



**LOCAL GOVERNMENT ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2023
HORIZON PLANS**

	NJ DIRECT/ NJ DIRECT 2019†	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
Prescription Drug Copayments²										
Retail: Generic Copayments	\$7	\$3	\$3	\$7	\$3	\$7 ³	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$10	\$10	\$16	\$18	\$21 ³	\$10	\$16		
Retail: Non-Preferred Brand Copayments	Member pays difference ⁴	\$10	\$10	\$35	\$46	Member pays difference ^{3,4}	\$10	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ^{3,4}	Member pays difference ⁴	Member pays difference ⁴		
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Mail: Preferred Brand Copayments	\$40	\$15	\$15	\$40	\$36	\$52	\$15	\$40		
Mail: Non-Preferred Brand Copayments	Member pays difference ⁴	\$15	\$15	\$88	\$92	Member pays difference ^{3,4}	\$15	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ⁴	Member pays difference ^{3,4}	Member pays difference ⁴	Member pays difference ⁴		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640		

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 Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

³ For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035.

⁴ You pay the the cost difference between the brand drug and the generic drug.