

LOCAL EDUCATION RETIRED GROUP — MEDICAL PLAN DESIGNS — 2017

HR-0900-1016

AETNA PLANS and HORIZON PLANS								
	Aetna Freedom 10 NJ DIRECT10	Aetna Freedom 15 NJ DIRECT15	Aetna Freedom 1525** NJ DIRECT1525	Aetna Freedom 2030** NJ DIRECT2030	Aetna HMO Horizon HMO¹	Aetna HMO1525 Horizon HMO1525¹	Aetna HMO2030** Horizon HMO2030¹	Aetna Value HD4000* 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								\$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				\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$5,739/\$11,478	\$5,739/\$11,478	\$5,739/\$11,478	\$5,739/\$11,478	\$5,739/\$11,478	\$5,739/\$11,478	\$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				
Prescription Drug Copayments								
Retail: Generic Brand Copayments	\$10.00	\$10.00	\$7.00	\$3.00	\$6.00	\$7.00	\$3.00	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$21.00	\$21.00	\$17.00	\$19.00	\$13.00	\$17.00	\$19.00	
Retail: Non-Preferred Brand Copayments	\$42.00	\$42.00	\$36.00	\$48.00	\$26.00	\$36.00	\$48.00	
Mail: Generic Brand Copayments	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	
Mail: Preferred Brand Copayments	\$31.00	\$31.00	\$41.00	\$37.00	\$19.00	\$41.00	\$37.00	
Mail: Non-Preferred Brand Copayments	\$52.00	\$52.00	\$91.00	\$95.00	\$31.00	\$91.00	\$95.00	
Prescription Drug Annual Out-of-Pocket Maximum ⁵	\$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 Freedom 1525, 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.

⁵ 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 Web site: www.aetnastatenj.com

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This is a summary and not intended to provide total information. Although every attempt at accuracy is made, it cannot be guaranteed.