

**MCUA RETIREES - RETIRING PRIOR TO JANUARY 1, 2019**

**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 \$5 copay                               | 80% of out of network allowance after deductible   | 100% after \$2 copay  | 100% after \$5 copay   | 100% after \$5 copay                                 | 60% after deductible  |
| Chiropractic                                  | 80% after deductible  | 100% after \$5 copay                               | 80% of out of network allowance after deductible   | 100% after \$2 copay  | 100% after \$5 copay   | 100% after \$5 copay                                 | 60% after deductible  |
| Maternity                                     | Basic benefit at 100% balance at 80% after deductible   | 100% after initial \$5 copay                       | 80% of out of network allowance after deductible   | 100%  | 100% after \$5 copay for initial visit   | \$5 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 \$5 copay                               | 80% of out of network allowance after deductible   | 100% over a 60 consecutive day period per illness or injury | 100% after \$5 copay; maximum 60 visits per calendar year  | \$5 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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| 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 \$5 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 \$5 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 \$25 copay, copay waived if admitted | 100% after \$25 copay                            | \$15 copay, waived if admitted | \$20 copay, waived if admitted | 100% after \$25 copay, waived if admitted | 100% after \$25 copay waived if admitted  |
| Emergency Room (Other)      | 100%   | 100% after \$25 copay, copay waived if admitted | 100% after \$25 copay                            | \$15 copay, waived if admitted | \$20 copay, waived if admitted | 100% after \$25 copay, waived if admitted | 100% after \$25 copay, waived if admitted |

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PRESCRIPTION DRUG (Middlesex County and Utility Authority)

DESCRIPTIONS:

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