



**LOCAL GOVERNMENT RETIRED GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2023
HORIZON PLANS - MEDICAL COST SHARING**

	NJ DIRECT*	NJ DIRECT10*	NJ DIRECT15*	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	Horizon OMNIA		NJ DIRECT HD1500*	NJ DIRECT HD4000*
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	\$1,500/\$3,000	\$4,000/\$8,000
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)	\$7,749/\$15,498	\$400/\$1,000	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$2,500/\$5,000	\$4,500/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
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						\$3,500/\$7,000	\$6,000/\$12,000
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.

** 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. Please see plan guidebook.

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

⁴ After Deductible.

Note: NJ DIRECT, NJ DIRECT HD 1500, and Horizon OMNIA are not available to Chapter 330 plan participants. Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: www.aetnastatenj.com



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	NJ DIRECT	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO ¹	Horizon HMO1525 ¹	Horizon HMO2030 ¹	Horizon OMNIA	NJ DIRECT HD1500	NJ DIRECT HD4000
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.

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