



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

Explore Your Benefits

	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/Family)	\$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.



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

Explore Your Benefits

	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 ^{2, 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 ^{2, 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).