



State Health Benefits Program (SHBP)  
**AETNA MEDICARE ADVANTAGE GROUP PLANS**  
**SHBP MEDICAL PLAN DESIGN — 2019**

<b>AETNA PLANS</b>				
	<b>Medicare Advantage PPO ESA 10 (Freedom 10)</b>	<b>Medicare Advantage PPO ESA 15 (Freedom 15)</b>	<b>Medicare Advantage Open Access HMO (HMO)</b>	<b>Medicare Advantage Open Access HMO 1525 (HMO 1525)</b>
<b>Medical Cost Sharing</b>				
Primary Care Copayment	\$10	\$15	\$10	\$15
Specialist Care Copayment	\$10	\$15	\$10	\$25
Emergency Room Copayment	\$75	\$75	\$75	\$75
In-Network Deductible (Individual/Family)				
In-Network Coinsurance Maximum (Individual/Family)				
In-Network Out-of-Pocket Maximum	\$1,000 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person
Out-of-Network Deductible (Individual/Family)			Not Covered	Not Covered
Out-of-Network Out-of-Pocket Maximum	\$1,000 per person; Combined In- and Out-of-Network	\$1,000 per person; Combined In- and Out-of-Network	Not Covered	Not Covered
<b>Prescription Drug Copayments</b>				
Retail: Generic Copayments	\$10.00	\$10.00	\$6.00	\$7.00
Retail: Preferred Brand Copayments	\$22.00	\$22.00	\$12.00	\$16.00
Retail: Non-Preferred Brand Copayments	\$44.00	\$44.00	\$24.00	\$35.00
Mail: Generic Copayments	\$5.00	\$5.00	\$5.00	\$5.00
Mail: Preferred Brand Copayments	\$28.00	\$28.00	\$18.00	\$40.00
Mail: Non-Preferred Brand Copayments	\$55.00	\$55.00	\$30.00	\$88.00
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
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