



**IFPTE/AFSCME MEMBERS
MEDICAL PLAN DESIGN - PLAN YEAR 2019
STATE ACTIVE GROUP
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	Aetna Freedom/ Aetna Freedom 2019*	Aetna HMO	Aetna Liberty		Aetna Value HD4000**	Aetna Value HD1500**
	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HD4000**	NJ DIRECT HD1500**
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$5	\$20		
Specialist Care Copayment	\$15	\$15	\$15	\$30		
Emergency Room Copayment	\$150 ⁹	\$100	\$100	\$100		
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	\$100 ²	None	\$1,500 ⁷	\$4,000 ⁷	\$1,500 ⁷
In-Network Coinsurance	10% ²		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320/\$12,640	\$6,320/\$12,640	\$2,500 ⁷	\$4,500 ⁷	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000				\$6,000/\$12,000	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	\$500					
Employer Health Savings Account Funding ⁵						\$300
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195% ¹⁰ CMS until treatment completed					

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

** 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 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.

⁸ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

⁹ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

¹⁰ If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%. Aetna Freedom/NJ DIRECT members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.



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Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,580/\$3,160	\$1,580/\$3,160			

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

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² You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.