

Premium Plus, Premium or Out of New Jersey Plan

Basic 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

COMING SOON:
 Raritan Bay Medical Center
 Southern Ocean Medical Center

Generic	\$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
Preferred Brand	\$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
Brand Name	\$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
Specialty Drugs	\$70 (30-day)	\$70 Copay (30-day supply) after \$1,500 Network deductible is satisfied
Mandatory Generic	Applies	
Maintenance Rx	Maintenance prescriptions must be filled at In-House Pharmacy or through Mail-order.	

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

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

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

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