MCUA 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					
L			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	
Cimopractic	80% after deductible	100% after \$5 copay	arter deductible	100% after \$2 copay	100% after \$5 copay	100% after \$5 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								
MISCELLANEOUS SERVICES				I			1	
							Deductible and	
	Basic benefit at 100%		80% of out of	100% over a 60	100% after \$5 copay;	Φ 7	coinsurance up to 60	
Physical and/or Speech Therapy	balance at 80% after deductible	100% after \$5 copay	network allowance after deductible	consecutive day period per illness or injury	maximum 60 visits per calendar year	\$5 copay; 60 visits per calendar year	visits per calendar	
Filysical and/of Speech Therapy	deductible	100% after \$5 copay	after deductible	per fiffiess of filjury	100% after \$5 copay for	per calendar year	year	
					annual exam; \$20 to		60% after deductible	
		\$50 per calendar year;	\$50 per calendar year;	100%; \$100 lens	\$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	
MENTAL HEALTH								
	D 11 C 1000							
	Basic benefit at 100% balance at 80% after							
Alcohol Abuse (Inpatient)	deductible; maximum		80% of out of					
	combined hospital		network allowance			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	СНО	ICE 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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PRESCRIPTION DRUG (Middlesex County and Utility Authority)		
DESCRIPTIONS:		
COPAYS	<u>Brand</u> \$10	<u>Generic</u> \$5