



## LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2018 AETNA AND HORIZON PLANS - MEDICAL COST SHARING

Explore Your Benefits

	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500*, <sup>6</sup>
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO <sup>1</sup>	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500*, <sup>6</sup>
<b>Medical Cost Sharing</b>							<b>TIER 1</b>	<b>TIER 2</b>		
Primary Care Copayment	\$10	\$15	\$15	\$20	\$20	\$10	\$5	\$20		
Specialist Care Copayment	\$10	\$15	\$25	\$30 adult / \$20 child**	\$35	\$10	\$15	\$30		
Emergency Room Copayment	\$75	\$100	\$100	\$125	\$300	\$85	\$100	\$100		
In-Network Deductible					\$200	\$100 <sup>2</sup>	None	\$1,500***	\$4,000***	\$1,500***
In-Network Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20% after deductible <sup>3</sup>		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)	\$400 / \$1,000	\$5,880 / \$11,760	\$5,880 / \$11,760	\$5,880 / \$11,760	\$5,880 / \$11,760	\$5,880 / \$11,760	\$2,500***	\$4,500***	\$5,000 / \$10,000	\$2,500 / \$5,000
Out-of-Network Deductible (Individual/Family)	\$100 / \$250	\$100 / \$250	\$100 / \$250	\$200 / \$500	\$800 / \$2,000				See In-Network Deductible <sup>4</sup>	See In-Network Deductible <sup>4</sup>
Out-of-Network Coinsurance <sup>5</sup>	20%	30%	30%	30%	40%				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				\$6,000 / \$12,000	\$3,500 / \$7,000
Out-of-Network Inpatient Hospital Deductible	\$200 / stay	\$200 / stay	\$200 / stay	\$500 / stay	\$600 / stay					

\* HD = High Deductible Health Plan  
 \*\* Age 26 and under  
 \*\*\*Family amounts are 2 x per member amounts listed

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.  
<sup>2</sup> On select services.

<sup>3</sup> Applies to services that do not require a copayment.  
<sup>4</sup> Out-of-Network Deductible is combined with In-Network Deductible.  
<sup>5</sup> After Deductible

<sup>6</sup> Employer Health Savings Account Funding is \$300 for Aetna HD1500 and Horizon HD1500 plans which can be used for qualified medical expenses without federal tax liability.



**LOCAL GOVERNMENT ACTIVE GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2018  
AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS<sup>2</sup>**

Explore Your Benefits

	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty	Aetna Value HD4000*	Aetna Value HD1500*
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO <sup>1</sup>	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Prescription Drug Copayments<sup>2</sup></b>									
Retail: Generic Copayments	\$3	\$3	\$7	\$3	\$7 <sup>3</sup>	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$10	\$10	\$16	\$18	\$21 <sup>3</sup>	\$10	\$16		
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$35	\$46	member pays difference <sup>3,4</sup>	\$10	\$35		
Retail: Brand w/ Generic Equivalent <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>3,4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>		
Mail: Generic Copayments	\$5	\$5	\$18	\$5	\$18	\$5	\$18		
Mail: Preferred Brand Copayments	\$15	\$15	\$40	\$36	\$52	\$15	\$40		
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$88	\$92	member pays difference <sup>3,4</sup>	\$15	\$88		
Mail: Brand w/ Generic Equivalent <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>3,4</sup>	member pays difference <sup>4</sup>	member pays difference <sup>4</sup>		
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	\$1,470 / \$2,940		

\* HD = High Deductible Health Plan

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.  
<sup>2</sup> Local 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 is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. Copayments for Aetna Freedom10, Aetna Freedom15, Aetna HMO, and 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.

<sup>3</sup> For maintenance prescription drugs, mail order is mandatory under the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).

<sup>4</sup> You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.