



**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.

Note: Oral contraceptive coverage is available under the medical plan.



**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).