<table>
<thead>
<tr>
<th>Medical Cost Sharing</th>
<th>TIER 1</th>
<th>TIER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Copayment</strong></td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Specialist Care Copayment</strong></td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Emergency Room Copayment</strong></td>
<td>$150</td>
<td>$100</td>
</tr>
<tr>
<td><strong>In-Network Deductible</strong></td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td><strong>In-Network Coinsurance</strong></td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>In-Network Coinsurance Maximum (Individual/Family)</strong></td>
<td>$800/$2,000</td>
<td>$400/$1,000</td>
</tr>
<tr>
<td><strong>In-Network Out-of-Pocket Maximum (Individual/Family)</strong></td>
<td>$6,520/$13,040</td>
<td>$6,520/$13,040</td>
</tr>
<tr>
<td><strong>Out-of-Network Deductible (Individual/Family)</strong></td>
<td>$400/$1,000</td>
<td>$100/$250</td>
</tr>
<tr>
<td><strong>Out-of-Network Coinsurance</strong></td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Out-of-Network Out-of-Pocket Maximum (Individual/Family)</strong></td>
<td>$2,000/$5,000</td>
<td>$2,000/$5,000</td>
</tr>
<tr>
<td><strong>Out-of-Network Inpatient Hospital Deductible</strong></td>
<td>$500</td>
<td>$200/stay</td>
</tr>
<tr>
<td><strong>Employer Health Savings Account Funding</strong></td>
<td>$300</td>
<td>$300</td>
</tr>
</tbody>
</table>

**Exceptions:**
- Mental Health after OOP Max
- Obstetrics at 195% CMS until treatment completed

**Non-Applicability:**
- Services for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.
- Only select services.

**Out-of-Network Reimbursement Rate:**
- 175% of reasonable and customary allowance
- After deductible, 60% of reasonable and customary allowance
- After deductible, 60% of reasonable and customary allowance
- After deductible, 60% of reasonable and customary allowance
- After deductible, 60% of reasonable and customary allowance
- After deductible, 60% of reasonable and customary allowance

**Notes:**
- 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**
- **OOP = Out-of-Pocket Maximum**
- **CMS = Commonly Measured Services**
- **After deductible, 60% of reasonable and customary allowance**
- **After deductible, 60% of reasonable and customary allowance**
- **After deductible, 60% of reasonable and customary allowance**
- **After deductible, 60% of reasonable and customary allowance**
- **After deductible, 60% of reasonable and customary allowance**
- **Health Savings Accounts can be used for qualified medical expenses without federal tax liability.**
- **Applies to services that do not require a copayment.**
- **Family amounts are 2 x per member amounts listed in table.**
- **$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.**
- **$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).**
- **All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.**
- **If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.**
<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</th>
<th>Horizon OMNIA</th>
<th>NJ DIRECT HD4000**</th>
<th>NJ DIRECT HD1500**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drug Copayments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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></td>
<td></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>
</tbody>
</table>
| Retail: Brand w/ Generic available Copayments | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 |                   |                 |
| Mail: Generic Copayments         | $0                      | $0          | $0            | $0             | $0             | $0          | $0            |                   |                 |
| Mail: Brand Copayments           | $40                     | $15         | $40           | $36            | $52*           | $15         | $40           |                   |                 |
| Mail: Brand w/ Generic available Copayments | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 | Member pays difference  
2 |                   |                 |
| Prescription Drug annual  
Out-of-Pocket Maximum  
(Individual/Family) | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 | $1,630/$3,260 |

**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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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.