MIDDLESEX COUNTY RETIREES - RETIRING AFTER JANUARY 1, 2019

2024 BENEFIT COPAYS

	HORIZON					OXFORD	
BENEFITS	Traditional	СНО	ICE	AETNA	CIGNA	OXFORD	
		In-Network	Out-of-Network			In-Network	Out-of-Network
MEDICAL SERVICES							
<u> </u>							
I	Basic benefit at 100%		80% of out of				
I	balance at 80% after		network allowance				
Physician - (Surgery)	deductible	100%	after deductible	100%	100%	100%	60% after deductible
I			80% of out of				
I			network allowance				
Physician - Primary/Specialist (Office Visit)	80% after deductible	100% after \$10 copay	after deductible	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	60% after deductible
I			80% of out of				
l .			network allowance				
Chiropractic	80% after deductible	100% after \$10 copay	after deductible	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	60% after deductible
I	D : 1 C: 1000		200/ 6 / 6			010	
I	Basic benefit at 100%	1000/ 6 .:.:4:-1.010	80% of out of	ı	1000/ 6 (010	\$10 copay for first	
M-comitee	balance at 80% after	100% after initial \$10	network allowance	1000/	100% after \$10 copay	prenatal visit, then	COOK often deductible
Maternity	deductible	copay	after deductible	100%	for initial visit	100%	60% after deductible
MISCELLANEOUS SERVICES							
							Deductible and
I	Basic benefit at 100%		80% of out of	100% over a 60	100% after \$10 copay;		coinsurance up to 60
I	balance at 80% after		network allowance	consecutive day period	maximum 60 visits per	\$10 copay; 60 visits	visits per calendar
Physical and/or Speech Therapy	deductible	100% after \$10 copay	after deductible	per illness or injury	calendar year	per calendar year	year
 					100% after \$10 copay		
I			!		for annual exam; \$20 to		60% after deductible
I			\$50 per calendar year;	100%; \$100 lens	\$75 per year for	\$10 copay for	for exam/\$70 every
I		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
MENTAL HEALTH							
I	Basic benefit at 100%		!				
Alcohol Abuse (Inpatient)	balance at 80% after		!				
Alconol Aduse (Inpatient)	deductible; maximum		80% of out of	1			
	combined hospital		network allowance	1		Same as any other	Same as any other
	stay is 365 days	100%	after deductible	100%	100%	illness	illness

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		HORIZON				OXFORD	
BENEFITS	Traditional	Traditional CHOICE		CE AETNA	CIGNA	OAFORD	
		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 \$10 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 \$10 copay	after deductible	100%	100% after copay	illness	illness
EMERGENCY CARE							
		100% after \$50 copay,				100% after \$50	100% after \$50
		copay waived if		\$50 copay, waived if	\$50 copay, waived if	copay, waived if	copay waived if
Emergency Room (Accidental)	100%	admitted	100% after \$50 copay	admitted	admitted	admitted	admitted
		100% after \$50 copay,				100% after \$50	100% after \$50
		copay waived if		\$50 copay, waived if	\$50 copay, waived if	copay, waived if	copay, waived if
Emergency Room (Other)	100%	admitted	100% after \$50 copay	admitted	admitted	admitted	admitted
Urgent Care	100%	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	

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PRESCRIPTION DRUG (Middlesex County and Utility Authority)		
DESCRIPTIONS:		
COPAYS	Brand \$10	<u>Generic</u> \$5