



Explore Your Benefits

**LOCAL EDUCATION RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2020  
HORIZON PLANS - MEDICAL COST SHARING**

	NJ DIRECT ZERO*	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO <sup>1</sup>	Horizon HMO1525 <sup>1</sup>	Horizon HMO2030 <sup>1</sup>	NJ DIRECT HD4000*
<b>Medical Cost Sharing</b>									
Primary Care Copayment	\$0	\$10	\$15	\$15	\$20	\$10	\$15	\$20	20% coinsurance after deductible
Specialist Care Copayment	\$0	\$10	\$15	\$25	\$30 adult/\$20 child**	\$10	\$25	\$30 adult/\$20 child**	20% coinsurance after deductible
Emergency Room Copayment	\$50	\$25	\$50	\$75	\$125	\$35	\$75 <sup>5</sup>	\$125	20% coinsurance after deductible
In-Network Deductible (Individual/Family)									\$4,000/\$8000
In-Network Coinsurance <sup>2</sup>	10%	10%	10%	10%	10%	10%	10%	10%	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)			\$400/\$1,000	\$400/\$1,000	\$800/\$2,000				
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$400/\$1,000	\$6,739/\$13,478	\$6,739/\$13,478	\$6,739/\$13,478	\$6,739/\$13,478	\$6,739/\$13,478	\$6,739/\$13,478	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250***	\$100/\$250	\$100/\$250	\$100/\$250	\$200/\$500				See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	20%***	20%	30%	30%	30%				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				\$6,000/\$12,000
Out-of-Network Inpatient Hospital Deductible				\$200/stay	\$500/stay				

\* Medicare-eligible retirees and/or Medicare eligible spouses of retirees will be enrolled in a corresponding plan

\*\* Age 26 and under

\*\*\* Out of Network cost basis is 200% of CMS fee schedule

<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. Please see plan guidebook.

<sup>3</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>4</sup> After Deductible.

<sup>5</sup> \$65 for those with Medicare Advantage HMO 1525



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<b>Prescription Drug Copayments</b>									
Retail: Generic Copayments	\$10	\$10	\$10	\$7	\$3	\$6	\$7	\$3	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$21	\$21	\$21	\$17	\$19	\$13	\$17	\$19	
Retail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic	\$42	\$42	\$36	\$48	\$26	\$36	\$48	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Mail: Preferred Brand Copayments	\$31	\$31	\$31	\$41	\$37	\$19	\$41	\$37	
Mail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic	\$52	\$52	\$91	\$95	\$31	\$91	\$95	
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	

<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.

**Note:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com)