

STATE ACTIVE EMPLOYEES — APPROVED MEDICAL PLAN DESIGNS — PLAN YEAR 2012

HA-0895-1111

| | HORIZON PLANS | | | | | AETNA PLANS | | | | | CIGNA PLANS | | | | |
|--|---------------|---------------|----------------------------|--|--|----------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|
| | NJ DIRECT15 | NJ DIRECT1525 | NJ DIRECT2030 | NJ DIRECT HD4000* | NJ DIRECT HD1500* | Aetna HMO | Aetna 1525 | Aetna 2030 | Aetna HD4000* | Aetna HD1500* | CIGNA HMO | CIGNA 1525 | CIGNA 2030 | CIGNA HD4000* | |
| Medical Cost Sharing | | | | | | | | | | | | | | | |
| Primary Care Copayment | \$15 | \$15 | \$20 | | | \$15 | \$15 | \$20 | | | \$15 | \$15 | \$20 | | |
| Specialist Care Copayment | \$15 | \$25 | \$30/adult \$20/child** | | | \$15 | \$25 | \$30/adult \$20/child** | | | \$15 | \$25 | \$30/adult \$20/child** | | |
| Emergency Room Copayment | \$50 | \$75 | \$125 | | | \$50 | \$75 | \$125 | | | \$50 | \$75 | \$125 | | |
| In-Network Deductible ¹ | | | | \$4,000 | \$1,500 | | | | \$4,000 | \$1,500 | | | | \$4,000 | \$1,500 |
| In-Network Coinsurance ² | 10% | 10% | 10% | 20% after deductible | 20% after deductible | \$100 deductible then 100% | \$100 deductible then 100% | \$100 deductible then 100% | 20% after deductible | 20% after deductible | \$100 deductible then 100% | \$100 deductible then 100% | \$100 deductible then 100% | 20% after deductible | 20% after deductible |
| In-Network Out-of-Pocket Maximum (Individual) ¹ | \$400 | \$400 | \$800 | \$1,000 | \$1,000 | | | | \$1,000 | \$1,000 | | | | \$1,000 | \$1,000 |
| Out-of-Network Deductible (Individual) ¹ | \$100 | \$100 | \$200 | See In-Network Deductible ³ | See In-Network Deductible ³ | | | | | | | | | | |
| Out-of-Network Coinsurance (Individual) ⁴ | 30% | 30% | 30% | 40% | 40% | | | | | | | | | | |
| Out-of-Network Out-of-Pocket Maximum (Individual) ¹ | \$2,000 | \$2,000 | \$5,000 | \$2,000 | \$2,000 | | | | | | | | | | |
| Out-of-Network Inpatient Hospital Deductible | \$200/stay | \$200/stay | \$500/stay | | | | | | | | | | | | |
| Employer Health Savings Account Funding ⁵ | | | | | \$300 | | | | | \$300 | | | | | \$300 |
| Prescription Drug Copays | | | | | | | | | | | | | | | |
| Retail: Tier 1 Copayments | \$3.00 | \$7.00 | \$3.00 | Subject to deductible and coinsurance | Subject to deductible and coinsurance | \$3.00 | \$7.00 | \$3.00 | Subject to deductible and coinsurance | Subject to deductible and coinsurance | \$3.00 | \$7.00 | \$3.00 | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| Retail: Tier 2 Copayments | \$10.00 | \$16.00 | \$18.00 | | | \$10.00 | \$16.00 | \$18.00 | | | | | | | |
| Retail: Tier 3 Copayments | \$25.00 | \$35.00 | \$46.00 | | | \$25.00 | \$35.00 | \$46.00 | | | | | | | |
| Mail: Tier 1 Copayments | \$5.00 | \$18.00 | \$5.00 | | | \$5.00 | \$18.00 | \$5.00 | | | | | | | |
| Mail: Tier 2 Copayments | \$15.00 | \$40.00 | \$36.00 | | | \$15.00 | \$40.00 | \$36.00 | | | | | | | |
| Mail: Tier 3 Copayments | \$40.00 | \$88.00 | \$92.00 | | | \$40.00 | \$88.00 | \$92.00 | | | | | | | |

* HD = High Deductible Health Plan

** Under age 26

¹ Family amounts are 2 times the individual amounts for the high deductible plans and 2.5 for all other plans.

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 for qualified medical expenses without federal tax liability.

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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.