



LOCAL EDUCATION RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2018 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 ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	NJ DIRECT HD4000*
Medical Cost Sharing								
Primary Care Copayment	\$10	\$15	\$15	\$20	\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30 adult / \$20 child***	\$10	\$25	\$30 adult / \$20 child***	
Emergency Room Copayment	\$25	\$50	\$75	\$125	\$35	\$75	\$125	
In-Network Deductible (Individual/Family)								\$4,000 / \$8000
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				\$1,000 / \$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400 / \$1,000	\$5,939 / \$11,878	\$5,939 / \$11,878	\$5,939 / \$11,878	\$5,939 / \$11,878	\$5,939 / \$11,878	\$5,939 / \$11,878	\$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	\$500 / stay				

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

** Medicare-eligible retirees cannot enroll in the Aetna Freedom1525, Aetna Freedom2030, or Aetna HMO2030 plans

*** 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.

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

⁴ After Deductible.



**LOCAL EDUCATION RETIRED GROUP
 MEDICAL PLAN DESIGN - PLAN YEAR 2018
 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 ¹	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	\$21	\$21	\$17	\$19	\$13	\$17	\$19	
Retail: Non-Preferred Brand Copayments	\$42	\$42	\$36	\$48	\$26	\$36	\$48	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Mail: Preferred Brand Copayments	\$31	\$31	\$41	\$37	\$19	\$41	\$37	
Mail: Non-Preferred Brand Copayments	\$52	\$52	\$91	\$95	\$31	\$91	\$95	
Prescription Drug annual Out-of-Pocket Maximum ² (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	

* HD = High Deductible Health Plan (Medicare eligible retirees cannot enroll in the HD plans)
 ** Medicare eligible retirees cannot enroll in the Aetna Freedom1525, Aetna Freedom2030, or Aetna HMO2030 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.
² Maximum out-of-pocket on prescription drugs per person per calendar year.

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