

## **SHBP PDC RESOLUTION #2025-10**

### **RESOLUTION OF THE STATE HEALTH BENEFITS PROGRAM PLAN DESIGN COMMITTEE TO MODIFY CERTAIN CO-PAYMENTS, DEDUCTIBLES, AND OUT-OF-POCKET MAXIMUM AMOUNTS; AND TO LIMIT OUT-OF-NETWORK PHYSICAL THERAPY VISITS**

WHEREAS, pursuant to N.J.S.A. 52:14-17.25 to -17.46a, the State Health Benefits Program (“SHBP”) provides health coverage to qualified employees and retirees of the State of New Jersey (State) and participating local employers; and

WHEREAS, the SHBP was created in 1961 to provide affordable health care coverage for public employees on a cost-effective basis; and

WHEREAS, all SHBP plans, with the exception of Medicare Advantage plans, are self-funded, which means the money paid out for benefits comes directly from a SHBP fund supplied by the State, participating local employers, and subscriber<sup>1</sup> premiums; and

WHEREAS, the SHBP currently offers the following plans (herein the “SHBP Plans”) administered by the SHBP third party administrators, currently Horizon and Aetna: NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; NJ Direct 2030 and Freedom 2030; NJ Direct 2035 and Freedom 2035; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019; Freedom HDHigh; Freedom HDLow; Aetna HMO; Liberty Plus Tiered Network; NJDirect HD High; NJDirect HD Low; Horizon HMO; Omnia Tiered Network; and

WHEREAS, the pricing and costs for health and prescription drug benefits continue to increase exponentially, which has strained the budgets of the State and local employers and caused increased costs to members<sup>2</sup>; and

WHEREAS, pursuant to N.J.S.A. 52:14-17.29(D), the SHBP Plan Design Committee finds it in the best interest of the State, local employers, and members to make certain plan design changes that balance the incentivizing of members’ cost-effective decisions while maintaining access to care, which changes are to be implemented while ensuring that plans used by local employers remain available to local employers.

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<sup>1</sup> “Subscriber” means the person in whose name the coverage is listed.” N.J.A.C. 17:9-1.8.

<sup>2</sup> “Member” means any individual covered under the SHBP, regardless of whether the person is a subscriber or a dependent.” N.J.A.C. 17:9-1.8.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. In-network deductibles are \$110 (individual)/\$220 (family) for members in the following plans, applicable to all services except preventative care<sup>3</sup> and services subject to co-payments:  
NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; NJ Direct 2030 and Freedom 2030; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019.
2. Out-of-network deductibles are \$750 (individual)/\$1,500 (family) for members in the following plans applicable to all services:  
NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; NJ Direct 2030 and Freedom 2030; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019.
3. Out-of-network out of pocket maximums are \$2,500 (individual)/\$6,000 (family) for members in the following plans:  
NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019.
4. Subject to applicable laws and regulations, the copayment for in-network laboratory testing services shall be \$20 per visit for members in NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; NJ Direct 2030 and Freedom 2030; NJ Direct 2035 and Freedom 2035; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019, in addition to any other copayment; except that preventative care and pregnancy-related<sup>4</sup> laboratory services are excluded and shall continue to have no copayment.
5. The copayment for in-network diagnostic imaging services (whether outpatient or freestanding) shall be \$50 per visit for members in NJ Direct 10 and Freedom 10; NJ Direct 15 and Freedom 15; NJ Direct 1525 and Freedom 1525; NJ Direct 2030 and Freedom 2030; NJ Direct 2035 and Freedom 2035; CWA Unity DIRECT and CWA Unity Freedom; CWA Unity DIRECT2019 and CWA Unity Freedom 2019; NJ DIRECT and Freedom; NJ DIRECT2019 and Freedom 2019, in addition to any other copayment; except that all preventative and pregnancy-related imaging are excluded and shall continue to have no copayment.

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<sup>3</sup> For purposes of this Resolution, “preventative care” are primary care services or supplies that are not provided in connection with the treatment of injury or illness, including routine physical examinations, related lab tests and x-rays, immunizations and vaccines, well-baby, well-child, well-woman, and well-adult care.

<sup>4</sup> For purposes of this Resolution, “pregnancy-related” laboratory testing or imaging are those laboratory testing and imagine services obtained by members who are pregnant when those services are related to the member’s obstetrical care.

6. Members enrolled in SHBP Plans that provide for out-of-network coverage who elect out-of-network physical therapy services shall have a 20-visit limit per calendar year.
7. This Resolution shall apply to active employees only and shall not apply to early or Medicare eligible retirees.
8. The Committee requests the State Health Benefits Commission and/or Division of Pensions and Benefits use best efforts to implement this Resolution to be effective as of January 1, 2026, or as soon as practicable thereafter.

DATED: September 24, 2025