# MIDDLESEX COUNTY RETIREES - RETIRING PRIOR TO JANUARY 1, 2019

## **2024 BENEFIT COPAYS**

BENEFITS	HORIZON					OXFORD	
	Traditional	CHOICE		AETNA	CIGNA	OAFORD	
		In-Network	Out-of-Network			In-Network	Out-of-Network
MEDICAL SERVICES							
	Basic benefit at 100%		80% of out of				
	balance at 80% after		network allowance				
Physician - (Surgery)	deductible	100%	after deductible	100%	100%	100%	60% after deductible
			80% of out of				
			network allowance				
Physician - Primary/Specialist (Office Visit)	80% after deductible	100% after \$5 copay	after deductible	100% after \$2 copay	100% after \$5 copay	100% after \$5 copay	60% after deductible
			80% of out of network allowance				
Chiropractic	80% after deductible	100% after \$5 copay	after deductible	100% after \$2 copay	100% after \$5 copay	100% after \$5 copay	60% after deductible
Chilopractic	80% after deductible	100% after \$5 copay	after deductible	100% after \$2 copay	100% after \$5 copay	100% after \$3 copay	00% after deductible
	Basic benefit at 100%		80% of out of			\$5 copay for first	
	balance at 80% after	100% after initial \$5	network allowance		100% after \$5 copay for	prenatal visit, then	
Maternity	deductible	copay	after deductible	100%	initial visit	100%	60% after deductible
MISCELLANEOUS SERVICES							
WISCELLANEOUS SERVICES							
							Deductible and
	Basic benefit at 100%		80% of out of	100% over a 60	100% after \$5 copay;		coinsurance up to 60
	balance at 80% after	1000/ 6 47	network allowance	consecutive day period	maximum 60 visits per	\$5 copay; 60 visits	visits per calendar
Physical and/or Speech Therapy	deductible	100% after \$5 copay	after deductible	per illness or injury	calendar year	per calendar year	year
					100% after \$5 copay for		60% after deductible
		\$50 per calendar year;	\$50 per calendar year;	100%; \$100 lens	annual exam; \$20 to \$75 per year for	\$5 copay for	for exam/\$70 every
		includes lenses and	includes lenses and	reimbursement every 24		exam/\$70 every 24	24 months for
Vision Care in Medical Plan	Not covered	frames	frames	months	participating provider	months for hardware	hardware
					1 31		
MENTAL HEALTH	1						
							<b> </b>
	Basic benefit at 100%						
Alcohol Abuse (Inpatient)	balance at 80% after						
, , , , , , , , , , , , , , , , , , ,	deductible; maximum		80% of out of				
	combined hospital	1000/	network allowance	1000/	1000	Same as any other	Same as any other
	stay is 365 days	100%	after deductible	100%	100%	illness	illness

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BENEFITS		HORIZON				OVEODD	
	Traditional	Traditional CHO		AETNA	CIGNA	OXFORD	
		In-Network	Out-of-Network			In-Network	Out-of-Network
			80% of out of				
			network allowance			Same as any other	Same as any other
Drug Abuse (Outpatient)	80% after deductible	100% after \$5 copay	after deductible	100%	100%	illness	illness
	100% for first 120						
	days, balance covered						
	at 80% after						
	deductible, maximum		80% of out of				
	combined hospital		network allowance			Same as any other	Same as any other
Mental Health (Inpatient)	stay is 365 days	100%	after deductible	100%	100%	illness	illness
			80% of out of				
			network allowance			Same as any other	Same as any other
Mental Health (Outpatient)	80% after deductible	100% after \$5 copay	after deductible	100%	100% after copay	illness	illness
EMERGENCY CARE							
		100% after \$25 copay,				100% after \$25	100% after \$25
		copay waived if		\$15 copay, waived if	\$20 copay, waived if	copay, waived if	copay waived if
Emergency Room (Accidental)	100%	admitted	100% after \$25 copay	admitted	admitted	admitted	admitted
		100% after \$25 copay,				100% after \$25	100% after \$25
		copay waived if		\$15 copay, waived if	\$20 copay, waived if	copay, waived if	copay, waived if
Emergency Room (Other)	100%	admitted	100% after \$25 copay	admitted	admitted	admitted	admitted

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## **2024 BENEFIT COPAYS**

PRESCRIPTION DRUG (Middlesex County and Utility Authority)		
DESCRIPTIONS:		
COPAYS	<b>Brand</b> \$3	<u>Generic</u> \$0