

LOCAL EDUCATION RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2019

AETNA AND HORIZON PLANS - MEDICAL COST SHARING

	Aetna Freedom Zero*	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525*	Aetna Freedom2030*	Aetna HMO	Aetna HMO1525	Aetna HMO2030*	Aetna Value HD4000**
	NJ DIRECT ZERO*	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	\$0	\$10	\$15	\$15	\$20	\$10	\$15	\$20	20% coinsurance after deductible
Specialist Care Copayment	\$0	\$10	\$15	\$25	\$30 adult/\$20 child***	\$10	\$25	\$30 adult/\$20 child***	20% coinsurance after deductible
Emergency Room Copayment	\$50	\$25	\$50	\$75	\$125	\$35	\$75⁵	\$125	20% coinsurance after deductible
In-Network Deductible (Individual/Family)									\$4,000/\$8000
In-Network Coinsurance ²	10%	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	\$400/\$1,000	\$6,489/\$12,978	\$6,489/\$12,978	\$6,489/\$12,978	\$6,489/\$12,978	\$6,489/\$12,978	\$6,489/\$12,978	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500				See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	20%	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	\$2,000/ \$5,000	\$5,000/ \$12,500				\$6,000/ \$12,000
Out-of-Network Inpatient Hospital Deductible				\$200/stay	\$500/stay				

^{*} Medicare-eligible retirees cannot enroll in the Aetna Freedom Zero, Aetna Freedom1525, Aetna Freedom2030, Aetna HMO2030, NJ DIRECT ZERO, NJ DIRECT10 or NJ DIRECT15 plans

^{**} HD = High Deductible Health Plan (Medicare-eligible retirees cannot enroll in the HD plans)

^{***} Age 26 and under

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

On select services.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ \$65 for those with Medicare Advantage HMO 1525



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

	Aetna Freedom Zero*	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525*	Aetna Freedom2030*	Aetna HMO	Aetna HMO1525	Aetna HMO2030*	Aetna Value HD4000**	
	NJ DIRECT ZERO*	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	NJ DIRECT HD4000**	
Prescription Drug Copayments										
Retail: Generic Copayments	\$10	\$10	\$10	\$7	\$3	\$6	\$7	\$3		
Retail: Preferred Brand Copayments	\$21	\$21	\$21	\$17	\$19	\$13	\$17	\$19		
Retail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic	\$42	\$42	\$36	\$48	\$26	\$36	\$48	\$48 Subject to deductible and coinsurance \$37 \$95	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5		
Mail: Preferred Brand Copayments	\$31	\$31	\$31	\$41	\$37	\$19	\$41	\$37		
Mail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic	\$52	\$52	\$91	\$95	\$31	\$91	\$95		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822		

NOTE: Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: www.aetnastatenj.com

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^{**} HD = High Deductible Health Plan (Medicare-eligible retirees cannot enroll in the HD plans)

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.