

**OMNIA or Out-of-Area Plan**

**Basic/High Deductible Plan**



**In-House Pharmacy**

EXISTING LOCATIONS:  
 Hackensack University Medical Center  
 Jersey Shore University Medical Center  
 JFK Medical Center  
 John Theurer Cancer Center  
 Meridian Village Pharmacy at Jackson  
 Ocean Medical Center  
 Palisades Medical Center  
 Riverview Medical Center  
 Southern Ocean Medical Center

COMING SOON:  
 Raritan Bay Medical Center - Old Bridge  
 Medical School Campus (Q4 2021)  
 HMH Specialty Pharmacy in Eatontown Providing  
 Network Level Service (Q1 2021)

<b>Generic</b>	\$5 / \$10 Copay (30-day / 90-day supply)	\$5 Copay (30-day supply) / \$10 Copay (90-day supply) after \$1,500/\$3,000 Network deductible is satisfied
<b>Preferred Brand</b>	\$25 / \$50 Copay (30-day / 90-day supply)	\$25 Copay (30-day supply) / \$50 Copay (90-day supply) after \$1,500/\$3,000 Network deductible is satisfied
<b>Brand Name</b>	\$50 / \$100 Copay (30-day / 90-day supply)	\$50 Copay (30-day supply) / \$100 Copay (90-day supply) after \$1,500/\$3,000 Network deductible is satisfied
<b>Specialty Drugs</b>	\$70 (30-day)	\$70 Copay (30-day supply) after \$1,500 Network deductible is satisfied
<b>Mandatory Generic</b>	Applies	
<b>Maintenance Rx</b>	Maintenance prescriptions must be filled at In-House Pharmacy or through Mail-order.	

**Retail – 30-Day Supply (OptumRx Pharmacy Benefits Manager)**



<b>Generic</b>	\$10 Copay	\$10 Copay after \$1,500/\$3,000 Network deductible is satisfied
<b>Preferred Brand</b>	30% (Min - \$35 / Max - \$100)	30% (Min - \$35 / Max - \$100) after \$1,500/\$3,000 Network deductible is satisfied
<b>Brand Name</b>	30% (Min - \$55 / Max - \$150)	30% (Min - \$55 / Max - \$150) after \$1,500/\$3,000 Network deductible is satisfied
<b>Specialty Drugs</b>	\$150 Copay through BriovaRx, Optum's Specialty Pharmacy	\$150 Copay through BriovaRx, Optum's Specialty Pharmacy after \$1,500/\$3,000 Network deductible is satisfied
<b>Mandatory Generic</b>	Applies	
<b>Maintenance Rx</b>	Maintenance prescriptions must be filled at In-House Pharmacy or through Mail-order.	

**Mail-Order – 90-Day Supply (OptumRx Pharmacy Benefits Manager)**



<b>Generic</b>	\$25 Copay	\$25 Copay after \$1,500/\$3,000 Network deductible is satisfied
<b>Preferred Brand</b>	30% (Min - \$80 / Max - \$200)	30% (Min - \$80 / Max - \$200) after \$1,500/\$3,000 Network deductible is satisfied
<b>Brand Name</b>	30% (Min - \$125 / Max - \$350)	30% (Min - \$125 / Max - \$350) after \$1,500/\$3,000 Network deductible is satisfied
<b>Mandatory Generic</b>	Applies	
<b>Maintenance Rx</b>	Maintenance prescriptions must be filled at In-House Pharmacy or through Mail-order.	