



Explore Your Benefits

**UNION NEGOTIATED PLANS
 PRESCRIPTION PLAN DESIGN - PLAN YEAR 2022
 STATE ACTIVE GROUP
 HORIZON PLANS**

	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HD4000**	NJ DIRECT HD1500**
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480		

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.

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