



LOCAL GOVERNMENT ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2024

Explore Your Benefits

Aetna Plan Options (Available July 1, 2024)	Freedom / Freedom 2019*	Freedom10	Freedom15	Freedom1525	Freedom2030	Freedom2035	Aetna HMO	Aetna Liberty Plus		Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019*	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Medical Cost Sharing								TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$15	\$15	\$20	\$20	\$10	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$25	\$30 adult/\$20 child***	\$35	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁷	\$75	\$100	\$100	\$125	\$300	\$85	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	None	None	None	None	\$200/\$500 ³	None	None	\$1,500 ⁶	\$4,100 ⁶	\$1,600 ⁶
In-Network Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	20% after deductible	0% ²	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	\$400/\$1,000	\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	\$0	None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,560/\$15,120	\$400/\$1,000	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$2,500 ⁶	\$4,500 ⁶	\$5,100/\$10,200	\$2,600/\$5,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000				See In-Network Deductible ⁴	See In-Network Deductible ⁴
Out-of-Network Coinsurance ⁵	30%	20%	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) ⁹	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000				\$6,100/\$12,200	\$3,600/\$7,200
Out-of-Network Inpatient Hospital De- ductible	\$500	\$200/stay	\$200/stay	\$200/stay	\$500/stay	\$600/stay					

* Members hired before July 1, 2019, will be enrolled in Freedom or NJ DIRECT. Members hired after July 1, 2019, will be enrolled in Freedom 2019 or NJ DIRECT 2019.

** HD = High Deductible Health Plan

*** 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.

² On select services.

³ Applies to services that do not require a copayment.

⁴ Out-of-Network Deductible is combined with In-Network Deductible.

⁵ After Deductible

⁶ Family amounts are 2 x member amounts listed in table.

⁷ \$50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.

⁸ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

⁹ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.



Explore Your Benefits

LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

HA-0896-0424

Aetna Plan Options (Available July 1, 2024)	Freedom / Freedom 2019†	Freedom10	Freedom15	Freedom1525	Freedom2030	Freedom2035	Aetna HMO	Aetna Liberty Plus	Freedom HDHigh*	Freedom HDLow*
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019†	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO¹	Horizon OMNIA	NJ DIRECT HDHigh*	NJ DIRECT HDLow*
Prescription Drug Copayments²										
Retail: Generic Copayments	\$7	\$3	\$3	\$7	\$3	\$7³	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$10	\$10	\$16	\$18	\$21³	\$10	\$16		
Retail: Non-Preferred Brand Copayments	Member pays difference⁴	\$10	\$10	\$35	\$46	Member pays dif- ference³,⁴	\$10	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference³,⁴	Member pays difference⁴	Member pays difference⁴		
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Mail: Preferred Brand Copayments	\$40	\$15	\$15	\$40	\$36	\$52	\$15	\$40		
Mail: Non-Preferred Brand Copayments	Member pays difference⁴	\$15	\$15	\$88	\$92	Member pays difference³,⁴	\$15	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference⁴	Member pays difference³,⁴	Member pays difference⁴	Member pays difference⁴		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780		

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

† **Members hired before July 1, 2019 will be enrolled in Freedom or NJ DIRECT. Members hired after July 1, 2019 will be enrolled in Freedom 2019 or NJ DIRECT 2019.**

* **HD = High Deductible Health Plan**

¹ Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10, Freedom10, NJ DIRECT15, and Freedom15; Coinsurance is 15% for NJ DIRECT1525, Freedom1525, NJ DIRECT2030, and Freedom2030; Coinsurance is 20% for NJ DIRECT2035 and Freedom2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

³ For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035 and Aetna Freedom 2035.

⁴ You pay the the cost difference between the brand drug and the generic drug.