



**LOCAL GOVERNMENT ACTIVE GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2019  
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

	Aetna Freedom/ Aetna Freedom 2019 <sup>†</sup>	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500* <sup>6</sup>
	NJ DIRECT/ NJ DIRECT 2019 <sup>†</sup>	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO <sup>1</sup>	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500* <sup>6</sup>
Medical Cost Sharing								TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$15	\$15	\$20	\$20	\$10	\$5	\$20		
Specialist Care Copayment	\$15	\$10	\$15	\$25	\$30 adult/ \$20 child**	\$35	\$10	\$15	\$30		
Emergency Room Copayment	\$150 <sup>7</sup>	\$75	\$100	\$100	\$125	\$300	\$85	\$100	\$100		
In-Network Deductible	\$100 <sup>8</sup> (if hired after 7/1/19)					\$200	\$100 <sup>2</sup>	None	\$1,500 <sup>***</sup>	\$4,000 <sup>***</sup>	\$1,500 <sup>***</sup>
In-Network Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20% after deductible <sup>3</sup>		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000		None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320/\$12,640	\$400/\$1,000	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$2,500 <sup>***</sup>	\$4,500 <sup>***</sup>	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000				See In-Network Deductible <sup>4</sup>	See In-Network Deductible <sup>4</sup>
Out-of-Network Coinsurance <sup>5</sup>	30%	20%	30%	30%	30%	40%				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	\$6,500/ \$13,000				\$6,000/ \$12,000	\$3,500/ \$7,000
Out-of-Network Inpatient Hospital Deductible	\$500	\$200/stay	\$200/stay	\$200/stay	\$500/stay	\$600/stay					
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics <sup>9</sup> at 195% CMS until treatment completed										

<sup>†</sup> Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

\* HD = High Deductible Health Plan

\*\* Age 26 and under

\*\*\*Family amounts are 2 x per member amounts listed

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

<sup>2</sup> On select services.

<sup>3</sup> Applies to services that do not require a copayment.

<sup>4</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>5</sup> After Deductible

<sup>6</sup> Employer Health Savings Account Funding is \$300 for Aetna HD1500 and Horizon HD1500 plans which can be used for qualified medical expenses without federal tax liability.

<sup>7</sup> \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

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

<sup>9</sup> If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.



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	NJ DIRECT/ NJ DIRECT 2019†	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO¹	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Prescription Drug Copayments²</b>										
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		\$10	\$10	\$35	\$46	Member pays difference³,⁴	\$10	\$35		
Retail: Brand w/ Generic Equivalent⁴	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		\$15	\$15	\$88	\$92	Member pays difference³,⁴	\$15	\$88		
Mail: Brand w/ Generic Equivalent⁴	Member pays difference²	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)	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160		

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

\* **HD = High Deductible Health Plan**

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 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 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. Copayments for Aetna Freedom10,

Aetna Freedom15, Aetna HMO, and Horizon HMO are: \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Aetna Freedom1525, Aetna Freedom2030, Aetna Freedom2035, Aetna Liberty, and Horizon OMNIA are shown in chart above. 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 the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).

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

**Note:** Oral contraceptive coverage is available under the medical and prescription plans.

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