

NJEHP

Simplified Medical/Prescription Plan Benefits Overview

	NJEHP	
	In-Network	Out-of-Network
Referral Required	No	
Individual Deductible	None	\$350
Family Deductible	None	\$700
Coinsurance	10% (Select Services)	30%
PCP Office Copay	\$10	30% after deductible
Specialist Office Copay	\$15	30% after deductible
Inpatient Hospital	100%	30% after deductible
Emergency Room Copay	\$100	
Maximum Out of Pocket	\$500	\$2,000
Coinsurance Max Family	\$1,000	\$5,000
Retail Generic Copay	\$5	
Retail Brand w/ No Generic Available	\$10	
Retail Brand w/ Generic Available	Member Pays the Difference	
Mail Order Generic Copay	\$10	
Mail Order Brand w/ No Generic Available	\$20	
Mail Order Brand w/ Generic Available	Member Pays the Difference	