<table>
<thead>
<tr>
<th></th>
<th>Aetna Freedom15</th>
<th>Aetna Freedom1525</th>
<th>Aetna Freedom2030</th>
<th>Aetna Freedom2035</th>
<th>Aetna HMO</th>
<th>Aetna Liberty</th>
<th>Aetna Value HD4000*</th>
<th>Aetna Value HD1500*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NJ DIRECT15</td>
<td>NJ DIRECT1525</td>
<td>NJ DIRECT2030</td>
<td>NJ DIRECT2035</td>
<td>Horizon HMO¹</td>
<td>Horizon OMNIA</td>
<td>NJ DIRECT HD4000*</td>
<td>NJ DIRECT HD1500*</td>
</tr>
<tr>
<td>Medical Cost Sharing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TIER 1</td>
<td>TIER 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
<td>$20</td>
<td>$15</td>
<td>$5</td>
<td>$20</td>
<td>$20</td>
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<tr>
<td>Specialist Care Copayment</td>
<td>$15</td>
<td>$25</td>
<td>$30 adult/ $20 child**</td>
<td>$35</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency Room Copayment</td>
<td>$100</td>
<td>$100</td>
<td>$125</td>
<td>$300</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$200*</td>
<td>$100²</td>
<td>None</td>
<td>None</td>
<td>$1,500³</td>
<td>$4,000⁷</td>
<td>$1,500⁷</td>
<td></td>
</tr>
<tr>
<td>In-Network Coinsurance</td>
<td>10%²</td>
<td>10%²</td>
<td>10%²</td>
<td>20%⁶ after deductible</td>
<td>None</td>
<td>None</td>
<td>20%</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>In-Network Coinsurance Maximum (Individual/Family)</td>
<td>$400/$1,000</td>
<td>$400/$1,000</td>
<td>$800/$2,000</td>
<td>$2,000/$5,000</td>
<td>None</td>
<td>None</td>
<td>$1,000 / $2,000</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>In-Network Out-of-Pocket Maximum (Individual/Family)</td>
<td>$6,320/$12,640</td>
<td>$6,320/$12,640</td>
<td>$6,320/$12,640</td>
<td>$6,320/$12,640</td>
<td>$6,320/$12,640$2,500⁷</td>
<td>$4,500⁷</td>
<td>$5,000/$10,000</td>
<td>$2,500/ $5,000</td>
</tr>
<tr>
<td>Out-of-Network Deductible (Individual/Family)</td>
<td>$100/$250</td>
<td>$100/$250</td>
<td>$200/$500</td>
<td>$800/$2,000</td>
<td>See In-Network Deductible³</td>
<td>See In-Network Deductible³</td>
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<td></td>
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<tr>
<td>Out-of-Network Coinsurance⁴</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Out-of-Pocket Maximum (Individual/Family)</td>
<td>$2,000/$5,000</td>
<td>$2,000/$5,000</td>
<td>$5,000/$12,500</td>
<td>$6,500/$13,000</td>
<td>$6,000/$12,000</td>
<td>$3,500/$7,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Inpatient Hospital Deductible</td>
<td>$200/stay</td>
<td>$200/stay</td>
<td>$500/stay</td>
<td>$600/stay</td>
<td>$2,500⁷</td>
<td>$4,000⁷</td>
<td>$1,500⁷</td>
<td></td>
</tr>
<tr>
<td>Employer Health Savings Account Funding⁵</td>
<td>$300</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DIRECT15</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>NJ DIRECT HD4000*</td>
<td>NJ DIRECT HD1500*</td>
</tr>
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<td>NJ DIRECT1525</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
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<td>$7</td>
<td>NJ DIRECT HD4000*</td>
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<tr>
<td>NJ DIRECT2030</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
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<td>$3</td>
<td>$7</td>
<td>NJ DIRECT HD4000*</td>
<td>NJ DIRECT HD1500*</td>
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<td>$3</td>
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<td>$3</td>
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<td>$3</td>
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<td>NJ DIRECT HD4000*</td>
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<tr>
<td>Horizon HMO</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>NJ DIRECT HD4000*</td>
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</tr>
<tr>
<td>Horizon OMNIA</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td>NJ DIRECT HD4000*</td>
<td>NJ DIRECT HD1500*</td>
</tr>
</tbody>
</table>

- **Retail: Generic Copayments**
  - $3
  - $7
  - $3
  - $7
  - $3
  - $7

- **Retail: Brand Copayments**
  - $10
  - $16
  - $18
  - $21
  - $10
  - $16

- **Retail: Brand w/Generic available Copayments**
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference

- **Mail: Generic Copayments**
  - $5
  - $18
  - $5
  - $18
  - $5
  - $18

- **Mail: Brand Copayments**
  - $15
  - $40
  - $36
  - $52
  - $15
  - $40

- **Mail: Brand w/Generic available Copayments**
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference
  - Member pays difference

- **Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)**
  - $1,580/$3,160
  - $1,580/$3,160
  - $1,580/$3,160
  - $1,580/$3,160
  - $1,580/$3,160
  - $1,580/$3,160

*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).