

STATE ACTIVE EMPLOYEES — MEDICAL PLAN DESIGNS — PLAN YEAR 2013

HA-0895-1212

	AETNA PLANS and HORIZON PLANS							
	Aetna Freedom15 NJ DIRECT15	Aetna Freedom1525 NJ DIRECT1525	Aetna Freedom2030 NJ DIRECT2030	Aetna HMO Horizon HMO ¹	Aetna HMO1525 Horizon HMO ¹ 1525	Aetna HMO2030 Horizon HMO ¹ 2030	Aetna Value HD4000* NJ DIRECT HD4000*	Aetna Value HD 1500* NJ DIRECT HD1500*
Medical Cost Sharing								
Primary Care Copayment	\$15	\$15	\$20	\$15	\$15	\$20		
Specialist Care Copayment	\$15	\$25	\$30/adult \$20/child**	\$15	\$25	\$30/adult \$20/child**		
Emergency Room Copayment	\$50	\$75	\$125	\$50	\$75	\$125		
In-Network Deductible ²							\$4,000	\$1,500
In-Network Coinsurance ³	10%	10%	10%	\$100 deductible then covered in full	\$100 deductible then covered in full	\$100 deductible then covered in full	20% after deductible	20% after deductible
In-Network Out-of-Pocket Maximum (Individual) ²	\$400	\$400	\$800				\$1,000	\$1,000
Out-of-Network Deductible (Individual) ³	\$100	\$100	\$200				See In-Network Deductible ⁴	See In-Network Deductible ⁴
Out-of-Network Coinsurance (Individual) ⁵	30%	30%	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual) ²	\$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 ⁶								\$300
Prescription Drug Copayments								
Retail: Tier 1 Copayments	\$3.00	\$7.00	\$3.00	\$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 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 Family amounts are 2 times the individual amounts for the high deductible plans and 2.5 for all other plans.

³ On select services.

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

⁵ After Deductible.

⁶ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

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