

Out-of-Area Medical Plan

This plan is for employees who live outside the area where RWJBarnabas Health provides its services. This covers employees outside of New Jersey and certain counties within New Jersey. If your home zip code makes you eligible, you'll find this choice when you sign up for coverage on www.rwjhbenefits.com.



Benefits	Premier/Inner Circle Tier	In-Network Tier	Out-of-Network Tier
Refer to the chart on page 8 for a definition of which providers are in each tier.			
Deductible (Individual/Family)	\$400/\$800	\$500/\$1,000	\$7,500/\$15,000
Member Coinsurance			
Facility	No charge	You pay 20% ¹	You pay 60% ¹
Physician Office	You pay 20%; no deductible	You pay 20% ¹	You pay 60% ¹
Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$7,000/\$14,000	\$15,000/\$30,000
Office/Virtual Visit			
Primary Care Physician (PCP) or Specialist	You pay 20%; no deductible	You pay 20% ¹	You pay 60% ¹
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 20%; no deductible	Not covered
Diagnostic Laboratory			
Outpatient Facility and Freestanding Lab	No charge	You pay 20% ¹	You pay 60% ¹
Physician Office	You pay 20%; no deductible	You pay 20% ¹	You pay 60% ¹
Diagnostic X-Ray/Radiology			
Facility	No charge	You pay 20% ¹	You pay 60% ¹
Physician Office	You pay 20%; no deductible	You pay 20% ¹	You pay 60% ¹
Urgent Care Center	You pay 20%; no deductible	You pay 20% ¹	
Behavioral Health (Physician Office or ABA Therapy)	No charge	No charge	You pay 60% ¹
Physical Therapy ²	You pay 20% ¹	You pay 20% ¹	You pay 60% ¹
Speech & Occupational Therapy ²	You pay 20% ¹	You pay 20% ¹	You pay 60% ¹
Inpatient Hospital Care/Surgery			
Facility	No charge	You pay 20% ¹	You pay 60% ¹
Professional/Physician Charges	You pay 20% ¹	(after \$1,000 copay per facility admission)	(after \$1,500 copay per facility admission)
Outpatient Hospital Care			
Facility	No charge	You pay 20% ¹	You pay 60% ¹
Professional/Physician Charges	You pay 20% ¹	(after \$1,000 copay per facility admission)	(after \$1,500 copay per facility admission)
RWJBarnabas Health Virtual Urgent Care	No charge		
Emergency Room Treatment ³	\$200 facility copay (waived if admitted to Inpatient Status ⁴); no deductible		

¹ After deductible

² 30 visit max PER therapy, PER condition, PER incident (limit does not apply to autism-related diagnoses)

³ Non-emergency use of the Emergency Room is not covered

⁴ ER copay applies when admitted to Observation Status

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 Drug Benefits

Horizon BCBS

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

OMNIA, Direct Access, and Out-of-Area Plans

High Deductible Health Plan

Benefit Description	Premier/Inner Circle Tier	In-Network Tier
Deductible	\$100 per person per year for brand and specialty medications	Integrated with Medical Deductible
Out-of-Pocket Maximum	Integrated with Medical	
Retail (30-day supply)		
Generic	\$10 copay*	\$10 copay
Brand Preferred	\$40 copay	\$40 copay
Brand Non-Preferred	\$80 copay	\$80 copay
Mail Order (90-day supply of maintenance medications)**		
Generic	\$20 copay*	\$20 copay
Brand Preferred	\$100 copay	\$100 copay
Brand Non-Preferred	\$200 copay	\$200 copay
Specialty Medications (30-day supply)		
Specialty Preferred	\$200 copay	\$200 copay
Specialty Non-Preferred	\$400 copay	\$400 copay
Specialty medications may be eligible for copay assistance through the FlexAccess program to significantly reduce your cost share. Call FlexAccess at 888.302.3618 for questions on copay cards available for applicable medications.		

* Deductible does not apply

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



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, you will pay the copay until the out-of-pocket maximum has been met.

How can I get my prescriptions filled?



Short-Term Medications

What are they?	Where to Fill	How to Fill
<ul style="list-style-type: none"> Medication for an illness or condition expected to clear up in a short amount of time Typically needs to be filled the same day to start feeling better Usually not taken for longer than 30 days Example: Antibiotics 	<ul style="list-style-type: none"> On-site RWJBH pharmacies or Walgreens stores on-site at one of our facilities Local retail pharmacies, including CVS, Walgreens, Rite Aid, and other major pharmacy chains 	<ul style="list-style-type: none"> Doctor submits prescription through electronic system to the pharmacy; or Bring prescription to pharmacy

Maintenance Medications

What are they?	Where to Fill	How to Fill
<ul style="list-style-type: none"> Medication for an ongoing condition Might be needed for months, years, or even a lifetime; often available in 90-day supplies Usually has many refills included as part of the prescription Examples: Medications to treat cholesterol, diabetes, high blood pressure 	<ul style="list-style-type: none"> Amazon Mail-Order Pharmacy On-site RWJBH pharmacies or Walgreens stores on-site at one of our facilities 	<ul style="list-style-type: none"> To fill at an on-site pharmacy, bring your prescription to the pharmacy or have your physician submit it electronically Using Amazon Pharmacy, your doctor can send your prescription here: <ul style="list-style-type: none"> – E-SCRIBE: Amazon Pharmacy Home Delivery – FAX: 512.884.5981 – MAIL: 4500 S Pleasant Valley Rd. Suite 201, Austin, TX 78744 – PHONE: 855.206.3605, then press 1 (prescribers only)

Controlled Substance (Schedule II)

What are they?	Where to Fill	How to Fill
<ul style="list-style-type: none"> Pain medications This includes prescriptions for narcotics and medications to treat conditions like ADHD Only available in 30-day supplies 	<ul style="list-style-type: none"> On-site RWJBH pharmacies or Walgreens stores on-site at one of our facilities Local retail pharmacies, including CVS, Walgreens, Rite Aid, and other major pharmacy chains 	<ul style="list-style-type: none"> Doctor submits prescription through electronic system to the pharmacy; or Bring prescription to pharmacy

Specialty Medications

What are they?	Where to Fill	How to Fill
<ul style="list-style-type: none"> High-cost medications that treat complex conditions like cancer and multiple sclerosis Can sometimes be injectables and/or require special handling Only available in 30-day supplies 	<ul style="list-style-type: none"> Accredo Specialty Pharmacy RWJBarnabas Health Infusion & Specialty Pharmacy 	<ul style="list-style-type: none"> Please visit accredo.com to sign up and get ready for your first order Call Accredo directly at 833.715.0979 Call FlexAccess at 888.302.3618 for questions on copay cards available for applicable medications