

MEDICAL BENEFITS: Direct Access Plan

**RWJBarnabas
HEALTH**

**BHealthy
Care**



Direct Access

	Premier/Inner Circle Tier	In-Network Tier	Out-of-Network Tier
Deductible (Individual / Family)	\$400 / \$800	\$1,000 / \$2,000	\$7,500 / \$15,000
Out-of-Pocket Maximum Expenses (Individual / Family)	\$6,000 / \$12,000	\$9,100 / \$18,200	\$15,000 / \$30,000
Office/Virtual Visit Primary Care Physician (PCP) Specialist	No charge You pay 20%; no deductible	No charge You pay 30%*	Not Covered You pay 60%*
Preventive Care Services	No charge	No charge	Not Covered
Routine Eye Exam (one exam per 12 months for all ages)	You pay 20%; no deductible	You pay 30%; no deductible	Not Covered
Diagnostic Lab Outpatient Facility and Freestanding Lab Physician Office	No charge You pay 20%; no deductible	You pay 30%* You pay 30%*	You pay 60%* You pay 60%*
Diagnostic X-rays/Radiology Facility Physician Office	No charge You pay 20%; no deductible	You pay 30%* You pay 30%*	You pay 60%* You pay 60%*
Urgent Care Center	You pay 20%; no deductible	You pay 30%*	You pay 60%*
Inpatient Hospital Care/Inpatient Surgery Facility Professional/Physician Charges	No charge You pay 20%*	\$1,000 copay then you pay 30%* You pay 30%*	\$1,500 copay then you pay 60%* You pay 60%*
Outpatient Hospital Care/Outpatient Surgery Facility Professional/Physician Charges	No charge You pay 20%*	\$1,000 copay then you pay 30%* You pay 30%*	\$1,500 copay then you pay 60%* You pay 60%*
RWJBarnabas Health TeleMed	\$5 copay	\$5 copay	\$5 copay
Emergency Room Treatment**	No charge after \$125 copay - no deductible		

* After deductible

** Non-emergency use of the Emergency Room is not covered.

Note:

- Plan benefits for out-of-network are based on an allowed amount fee schedule, not on provider billed charges, therefore, members using out-of-network providers may have additional out-of-pocket costs
- For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to the automobile insurance plan

PRESCRIPTION BENEFITS: Horizon

When you enroll in one of our medical plans, you are automatically enrolled in the corresponding prescription drug coverage. Filling your prescriptions is easy! You can visit a local pharmacy, an [RWJBarnabas Health onsite pharmacy](#) (including onsite Walgreens, where applicable), or utilize Amazon Pharmacy mail order.*

OMNIA, Direct Access and Out-of-Area Plans

High Deductible Health Plan

Deductible	\$100 per person per year (applies to Brand and Specialty medications)	Integrated with Medical
Out-of-Pocket Maximum	Integrated with Medical	Integrated with Medical
RETAIL (30-DAY SUPPLY)		
Generic	\$10 copay (no deductible)	\$10 copay**
Brand Preferred	You pay 20%**; Minimum: \$25; Maximum: \$50	
Brand Non-Preferred	You pay 40%**; Minimum: \$50; Maximum: \$100	
MAIL ORDER (90-DAY SUPPLY OF MAINTENANCE MEDICATIONS)*		
Generic	\$20 copay (no deductible)	\$20 copay**
Brand Preferred	You pay 20%**; Minimum: \$63; Maximum: \$125	
Brand Non-Preferred	You pay 40%**; Minimum: \$125; Maximum: \$250	
SPECIALTY MEDICATION (30-DAY SUPPLY)		
Specialty Preferred	You pay 25%**; Minimum \$100; Maximum \$250	
Specialty Non-Preferred	You pay 40%**; Minimum \$250; Maximum \$400	

* 90-day supply can only be filled at Amazon Pharmacy, onsite RWJBarnabas Health pharmacies, or Walgreens pharmacies that are onsite at RWJBarnabas Health facilities.

** After deductible

NOTE: CVS is not a participating retail pharmacy and prescriptions filled there will not be covered under the plan.

IMPORTANT: The HDHP prescription drug benefit works together with your medical plan. You will pay the full discounted cost for medicine until you meet the medical plan deductible. After the plan deductible has been met, the plan begins to pay coinsurance until the out-of-pocket maximum has been met.

PRESCRIPTION BENEFITS: Horizon

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Prescription Drug Tiers

Prescription drugs generally fall into the following “tiers,” and your out-of-pocket cost will vary by each of these tiers. Whenever possible, consider filling your prescription with a generic drug rather than a brand-name drug. Visit www.rwjhbbenefitplans.com/prescription-benefits to see what tier your medication is in.

- **GENERIC: \$**
- **PREFERRED BRAND: \$\$**
- **NON-PREFERRED BRAND: \$\$\$**
- **SPECIALTY: \$\$\$\$**

[Click here](#) for more details on these prescription terms.



Step Therapy Program

The Step Therapy Program encourages safe and cost-effective medication use. Step Therapy may require the previous use of one or more drugs before coverage of a different drug is provided.

Prior Authorization

Prior Authorization is required on some medications before your drug will be covered.

Mandatory Mail Order or On-Site Pharmacies

Maintenance medications are long-term drugs, such as those to treat high blood pressure or high cholesterol. After two retail fills, they must be filled through Amazon Pharmacy, or an on-site pharmacy at an RWJBarnabas Health facility. Visit www.rwjhbbenefitplans.com/prescription-benefits for a list of on-site pharmacies.

After the second fill, if you do not begin utilizing Amazon Pharmacy or one of our on-site pharmacies, you will be charged 100% of the cost of the drug.

IMPORTANT:

Covered prescription medications are determined by Horizon/Prime Therapeutics using their Net Results Formulary. The listing is located at www.rwjhbbenefitplans.com/prescription-benefits.

If a change occurs to a medication you are taking, you will receive a letter in the mail explaining the change and offering alternatives.

