

# Members Health Plan NJ: Summary of Material Modifications

## The following changes are being made to the Revised July 1, 2019 Summary Plan Description of Members Health Plan NJ:

- I. The following prescription copays will be effective January 1, 2021 for all enrolled members regardless of renewal date:
  - Rx1: \$15/\$50/\$75 (Retail) | \$35/\$125/\$187.50 (Mail Order) | Specialty (Retail & Mail): 30%
  - Rx2: \$25/\$75/\$100 (Retail) | \$60/\$187.50/\$250 (Mail Order) | Specialty (Retail & Mail): 30%
  - Rx4: \$15/\$50/\$75, after deductible (Retail) | \$35/\$125/\$187.50, after deductible (Mail Order) | Specialty (Retail & Mail): 30%, after deductible
- II. The following maximum out of pocket changes will be effective beginning January 1, 2021 for all enrolled members upon your employers renewal date with MHPNJ:

PLAN	CURRENT BENEFIT	NEW BENEFIT	PLAN	CURRENT BENEFIT	NEW BENEFIT
<b>B</b>	INN: \$6,850/\$13,700 OON: \$6,850/\$13,700	INN: \$8,550/\$17,100 OON: \$17,100/\$34,200	<b>U</b>	INN: \$6,000/\$12,000 No OON benefit	INN: \$8,550/\$17,100 No OON benefit
<b>G, L, P</b>	INN: \$6,850/\$13,700 OON: \$13,700/\$27,400	INN: \$8,550/\$17,100 OON: \$17,100/\$34,200	<b>V</b>	INN: \$6,550/\$13,100 No OON benefit	INN: \$8,550/\$17,100 No OON benefit
<b>H, O, T</b>	INN: \$6,850/\$13,700 No OON benefit	INN: \$8,550/\$17,100 No OON benefit	<b>W</b>	INN: \$6,550/\$13,100 No OON benefit	INN: \$7,000/\$14,000 No OON benefit
<b>M</b>	Tier 1: \$3,000/\$6,000 Tier 2: \$6,000/\$12,000	Tier 1: no change Tier2: \$8,550/\$17,100	<b>X</b>	Tier 1: \$6,000/\$12,000 Tier 2: \$6,000/\$12,000	Tier 1: no change Tier2: \$8,550/\$17,100
<b>N</b>	Tier 1: \$6,550/\$13,100 Tier 2: \$6,550/\$13,100	Tier 1: \$7,000/\$14,000 Tier 2: \$7,000/\$14,000	<b>Y</b>	Tier 1: \$6,850/\$13,700 Tier 2: \$6,850/\$13,700	Tier 1: \$8,550/\$17,100 Tier 2: \$8,550/\$17,100
<b>R</b>	INN: \$6,550/\$13,100 OON: \$13,100/\$26,200	INN: \$7,000/\$14,000 OON: \$17,100/\$34,200	<b>Z</b>	Tier 1: \$6,850/\$13,700 Tier 2: \$6,850/\$13,700	Tier 1: no change Tier2: \$8,550/\$17,100

Refer to the Prescription Summary and Benefit Summaries for details.

For a copy of the SPD please go to [www.membershealthplannj.com](http://www.membershealthplannj.com) or you can request a hard copy by contacting us directly at 1-833-MEWANOW.