



**LOCAL GOVERNMENT RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2019  
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	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 HMO <sup>1</sup>	Horizon HMO1525 <sup>1</sup>	Horizon HMO2030 <sup>1</sup>	NJ DIRECT HD4000**
<b>Medical Cost Sharing</b>								
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 <sup>5</sup>	\$100	\$125	\$85	\$100	\$125	20% coinsurance after deductible
In-Network Deductible (Individual/Family)								\$4,000/\$8,000
In-Network Coinsurance <sup>2</sup>	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 <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	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

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

<sup>2</sup> On select services.

<sup>3</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>4</sup> After Deductible.

<sup>5</sup> \$75 for those with Aetna Medicare Advantage 15.

**NOTE:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com)



**LOCAL GOVERNMENT RETIRED GROUP  
 MEDICAL PLAN DESIGN - PLAN YEAR 2019  
 AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS**

Explore Your Benefits

	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 HMO <sup>1</sup>	Horizon HMO1525 <sup>1</sup>	Horizon HMO2030 <sup>1</sup>	NJ DIRECT HD4000
<b>Prescription Drug Copayments</b>								
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 <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	
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 <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	
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	

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.  
<sup>2</sup> Non-Medicare eligible retirees pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.