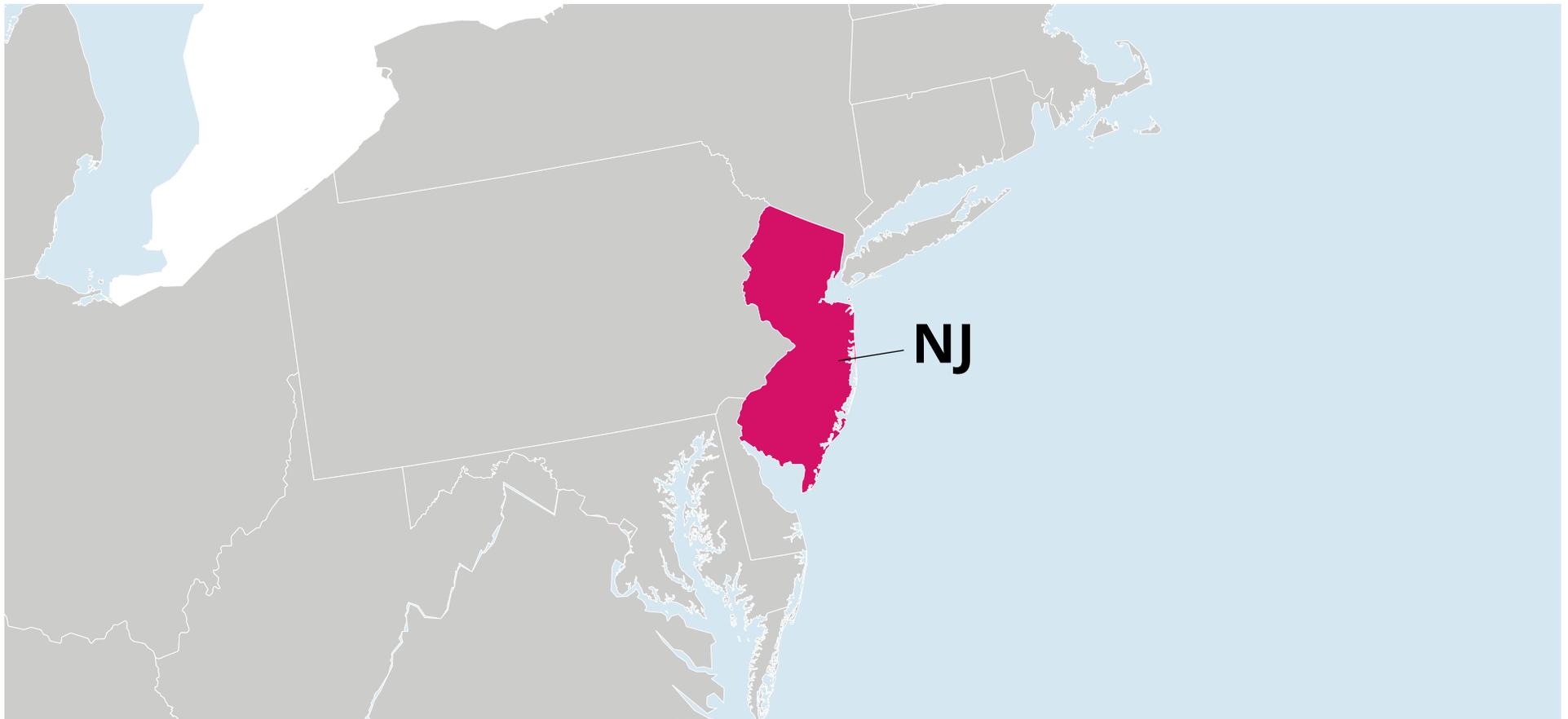
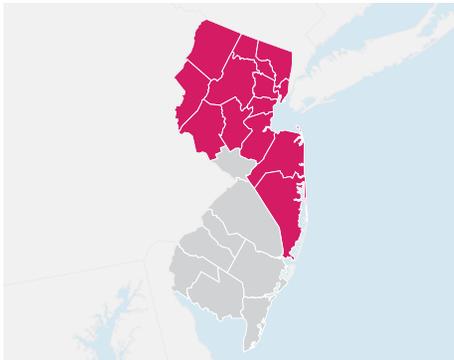


## **New Jersey**



## NJ Northern



### Number of Medicare eligibles

NJ Northern: 1,131,370

### Service area

**New Jersey:** Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

### Market highlights

- All plans offer preferred Rx cost shares. \$0 Tier 1 preferred retail.
- SilverSneakers<sup>®</sup> on all plans. Eyewear, hearing aids and dental allowances on select plans. OSB-dental, eyewear and hearing on some HMO plans.
- Welcome & onboarding of members. Maintained stability with limited benefit changes year over year.

### Why sell our plans

Aetna offers customers all-in-one Medicare plans that include medical, hospital and prescription drug coverage plus access to a wide network of providers and a limit on out-of-pocket costs.

### Strong network

Seamless multistate network available on non Prime plans. No referrals needed (PPO plans). Open Access Plan options available( no referrals). NNJ Prime partnership continues with Atlantic Health System and Hunterdon HP.

# NJ Northern

New Jersey: **Bergen, Essex, Hudson**

**Aetna Medicare Elite Plan 1 (HMO) (H3152-084)**



Monthly premium	\$0
PCP in network	\$15
Specialist in network	\$25
Inpatient hospital in network	\$650 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, some outpatient hospital services, skilled nursing facility (SNF).
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## NJ Northern

**New Jersey: Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren**

	<b>Aetna Medicare Basic Plan (HMO)</b> (H3152-045) ★★★★	<b>Aetna Medicare NJ Silver Plan (Regional PPO)</b> (R6694-006)  Plan not rated
Monthly premium	\$0	\$69
PCP in network	\$15	\$15
Specialist in network	\$50	\$50
Inpatient hospital in network	\$340 per day, days 1-5; \$0 per day, days 6-90	\$340 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible*	N/A	\$290
Tier 1 — Preferred generic	N/A/N/A	\$0/\$10
Tier 2 — Generic	N/A/N/A	\$5/\$15
Tier 3 — Preferred brand	N/A/N/A	\$42/\$47
Tier 4 — Nonpreferred drug	N/A/N/A	\$100/\$100
Tier 5 — Specialty	N/A/N/A	27%/27%

# NJ Northern

**New Jersey: Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren**

	<b>Aetna Medicare Premier Plan (HMO)</b> (H3152-048) ★★★★★	<b>Aetna Medicare Standard Plan (PPO)</b> (H5521-037) ★★★★★
Monthly premium	\$162	\$79
PCP in network	\$15	\$15
Specialist in network	\$35	\$45
Inpatient hospital in network	\$250 per day, days 1-6; \$0 per day, days 7-90	\$330 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible*	\$150	\$200
Tier 1 — Preferred generic	\$0/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	30%/30%	29%/29%

\*The deductible does NOT apply to Tier 1 or Tier 2.  
This plan includes Tier 1 and Tier 2 prescription gap coverage.

# NJ Northern

**New Jersey: Morris, Passaic, Somerset, Sussex, Union, Warren**

**Aetna Medicare NNJ Prime Plan (HMO) (H3152-080)**



Monthly premium	\$0
PCP in network	\$8
Specialist in network	\$45
Inpatient hospital in network	\$325 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible*	\$200
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

\*The deductible does NOT apply to Tier 1 or Tier 2.  
This plan includes Tier 1 and Tier 2 prescription gap coverage.

# NJ Northern

**New Jersey: Hunterdon**

**Aetna Medicare NNJ Prime Plan 1 (HMO) (H3152-086)**



Monthly premium	\$39
PCP in network	\$10
Specialist in network	\$50
Inpatient hospital in network	\$290 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible*	\$250
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	28%/28%

\* This plan includes Tier 1 and Tier 2 prescription gap coverage.

# NJ Northern

**New Jersey: Middlesex, Monmouth, Ocean**

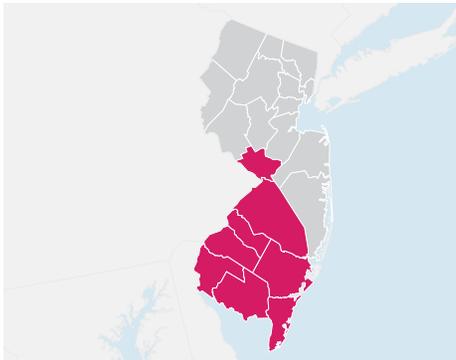
**Aetna Medicare Elite Plan (HMO) (H3152-082)**



Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$25
Inpatient hospital in network	\$660 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, some outpatient hospital services, skilled nursing facility (SNF).
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage

## NJ Southern



### Number of Medicare eligibles

NJ Southern: 415,309

### Service area

**New Jersey:** Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem

### Market highlights

- All plans offer preferred Rx cost shares. \$0 Tier 1 preferred retail.
- SilverSneakers<sup>®</sup> on all plans. Eyewear, hearing aids and dental allowances on select plans. OSB-dental, eyewear and hearing on some HMO plans.
- Welcome & onboarding of members. Maintained stability with limited benefit changes year over year.

### Why sell our plans

Aetna offers customers all-in-one Medicare plans that include medical, hospital and prescription drug coverage plus access to a wide network of providers and a limit on out-of-pocket costs. Our strong provider relationships mean customers get better coordination of care.

### Strong network

Seamless multistate network available on non Prime plans. No referrals needed (PPO plans). Low cost option available using the SNJ Prime network for NJ based providers

## NJ Southern

**New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem**

	<b>Aetna Medicare Basic Plan (HMO)</b> (H3152-045) ★★★★★	<b>Aetna Medicare NJ Silver Plan (Regional PPO)</b> (R6694-006) <b>PLAN NOT RATED</b>
Monthly premium	\$0	\$69
PCP in network	\$15	\$15
Specialist in network	\$50	\$50
Inpatient hospital in network	\$340 per day, days 1-5; \$0 per day, days 6-90	\$340 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible*	N/A	\$290
Tier 1 — Preferred generic	N/A/N/A	\$0/\$10
Tier 2 — Generic	N/A/N/A	\$5/\$15
Tier 3 — Preferred brand	N/A/N/A	\$42/\$47
Tier 4 — Nonpreferred drug	N/A/N/A	\$100/\$100
Tier 5 — Specialty	N/A/N/A	27%/27%

# NJ Southern

**New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem**

	<b>Aetna Medicare Standard Plan (HMO)</b> (H3152-022) ★★★★★	<b>Aetna Medicare Standard Plan (PPO)</b> (H5521-124) ★★★★★
Monthly premium	\$86	\$95
PCP in network	\$20	\$15
Specialist in network	\$50	\$45
Inpatient hospital in network	\$300 per day, days 1-6; \$0 per day, days 7-90	\$250 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible*	\$0	\$200
Tier 1 — Preferred generic	\$0/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	29%/29%

\*The deductible does NOT apply to Tier 1 or Tier 2.  
This plan includes Tier 1 and Tier 2 prescription gap coverage.

# NJ Southern

**New Jersey: Burlington, Camden, Gloucester**

**Aetna Medicare SNJ Prime Elite Plan (PPO) (H5521-123)**



Monthly premium	\$34
PCP in network	\$10
Specialist in network	\$35
Inpatient hospital in network	\$675 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, some outpatient hospital services, skilled nursing facility (SNF), most out-of-network services.
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage

# NJ Southern

**New Jersey: Burlington, Camden, Gloucester**

**Aetna Medicare SNJ Prime Value Plan (HMO) (H3152-085)**



Monthly premium	\$0
PCP in network	\$25
Specialist in network	\$50
Inpatient hospital in network	\$430 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible*	\$250
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	28%/28%

\*The deductible does NOT apply to Tier 1 or Tier 2.  
This plan includes Tier 1 and Tier 2 prescription gap coverage.

# NJ Southern

New Jersey: **Mercer**

## Aetna Medicare Standard Plan (PPO) (H5521-037)



Monthly premium	\$79
PCP in network	\$15
Specialist in network	\$45
Inpatient hospital in network	\$330 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible*	\$200
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

\*The deductible does NOT apply to Tier 1 or Tier 2.  
This plan includes Tier 1 and Tier 2 prescription gap coverage.