

# MEDICAL BENEFITS: High Deductible Health Plan

**RWJBarnabas  
HEALTH**

**BHealthy  
Care**

## High Deductible Health Plan

	In-Network	Out-of-Network****
<b>Deductible</b> (Individual / Family)*	\$1,600 / \$3,200*	\$2,300 / \$4,600*
<b>Out-of-Pocket Maximum</b> (Individual / Family)	\$8,050 / \$16,100**	\$8,050 / \$16,100**
<b>Coinsurance</b>	You pay 20%***	You pay 40%***
<b>Office Visit</b> Primary Care Physician (PCP) and Specialist	You pay 20%***	You pay 40%***
<b>Preventive Care Services</b>	No charge	No coverage
<b>Routine Eye Exam</b> (one exam per 12 months for all ages)	You pay 20%***	You pay 40%***
<b>Diagnostic Lab and X-Ray</b>	You pay 20%***	You pay 40%***
<b>Inpatient Hospital Care/Inpatient Surgery</b>	You pay 20%***	You pay 40%***
<b>Outpatient Hospital Care/Outpatient Surgery</b>	You pay 20%***	You pay 40%***
<b>Mental Health &amp; Substance Use</b> Inpatient/Outpatient Care	You pay 20%***	You pay 40%***
<b>RWJBarnabas Health TeleMed</b>	\$67 copay	\$67 copay
<b>Emergency Room Treatment</b>	You pay 20%***	

\* If you are covering any dependents, the entire family deductible must be met before the plan pays any benefits.

\*\* Once any one individual meets the individual out-of-pocket maximum, their expenses are covered at 100%, all other family members must collectively meet the family out-of-pocket maximum.

\*\*\* After deductible

\*\*\*\* 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

## It is Important to Note:

- If you cover more people than just yourself, you're considered to have "family" coverage. You have to pay the whole family deductible before the plan helps with the cost.
- The money you pay for deductibles adds up towards the highest amount you might have to pay out of your own pocket (out-of-pocket maximum).
- Except for preventive care, like checkups, you have to pay the deductible before the plan helps with the cost of other things, even prescription drugs.
- Deductibles and out-of-pocket maximums are calculated for services that you receive from January 1 to December 31 each year.



# 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

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

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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](http://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](http://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](http://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.

