

LOCAL EDUCATION ACTIVE EMPLOYEES — APPROVED MEDICAL PLAN DESIGNS — PLAN YEAR 2012													
	HORIZON PLANS					AETNA PLANS				CIGNA PLANS			
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT HD1500*	Aetna HMO	Aetna 1525	Aetna 2030	Aetna HD1500*	CIGNA HMO	CIGNA 1525	CIGNA 2030	CIGNA HD1500*
Medical Cost Sharing													
Primary Care Copayment	\$10	\$15	\$15	\$20		\$10	\$15	\$20		\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child**		\$10	\$25	\$30/adult \$20/child**		\$10	\$25	\$30/adult \$20/child**	
Emergency Room Copayment	\$25	\$50	\$75	\$125		\$35	\$75	\$125		\$35	\$75	\$125	
In-Network Deductible					\$1,500				\$1,500				\$1,500
In-Network Coinsurance	10% (On select services)	10% (On select services)	10% (On select services)	10% (On select services)	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible
In-Network Out-of-Pocket Maximum (Individual) ¹	\$400	\$400	\$400	\$800	\$1,000				\$1,000				\$1,000
Out-of-Network Deductible (Individual) ¹	\$100	\$100	\$100	\$200	See In-Network Deductible ²								
Out-of-Network Coinsurance (Individual) ³	20%	30%	30%	30%	40%								
Out-of-Network Out-of-Pocket Maximum (Individual) ¹	\$2,000	\$2,000	\$2,000	\$5,000	\$2,000								
Out-of-Network Inpatient Hospital Deductible			\$200/stay	\$500/stay									
Employer Health Savings Account Funding ⁴					\$300				\$300				\$300
Prescription Drug Copays⁵													
Retail: Tier 1 Copayments	\$3.00	\$3.00	\$7.00	\$3.00	Subject to deductible and coinsurance	\$3.00	\$7.00	\$3.00	Subject to deductible and coinsurance	\$3.00	\$7.00	\$3.00	Subject to deductible and coinsurance
Retail: Tier 2 Copayments	\$10.00	\$10.00	\$16.00	\$18.00		\$10.00	\$16.00	\$18.00		\$10.00	\$16.00	\$18.00	
Retail: Tier 3 Copayments	\$10.00	\$10.00	\$35.00	\$46.00		\$10.00	\$35.00	\$46.00		\$10.00	\$35.00	\$46.00	
Mail: Tier 1 Copayments	\$5.00	\$5.00	\$18.00	\$5.00		\$5.00	\$18.00	\$5.00		\$5.00	\$18.00	\$5.00	
Mail: Tier 2 Copayments	\$15.00	\$15.00	\$40.00	\$36.00		\$15.00	\$40.00	\$36.00		\$15.00	\$40.00	\$36.00	
Mail: Tier 3 Copayments	\$15.00	\$15.00	\$88.00	\$92.00		\$15.00	\$88.00	\$92.00		\$15.00	\$88.00	\$92.00	

* HD = High Deductible Health Plan

¹ Family amounts are 2 times the individual amounts for the high deductible plans and 2.5 for all other plans.

** Up to 19th Birthday

² Out-of-Network Deductible is combined with In-Network Deductible.

³ After Deductible.

⁴ Health Savings Accounts can be used for for qualified medical expenses without federal tax liability.

⁵ Copayments apply to the Employee Prescription Drug Plan. For HD plans, prescription drug must be through the SHBP. For other plans, local government employers can select the Employee Prescription Drug Plan, drug coverage with the medical plan, or purchase their own prescription drug coverage plan. The coinsurance under the drug coverage wuth the medical plan is 10% for NJ DIRECT10 and NJ DIRECT15 and 15% for NJ DIRECT1525 and NJ DIRECT2030.

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