

STATE RETIRED GROUP — SHBP MEDICAL PLAN DESIGN — 2017

HR-0898-0217

| | 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 | \$75 | \$100 | \$100 | \$125 | \$85 | \$100 | \$125 | |
| In-Network Deductible (Individual/Family) | | | | | | | | \$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 | \$5,799/\$11,598 | \$5,799/\$11,598 | \$5,799/\$11,598 | \$5,799/\$11,598 | \$5,799/\$11,598 | \$5,799/\$11,598 | \$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 | \$200/stay | \$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 | \$22.00 | \$22.00 | \$16.00 | \$18.00 | \$12.00 | \$16.00 | \$18.00 | |
| Retail: Non-Preferred Brand Copayments | \$44.00 | \$44.00 | \$35.00 | \$46.00 | \$24.00 | \$35.00 | \$46.00 | |
| Retail: Brand w/Generic Equivalent | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | |
| Mail: Generic Brand Copayments | \$5.00 | \$5.00 | \$5.00 | \$5.00 | \$5.00 | \$5.00 | \$5.00 | |
| Mail: Preferred Brand Copayments | \$33.00 | \$33.00 | \$40.00 | \$36.00 | \$18.00 | \$40.00 | \$36.00 | |
| Mail: Non-Preferred Brand Copayments | \$55.00 | \$55.00 | \$88.00 | \$92.00 | \$30.00 | \$88.00 | \$92.00 | |
| Mail: Brand w/Generic Equivalent | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | member pays difference ⁶ | |
| Prescription Drug Annual Out-of-Pocket Maximum ⁵ | \$1,351.00 | \$1,351.00 | \$1,351.00 | \$1,351.00 | \$1,351.00 | \$1,351.00 | \$1,351.00 | |

* Medicare eligible retirees cannot enroll in the Aetna Freedom 1525, Aetna Freedom2030, or Aetna HMO2030 plans.

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

⁶ Non-Medicare eligible retirees pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.

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

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