HA-0895-0717

STATE ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2018
AETNA AND HORIZON PLANS - MEDICAL COST SHARING

	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500*
	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO[1]	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500*
Medical Cost Sharing						**TIER 1**	**TIER 2**		
Primary Care Copayment	$15	$15	$20	$20	$15	$5	$20		
Specialist Care Copayment	$15	$25	$30 adult / $20 child**	$35	$15	$15	$30		
Emergency Room Copayment	$100	$100	$125	$300	$100	$100	$100		
In-Network Deductible				$200[6]	$100[2]	None	$1,500[7]	$4,000[7]	$1,500[7]
In-Network Coinsurance	10%[2]	10%[2]	10%[2]	20%[6] after deductible		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	$400 / $1,000	$400 / $1,000	$800 / $2,000	$2,000 / $5,000		None	None	$1,000 / $2,000	$1,000 / $2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$5,880 / $11,760	$5,880 / $11,760	$5,880 / $11,760	$5,880 / $11,760	$5,880 / $11,760	$2,500[7]	$4,500[7]	$5,000 / $10,000	$2,500 / $5,000
Out-of-Network Deductible (Individual)	$100 / $250	$100 / $250	$200 / $500	$800 / $2,000				See In-Network Deductible[3]	See In-Network Deductible[3]
Out-of-Network Coinsurance[4]	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,000 / $5,000	$2,000 / $5,000	$5,000 / $12,500	$6,500 / $13,000				$6,000 / $12,000	$3,500 / $7,000
Out-of-Network Inpatient Hospital Deductible	$200 / stay	$200/stay	$500/stay	$600/stay					
Employer Health Savings Account Funding[5]									$300

*** HD = High Deductible Health Plan**
**** 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 Health Savings Accounts can be used for qualified medical expenses without federal tax liability.
6 Applies to services that do not require a copayment.
7 Family amounts are 2 x per member amounts listed in table.

HA-0895-0717

STATE ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2018
AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS

	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty	Aetna Value HD4000*	Aetna Value HD1500*
	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO[1]	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
Prescription Drug Copayments								
Retail: Generic Copayments	$3	$7	$3	$7[3]	$3	$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	$10	$16	$18	$21[3]	$10	$16		
Retail: Brand w/Generic available Copayments[2]	member pays difference[2]	member pays difference[2]	member pays difference[2]	member pays difference[3]	member pays difference[2]	member pays difference[2]		
Mail: Generic Copayments	$5	$18	$5	$18[3]	$5	$18		
Mail: Brand Copayments	$15	$40	$36	$52[3]	$15	$40		
Mail: Brand w/Generic available Copayments[2]	member pays difference[2]	member pays difference[2]	member pays difference[2]	member pays difference[3]	member pays difference[2]	member pays difference[2]		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,470 / $2,940	$1,470 / $2,940	$1,470 / $2,940	$1,470 / $2,940	$1,470 / $2,940	$1,470 / $2,940		

*** HD = High Deductible Health Plan**

[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] You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.
[3] For maintenance prescription drugs, mail order is mandatory under the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — *www.nj.gov/treasury/pensions*
This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.