

**ALL ACTIVE EMPLOYEES OF MIDDLESEX COUNTY**

**2024 BENEFIT COPAYS**

BENEFITS	HORIZON			AETNA	CIGNA	OXFORD	
	Traditional	CHOICE				In-Network	Out-of-Network
		In-Network	Out-of-Network				
<b>MEDICAL SERVICES</b>							
Physician - (Surgery)	Basic benefit at 100% balance at 80% after deductible	100%	80% of out of network allowance after deductible	100%	100%	100%	60% after deductible
Physician - Primary/Specialist (Office Visit)	80% after deductible	100% after \$10 copay	80% of out of network allowance after deductible	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	60% after deductible
Chiropractic	80% after deductible	100% after \$10 copay	80% of out of network allowance after deductible	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	60% after deductible
Maternity	Basic benefit at 100% balance at 80% after deductible	100% after initial \$10 copay	80% of out of network allowance after deductible	100%	100% after \$10 copay for initial visit	\$10 copay for first prenatal visit, then 100%	60% after deductible
<b>MISCELLANEOUS SERVICES</b>							
Physical and/or Speech Therapy	Basic benefit at 100% balance at 80% after deductible	100% after \$10 copay	80% of out of network allowance after deductible	100% over a 60 consecutive day period per illness or injury	100% after \$10 copay; maximum 60 visits per calendar year	\$10 copay; 60 visits per calendar year	Deductible and coinsurance up to 60 visits per calendar year
Vision Care in Medical Plan	Not covered	\$50 per calendar year; includes lenses and frames	\$50 per calendar year; includes lenses and frames	100%; \$100 lens reimbursement every 24 months	100% after \$5 copay for annual exam; \$20 to \$75 per year for hardware at participating provider	\$5 copay for exam/\$70 every 24 months for hardware	60% after deductible for exam/\$70 every 24 months for hardware
<b>MENTAL HEALTH</b>							
Alcohol Abuse (Inpatient)	Basic benefit at 100% balance at 80% after deductible; maximum combined hospital stay is 365 days	100%	80% of out of network allowance after deductible	100%	100%	Same as any other illness	Same as any other illness

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	Traditional	CHOICE				In-Network	Out-of-Network
		In-Network	Out-of-Network				
Drug Abuse (Outpatient)	80% after deductible	100% after \$10 copay	80% of out of network allowance after deductible	100%	100%	Same as any other illness	Same as any other illness
Mental Health (Inpatient)	100% for first 120 days, balance covered at 80% after deductible, maximum combined hospital stay is 365 days	100%	80% of out of network allowance after deductible	100%	100%	Same as any other illness	Same as any other illness
Mental Health (Outpatient)	80% after deductible	100% after \$10 copay	80% of out of network allowance after deductible	100%	100% after copay	Same as any other illness	Same as any other illness
<b>EMERGENCY CARE</b>							
Emergency Room (Accidental)	100%	100% after \$50 copay, copay waived if admitted	100% after \$50 copay	\$50 copay, waived if admitted	\$50 copay, waived if admitted	100% after \$50 copay, waived if admitted	100% after \$50 copay waived if admitted
Emergency Room (Other)	100%	100% after \$50 copay, copay waived if admitted	100% after \$50 copay	\$50 copay, waived if admitted	\$50 copay, waived if admitted	100% after \$50 copay, waived if admitted	100% after \$50 copay, waived if admitted
Urgent Care	100%	100% after \$20 copay, copay	100% after \$20 copay	\$20 copay	\$20 copay	100% after \$20 copay	100% after \$20 copay

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<b>PRESCRIPTION DRUG (Middlesex County and Utility Authority)</b>			
<b>DESCRIPTIONS:</b>			
	<u><b>Brand - Preferred</b></u>	<u><b>Brand - Non Preferred</b></u>	<u><b>Generic</b></u>
<b>COPAYS</b>	\$15	\$30	\$0
<b>PRESCRIPTION DRUG - STEP THERAPY</b>	\$15	\$30	\$0
<b>PRESCRIPTION DRUG - NATIONAL PREFERRED FORMULARY</b>	\$15	\$30	\$0