applies to services that do not require a copayment.
²⁰ Applies to services that do not require a copayment.
²¹ Applies to services that do not require a copayment.
²² Applies to services that do not require a copayment.
²³ Applies to services that do not require a copayment.
²⁴ Applies to services that do not require a copayment.
²⁵ Applies to services that do not require a copayment.
²⁶ Applies to services that do not require a copayment.
²⁷ Applies to services that do not require a copayment.
²⁸ Applies to services that do not require a copayment.
²⁹ Applies to services that do not require a copayment.
³⁰ Applies to services that do not require a copayment.
³¹ Applies to services that do not require a copayment.
³² Applies to services that do not require a copayment.
³³ Applies to services that do not require a copayment.
³⁴ Applies to services that do not require a copayment.
³⁵ Applies to services that do not require a copayment.
³⁶ Applies to services that do not require a copayment.
³⁷ Applies to services that do not require a copayment.
³⁸ Applies to services that do not require a copayment.
³⁹ Applies to services that do not require a copayment.
⁴⁰ Applies to services that do not require a copayment.
⁴¹ Applies to services that do not require a copayment.
⁴² Applies to services that do not require a copayment.
⁴³ Applies to services that do not require a copayment.
⁴⁴ Applies to services that do not require a copayment.
⁴⁵ Applies to services that do not require a copayment.
⁴⁶ Applies to services that do not require a copayment.
⁴⁷ Applies to services that do not require a copayment.
⁴⁸ Applies to services that do not require a copayment.
⁴⁹ Applies to services that do not require a copayment.
⁵⁰ Applies to services that do not require a copayment.
⁵¹ Applies to services that do not require a copayment.
⁵² Applies to services that do not require a copayment.
⁵³ Applies to services that do not require a copayment.
⁵⁴ Applies to services that do not require a copayment.
⁵⁵ Applies to services that do not require a copayment.
⁵⁶ Applies to services that do not require a copayment.
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⁸¹ Applies to services that do not require a copayment.
⁸² Applies to services that do not require a copayment.
⁸³ Applies to services that do not require a copayment.
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⁹² Applies to services that do not require a copayment.
⁹³ Applies to services that do not require a copayment.
⁹⁴ Applies to services that do not require a copayment.
⁹⁵ Applies to services that do not require a copayment.
⁹⁶ Applies to services that do not require a copayment.
⁹⁷ Applies to services that do not require a copayment.
⁹⁸ Applies to services that do not require a copayment.
⁹⁹ Applies to services that do not require a copayment.
¹⁰⁰ Applies to services that do not require a copayment.
## Prescription Drug Copayments

<table>
<thead>
<tr>
<th></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</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</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 1</td>
<td>Member pays difference 2</td>
<td>Member pays difference 3</td>
<td>Member pays difference 4</td>
<td>Member pays difference 5</td>
<td>Member pays difference 6</td>
<td>Member pays difference 7</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</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 8</td>
<td>Member pays difference 9</td>
<td>Member pays difference 10</td>
<td>Member pays difference 11</td>
<td>Member pays difference 12</td>
<td>Member pays difference 13</td>
<td>Member pays difference 14</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.

* 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

1 Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

2 You pay the cost difference between the brand drug and the generic drug.

3 For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

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