

Medicare-eligible retiree plan comparison:

Horizon Medicare NJ Direct 10 v. Aetna Educators Medicare 10

		Current plan: Horizon Medicare NJ Direct 10 <i>(Self-insured Medicare supplemental plan)</i>	Effective 1/1/19: Aetna Educators Medicare 10 <i>(Fully insured Medicare Advantage plan)</i>	
PLAN	Medical ID cards	Two cards - Medicare A and B card plus supplemental card	One card that includes primary and supplemental	Better
	Explanation of Benefits (EOB)	Two EOBs - One from Medicare and one from Horizon supplement	One EOB from Aetna Educators Medicare 10	Better
	Out-of-state coverage	Yes	Yes	Same
	Must sign up for Medicare Part A and B	Yes	Yes	Same
	Full reimbursement for eligible retirees Medicare Part B	Yes	Yes	Same
NETWORK	Providers	Must use Medicare-eligible providers (no coverage for non-Medicare-eligible providers)	Must use Medicare-eligible providers (no coverage for non-Medicare-eligible providers)	Same
	In-network	All Medicare-eligible providers in the Horizon network	All Medicare-eligible providers	Better
	Out-of-network	All Medicare-eligible providers not in Horizon network	N/A (all Medicare-eligible providers are in-network)	Better
MEDICAL	Primary care co-payment	\$10	\$10	Same
	Specialist care co-payment	\$10	\$10	Same
	Emergency room co-payment	\$25	\$25	Same
	In-network deductible	None	None	Same
	In-network co-insurance	10%	0%	Better
	In-network out-of-pocket maximum (Individual/Family)	\$400/\$1000	\$150/\$500 (after co-payment reimbursement)	Better
	Out-of-network deductible (Individual/Family)	\$100/\$250	N/A	Better
	Out-of-network co-insurance	20%	N/A	Better
	Out-of-network out-of-pocket maximum (Individual/Family)	\$2,000/\$5,000	N/A	Better
	Participation in NJWELL	No	Yes – may earn up to \$250 per enrollee	Better
Reimbursement of co-payments	No	Yes – rebated up to \$250 per enrollee	Better	
PRESCRIPTION	Retail: generic co-payments	\$10	\$10	Same
	Retail: preferred co-payments	\$21	\$21	Same
	Retail: non-preferred co-payments	\$42	\$42	Same
	Mail: generic co-payments	\$5	\$5	Same
	Mail: preferred co-payments	\$31	\$31	Same
	Mail: non-preferred co-payments	\$52	\$52	Same
	Prescription drug annual out-of-pocket maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	Same