

LOCAL GOVERNMENT ACTIVE EMPLOYEES — MEDICAL PLAN DESIGNS — PLAN YEAR 2017

HA-0896-0217

	Aetna Freedom10 NJ DIRECT10	Aetna Freedom15 NJ DIRECT15	Aetna Freedom1525 NJ DIRECT1525	Aetna Freedom2030 NJ DIRECT2030	Aetna Freedom2035 NJ DIRECT2035	Aetna HMO Horizon HMO¹	Aetna Liberty Horizon OMNIA	Aetna Value HD4000 NJ DIRECT HD4000*	Aetna Value HD1500 NJ DIRECT HD1500*
Medical Cost Sharing							TIER 1 / TIER 2		
Primary Care Copayment	\$10	\$15	\$15	\$20	\$20	\$10	\$5.00/\$20.00		
Specialist Care Copayment	\$10	\$15	\$25	\$30 adult/\$20 child**	\$35	\$10	\$15.00/\$30.00		
Emergency Room Copayment	\$75	\$100	\$100	\$125	\$300	\$85	\$100.00/\$100.00		
In-Network Deductible					\$200	\$100 ²	None/\$1500.00***	\$4,000	\$1,500
In-Network Coinsurance ²	10%	10%	10%	10%	20% after deductible ³		None/20%	20% after deductible ³	20% after deductible ³
In-Network Coinsurance Maximum (Individual/Family)		\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2000/\$5,000		None/None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$5,720/\$11,440	\$5,720/\$11,440	\$5,720/\$11,440	\$5,720/\$11,440	\$5,720/\$11,440	\$2,500***/\$4,500***	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual)	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2000		NA/NA	See In-Network Deductible ⁴	See In-Network Deductible ⁴
Out-of-Network Coinsurance ⁵	20%	30%	30%	30%	40%		NA/NA	40%	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	\$6,500/\$13,000		NA/NA	\$6,000/\$12,000	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$200/stay	\$500/stay	\$600/stay		NA/NA		
Prescription Drug Copayments⁶									
Retail: Generic Copayments	\$3.00	\$3.00	\$7.00	\$3.00	\$7.00 ⁷	\$3.00	\$7.00	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Copayments	\$10.00	\$10.00	\$16.00	\$18.00	\$21.00 ⁷	\$10.00	\$16.00		
Retail: Non-Preferred Copayments	\$10.00	\$10.00	\$35.00	\$46.00	member pays difference ^{7,8}	\$10.00	\$35.00		
Retail: Brand w/Generic Equivalent	member pays difference ⁸	member pays difference ⁸	member pays difference ⁸	member pays difference ⁸	member pays difference ^{7,8}	member pays difference ⁸	member pays difference ⁸		
Mail: Generic Copayments	\$5.00	\$5.00	\$18.00	\$5.00	\$18.00	\$5.00	\$18.00		
Mail: Preferred Copayments	\$15.00	\$15.00	\$40.00	\$36.00	\$52.00	\$15.00	\$40.00		
Mail: Non-Preferred Copayments	\$15.00	\$15.00	\$88.00	\$92.00	member pays difference ^{7,8}	\$15.00	\$88.00		
Mail: Brand w/Generic Equivalent	member pays difference ⁸	member pays difference ⁸	member pays difference ⁸	member pays difference ⁸	member pays difference ^{7,8}	member pays difference ⁸	member pays difference ⁸		
Prescription Drug Annual Out-of- Pocket Maximum (Individual/Family)	\$1,430/\$2,860	\$1,430/\$2,860	\$1,430/\$2,860	\$1,430/\$2,860	\$1,430/\$2,860	\$1,430/\$2,860	\$1,430/\$2,860		

* = High Deductible Health Plan (HD)

** = Age 26 and under

*** = Family amounts are 2 x per member amounts listed.

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 Applies to services that do not require a copayment.

⁴ Out-of-Network Deductible is combined with In-Network Deductible.

⁵ After Deductible.

⁶Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJDIRECT2035. Copayments for Aetna Freedom10, Aetna Freedom15, Aetna HMO, a Horizon HMO are: \$5, \$10, \$20 (Retail 30 day supply) and \$5, \$15, \$25 (Mail Order 90 day supply); Copayments for Aetna Freedom1525, Aetna Freedom2030, Aetna Freedom2035, Aetna Liberty, and Horizon OMNIA are shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

⁷For maintenance prescription drugs, mail order is mandatory under the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).

⁸You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.

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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.