

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			\$10.00	\$16.00	\$18.00		
Retail: Tier 3 Copayments	\$25.00	\$35.00	\$46.00			\$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			\$5.00	\$18.00	\$5.00		
Mail: Tier 2 Copayments	\$15.00	\$40.00	\$36.00			\$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			\$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.