

MCUA RETIREES - RETIRING AFTER JANUARY 1, 2019

2024 BENEFIT COPAYS

BENEFITS	HORIZON			AETNA	CIGNA	OXFORD			
	Traditional	CHOICE				In-Network	Out-of-Network	In-Network	Out-of-Network
		In-Network	Out-of-Network						
MEDICAL SERVICES									
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		
MISCELLANEOUS SERVICES									
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 \$10 copay for annual exam; \$20 to \$75 per year for hardware at participating provider	\$10 copay for exam/\$70 every 24 months for hardware	60% after deductible for exam/\$70 every 24 months for hardware		
MENTAL HEALTH									
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		

MCUA RETIREES - RETIRING AFTER JANUARY 1, 2019

2024 BENEFIT COPAYS

BENEFITS	HORIZON			AETNA	CIGNA	OXFORD	
	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
EMERGENCY CARE							
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%	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay

MCUA RETIREES - RETIRING AFTER JANUARY 1, 2019

2024 BENEFIT COPAYS

PRESCRIPTION DRUG (Middlesex County and Utility Authority)

DESCRIPTIONS:

	<u>Brand</u>	<u>Generic</u>
COPAYS	\$10	\$5