ALL ACTIVE EMPLOYEES OF MIDDLESEX

COUNTY 2027 BENEFIT COPAYS

BENEFITS	HORIZON			AETNA	CIGNA	OXFORD	
	Traditional	CHOICE					
		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 $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
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

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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 $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%	100% after $20 copay, copay	100% after $20 copay	$20 copay	$20 copay	100% after $20 copay	100% after $20 copay

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PRESCRIPTION DRUG (Middlesex County and Utility Authority)			
DESCRIPTIONS:			
	Brand - Preferred	**Brand - Non Preferred**	**Generic**
COPAYS	$15	$30	$0
PRESCRIPTION DRUG - STEP THERAPY	$15	$30	$0
PRESCRIPTION DRUG - NATIONAL PREFERRED FORMULARY	$15	$30	$0