

STATE RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2019 Explore Your Benefits AETNA AND HORIZON PLANS - MEDICAL COST SHARING

	Aetna Freedom10*	Aetna Freedom15*	Aetna Freedom1525**	Aetna Freedom2030**	Aetna HMO*	Aetna HMO1525*	Aetna HMO2030**	Aetna Value HD4000**
	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	NJ DIRECT HD4000**
Medical Cost Sharing								
Primary Care Copayment	\$10	\$15	\$15	\$20	\$10	\$15	\$20	20% coinsurance after deductible
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child***	\$10	\$25	\$30/adult \$20/child***	20% coinsurance after deductible
Emergency Room Copayment	\$75	\$100 ⁵	\$100	\$125	\$85	\$100	\$125	20% coinsurance after deductible
In-Network Deductible (Individual/Family)								\$4,000/\$8,000
In-Network Coinsurance ²	10%	10%	10%	10%				20% after deductible
In-Network Coinsurance Maximum (Individual/Family)		\$400/\$1,000	\$400/\$1,000	\$800/\$2,000				
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500				See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	20%	30%	30%	30%				40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500				\$6,000/\$12,000
Out-of-Network Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$200/stay	\$500/stay				

- Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in an Aetna Medicare Advantage plan if this plan is selected.
- Medicare-eligible retirees and/or retirees with Medicare-eligible spouses cannot enroll in Aetna Freedom1525, Aetna Freedom2030, Aetna HMO2030, or any High Deductible Health Plan.
- Age 26 and under
- 1 Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.
- ² On select services.
- Out-of-Network Deductible is combined with In-Network Deductible.
- ⁴ After Deductible.
- \$75 for those with Aetna Medicare Advantage 15.



STATE RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2019 Explore Your Benefits AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS

	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna HMO	Aetna HMO1525	Aetna HMO2030	Aetna Value HD4000
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	NJ DIRECT HD4000
Prescription Drug Copayments								
Retail: Generic Copayments	\$10	\$10	\$7	\$3	\$6	\$7	\$3	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$22	\$22	\$16	\$18	\$12	\$16	\$18	
Retail: Non-Preferred Brand Copayments	\$44	\$44	\$35	\$46	\$24	\$35	\$46	
Retail: Brand w/ Generic Equivalent	Member pays difference ²							
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Mail: Preferred Brand Copayments	\$28	\$28	\$40	\$36	\$18	\$40	\$36	
Mail: Non-Preferred Brand Copayments	\$55	\$55	\$88	\$92	\$30	\$88	\$92	
Mail: Brand w/ Generic Equivalent	Member pays difference ²							
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² Non-Medicare eligible retirees pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.