

MEDICAL BENEFITS: OMNIA Plan

OMNIA Plan

BENEFIT DESCRIPTION	Premier Tier	Inner Circle Tier	OMNIA Tier 1	Tier 2**	
Deductible (Individual / Family)	None	None	\$2,500 / \$5,000	\$5,000 / \$10,000	
Member Coinsurance	None	None	You pay 50%*	You pay 60%*	
Out-of-Pocket Maximum Expenses*** (Individual / Family) Includes medical and prescription drug deductible, coinsurance and copays	\$2,500 / \$5,000	\$2,500 / \$5,000	\$9,100 / \$18,200	\$9,100 / \$18,200	
Office/Virtual Visit Primary Care Physician (PCP) Specialist Behavioral Health (non-autism related)	No charge for these services in the Premier Tier	\$20 copay \$40 copay No charge	\$40 copay \$80 copay No charge	\$50 copay \$100 copay No charge	
Preventive Care Services		No charge	No charge	No charge	
Routine Eye Exam		No charge	No charge	No charge	
Diagnostic Lab Physician Office, LabCorp or Quest Lab Outpatient Facility		No charge No charge	No charge \$80 copay	No charge \$100 copay	
Diagnostic X-rays/Radiology Outpatient Facility Physician Office		No charge for these services in the Premier Tier	\$300 copay	You pay 50%* No charge	You pay 60%* No charge
Urgent Care Center		No charge for these services in the Premier Tier	\$50 copay	\$100 copay	\$100 copay
Physical Therapy 30 visit maximum PER therapy, PER condition, PER incident		No charge for these services in the Premier Tier	\$30 copay	\$50 copay	\$75 copay
Speech & Occupational Therapy 30 visit maximum PER therapy, PER condition, PER incident. (Visit limit doesn't apply to autism related diagnoses)		No charge for these services in the Premier Tier	\$20 copay	\$40 copay	\$50 copay
Inpatient Hospital Care/Inpatient Surgery Facility Professional/Physician Charges		No charge for these services in the Premier Tier	No charge at RWJBH Facilities No charge	\$1,500 copay/admission then you pay 50%* You pay 50%*	You pay 60%* You pay 60%*
Outpatient Hospital Care Facility Professional/Physician Charges		No charge for these services in the Premier Tier	\$300 copay No charge	\$1,500 copay/admission then you pay 50%* You pay 50%*	You pay 60%* You pay 60%*
Knee and Hip Replacement Facility Charges	Knee & hip replacements will only be covered if performed at an RWJBH facility. This applies to inpatient and outpatient facilities, and does not apply to the surgeon/professional claims.				
RWJBarnabas Health TeleMed	\$5 copay				
Emergency Room Treatment****	No charge after \$125 facility copay - no deductible				

* After deductible

** Includes Blue Card outside of NJ

*** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.

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

Note:

- LabCorp and Quest are the preferred Independent Lab partners for Horizon.

- 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

	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

RWJBarnabas
HEALTH

BHealthy
Care

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.

