



UNION NEGOTIATED PLANS MEDICAL PLAN DESIGN - PLAN YEAR 2024 STATE ACTIVE GROUP

HA-1059-0424

Explore Your Benefits

Aetna Plan Options (Available July 1, 2024)	Freedom/ Freedom 2019*	Aetna HMO	Aetna Liberty Plus		Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$30	\$15	\$20	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁷	\$100	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	\$100 ⁶ (if hired after 7/1/19)	\$100 for Durable Medical Equipment	None	\$1,500 ⁵	\$4,100 ⁵	\$1,500 ⁵
In-Network Coinsurance	10% ²	0% ²	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	None	None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,560/\$15,120	\$7,560/\$15,120	\$2,500 ⁵	\$4,500 ⁵	\$5,100/\$10,200	\$2,600/\$5,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) ⁸	\$2,000/\$5,000				\$6,100/\$12,200	\$3,600/\$7,200
Out-of-Network Inpatient Hospital Deductible	\$500				None	None

Note: Freedom/NJ DIRECT members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.

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

⁴ After Deductible.

⁵ Family amounts are 2 x per member amounts listed in table.

⁶ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

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



Explore Your Benefits

UNION NEGOTIATED PLANS PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024 STATE ACTIVE GROUP

HA-1059-0424

Aetna Plan Options (Available July 1, 2024)	Freedom/ Freedom 2019*	Aetna HMO	Aetna Liberty Plus	Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$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 You pay the cost difference between the brand drug and the generic drug.

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions
This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.