

# Health coverage tax credit – Summary of Benefits

New Jersey

Preferred/Non-Preferred Benefits	80/50	Definition of Dependents	To age 19, age 23 if in school
Office Visit Copay		In-Network Pharmacy Copay	\$15/25/40 after deductible
Non-specialist	\$25 after deductible	Individual Rx Calendar Year Deductible	\$200
Specialist	\$40 after deductible	Family Rx Calendar Year Deductible	\$600
Calendar Year Deductible		Contraceptives	Excluded
Preferred	\$1,500 individual/ \$4,500 family	Performance Enhancement Drugs	Excluded
Non-Preferred	\$1,500 individual/ \$4,500 family	Out-of-Network Pharmacy Coinsurance	70%
Calendar Year Deductible applies separately to Preferred and Non-Preferred Care Expenses.		Emergency Room Copay/Deductible	\$100
Family Deductible Limit	3X	Coinsurance Limits	
Inpatient Per Confinement Hospital*		Preferred Individual Limit	\$1,500 after deductible
Preferred Copay	\$500	Preferred Family Limit	\$4,500 after deductible
Non-Preferred Deductible	\$1,000	Non-Preferred Individual Limit	\$1,500 after deductible
Routine Hearing Exam	Excluded	Non-Preferred Family Limit	\$4,500 after deductible
Routine Eye Exam	24 months	Coinsurance Limits apply separately to Preferred and Non-Preferred Limits.	
Vision Eyewear	Excluded		
Convalescent Facility	60 days		
Drug Abuse	20 visits		
Precertification Penalty	\$400		
Pre-existing Conditions Rule	Waived (per HCTC mandate)		

\*Expenses used to meet the Inpatient Hospital Copay or Deductible can also be used to meet any other applicable deductible. Expenses used to meet any other applicable deductible cannot be used to meet the Inpatient Copay or Hospital Deductible.

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