MCUA RETIREES - RETIRING PRIOR TO JANUARY 1, 2019

2025 BENEFIT COPAYS

	HORIZON					OXFORD	
BENEFITS	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				
		400	network allowance		400		
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
Chilopractic	80% arter deductible	100% arter \$5 copay	arter deductible	100% arter \$2 copay	100% arter \$5 copay	100% arter \$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							
WIS CEEEIN VEOUS SERVICES							
	D : 1 C: 11000/		000/ 5 , 5	1000/	1000/ 6 65		Deductible and
	Basic benefit at 100% balance at 80% after		80% of out of network allowance	100% over a 60 consecutive day period	100% after \$5 copay; maximum 60 visits per	\$5 copay; 60 visits	coinsurance up to 60 visits per calendar
Physical and/or Speech Therapy	deductible	100% after \$5 copay	after deductible	per illness or injury	calendar year	per calendar year	year
Thysical and/of Speccii Therapy	deddelioie	100% arter 45 copay	unter deductions	per miness or injury	100% after \$5 copay for		yeui
					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							
	Basic benefit at 100%						
Alcohol Abuse (Inpatient)	balance at 80% after						
Alcohol Abuse (Ilipatient)	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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		HORIZON				OXFORD	
BENEFITS	Traditional	СНО	ICE	AETNA	CIGNA	OXF	OKD
		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	Brand \$10	<u>Generic</u> \$5