## STATE ACTIVE EMPLOYEES — MEDICAL PLAN DESIGNS — PLAN YEAR 2017

### AETNA PLANS and HORIZON PLANS

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Tier 1 / Tier 2</th>
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<td>Medical Cost Sharing</td>
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<td>Primary Care Copayment</td>
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<td>Specialist Care Copayment</td>
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<tr>
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<tr>
<td>Out-of-Network Deductible (Individual)</td>
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<td>Out-of-Network Coinsurance</td>
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<td>Out-of-Network Inpatient Hospital Deductible</td>
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<td>Prescription Drug Copayments</td>
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#### Aetna Freedom15
- **NJ DIRECT15**

#### Aetna Freedom1525
- **NJ DIRECT1525**

#### Aetna Freedom2030
- **NJ DIRECT2030**

#### Aetna Freedom2035
- **NJ DIRECT2035**

#### Aetna HMO
- **Horizon HMO**

#### Aetna Liberty
- **Horizon OMNIA**

#### Aetna Value HD4000*
- **NJ DIRECT HD4000***

#### Aetna Value HD1500*
- **NJ DIRECT HD1500***

### Medical Cost Sharing

#### TIER 1 / TIER 2

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<td></td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$200³</td>
</tr>
<tr>
<td>In-Network Coinsurance²</td>
<td>10%</td>
</tr>
<tr>
<td>Out-of-Network Deductible (Individual)</td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Coinsurance⁴</td>
<td>30%</td>
</tr>
<tr>
<td>Out-of-Network Inpatient Hospital Deductible</td>
<td>$500/stay</td>
</tr>
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<td>Employer Health Savings Account Funding⁵</td>
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### Out-of-Network Deductible (Individual)

- **$100**
- **$200**

### Out-of-Network Coinsurance⁴

- **30%**
- **30%**

### Out-of-Network Inpatient Hospital Deductible

- **$200/stay**

### Employer Health Savings Account Funding⁵

- **NA / NA**

### Prescription Drug Copayments

#### Retail: Generic Copayments
- **$3.00**
- **$3.00**

#### Retail: Brand Copayments
- **$10.00**
- **$12.00**

#### Mail: Generic Copayments
- **$5.00**
- **$5.00**

#### Mail: Brand Copayments
- **$15.00**
- **$15.00**

#### Mail: Brand w/Generic available Copayments
- **$40.00**
- **$40.00**

#### Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)

- **$1,430/$2,860**

### Notes:

- **HD = High Deductible Health Plan**
- **Age 26 and under**
- **Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.**
- **On select services.**
- **Out-of-Network Deductible is combined with In-Network Deductible.**
- **After Deductible.**
- **Health Savings Accounts can be used for qualified medical expenses without federal tax liability.**
- **Applies to services that do not require a copayment.**
- **You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.**
- **Family amounts are 2 x per member amounts listed in table.**

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