## MCIA AND RCC RETIREES - RETIRING PRIOR TO JANUARY 1, 2020

## 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 $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 |
| **MISCELLANEOUS SERVICES** | | | | | | | |
| 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 |
| **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 |

## MCIA AND RCC RETIREES - RETIRING PRIOR TO JANUARY 1, 2020

## 2025 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 $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 |
| **EMERGENCY CARE** | | | | | | | |
| 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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## 2025 BENEFIT COPAYS

| PRESCRIPTION DRUG (Middlesex County and Utility Authority) | | |
|---|---|---|
| **DESCRIPTIONS:** | | |
| | **Brand** | **Generic** |
| **COPAYS** | $3 | $5 |
| OR | | |
| COPAYS | $5 | $10 |