



LOCAL GOVERNMENT RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

Aetna Plan Options (Available July 1, 2024)	Freedom*	Freedom10*	Freedom15*	Freedom1525	Freedom2030	Aetna HMO ¹	Aetna HMO1525 ¹	Aetna HMO2030 ¹	Aetna Liberty Plus*		Freedom HDLow*	Freedom HDHigh*
Horizon Plan Options	NJ DIRECT*	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	Horizon OMNIA*		HDLow*	HDHigh*
Medical Cost Sharing									TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$15	\$15	\$20	\$10	\$15	\$20	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$25	\$30/adult \$20/child**	\$10	\$25	\$30/adult \$20/child**	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care Copayment	\$15	\$10	\$15	\$25	\$30/adult \$20/child**	\$10	\$25	\$30/adult \$20/child**	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150	\$75	\$100	\$100	\$125	\$85	\$100	\$125	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	None	None	None	None	None	None	None	None	None	\$1,500/\$3,000	\$1,600/\$3,200	\$4,100/\$8,200
In-Network Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	None	20%	20%	20%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	None	\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	None	None	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$8,099/\$16,198	\$400/\$1,000	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$2,500/\$5,000	\$4,500/\$9,000	\$2,600/\$5,200	\$5,100/\$10,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500						See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%	20%	30%	30%	30%						40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500						\$3,600/\$7,200	\$6,100/\$12,200
Out-of-Network Inpatient Hospital Deductible	\$500/stay	\$200/stay	\$200/stay	\$200/stay	\$500/stay							

* Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding plan. Please view corresponding Medicare Retiree chart for more information.

** Age 26 and under

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

² On select services. Please see plan guidebook.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

Note: NJ DIRECT, Freedom, NJ DIRECT HDLow, Freedom HDLow, Horizon OMNIA, and Aetna Liberty Plus are not available to Chapter 330 plan participants. Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: www.aetnastatenj.com All plans available to Medicare eligible members can be found on our website via the corresponding Medicare plan comparison chart.

Aetna Plan Options (Available July 1, 2024)	Freedom	Freedom10	Freedom15	Freedom1525	Freedom2030	Aetna HMO ¹	Aetna HMO1525 ¹	Aetna HMO2030 ¹	Aetna Liberty Plus	Freedom HDLow	Freedom HDHigh
Horizon Plan Options	NJ DIRECT	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	Horizon OMNIA	HDLow	HDHigh
Prescription Drug Copayments											
Retail: Generic Copayments	\$7	\$10	\$10	\$7	\$3	\$6	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$22	\$22	\$16	\$18	\$12	\$16	\$18	\$16		
Retail: Non-Preferred Brand Copayments	\$35	\$44	\$44	\$35	\$46	\$24	\$35	\$46	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$18		
Mail: Preferred Brand Copayments	\$40	\$28	\$28	\$40	\$36	\$18	\$40	\$36	\$40		
Mail: Non-Preferred Brand Copayments	\$88	\$55	\$55	\$88	\$92	\$30	\$88	\$92	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702		

Note: Retail – 30 day supply. Mail – 90 day supply.

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York. Aetna HMO plans are not limited to this service area and utilize Aetna’s nationwide Aetna Select network.

² You pay the cost difference between the brand drug and the generic drug.