

# STATE HEALTH BENEFITS PROGRAM (SHBP)

## New "26" Plans for State Employees

### YOUR ACTION IS NEEDED

#### What You Need To Know

- The pricing and costs for health and prescription drug benefits continue to increase, which has strained the State's budget and caused increased costs to members. In the best interest of the State and members, the SHBP Plan Design Committee (PDC) has made certain plan design changes that balance the incentivizing of members' cost-effective decisions while maintaining access to care.
- The NJDPB is implementing significant updates to plan offerings for 2026, pursuant to the SHBP PDC Resolutions 2025 #10-12. These changes are mandatory and apply to State employees enrolled in the SHBP.
- **The current plans will no longer be available.** Members will be moved to a new "26" plan with the same carrier that is comparable to the member's current plan prior to the start of the Special Open Enrollment period.
- New "26" medical plans will be effective June 27, 2026, for State employees paid biweekly through Centralized Payroll and July 1, 2026, for all other State employees.
- A Special Open Enrollment period will be held April 1-30, 2026 for State employees to review the new "26" plans. Members will have the opportunity to change their medical plan to a different "26" plan if they wish to do so.
- Dependents cannot be added or removed through the Special Open Enrollment.
- The in-network deductible (except for preventative care, laboratory testing services, and services subject to copayments,) the out-of-network deductible, and the out-of-network out-of-pocket maximum for the new "26" PPO plans will increase, but there are some exceptions.
- The in-network diagnostic imaging services copay will increase from \$0 to \$50 per visit for all PPO plans except 26 Aetna Freedom 2035/26 Horizon NJ DIRECT 2035, which will be 20% coinsurance.
- These new "26" plan design changes will not apply to: 26 Aetna Liberty Plus and 26 Horizon OMNIA, 26 Aetna HMO and 26 Horizon HMO, 26 Aetna Freedom HDHigh and 26 Aetna Freedom HDLow, 26 Horizon NJ DIRECT HDHigh and 26 Horizon NJ DIRECT HDLow.
- 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.

#### For More Information

- Log in to [my.njbenefitshub](https://my.njbenefitshub.com) or visit the NJDPB website for new "26" plan overviews, side-by-side comparison charts, and Summaries of Benefits and Coverage.
- Go to the NJDPB website for updated carrier (Aetna and Horizon) premium cost calculators.

# SHBP STATE EMPLOYEE PLAN GUIDE

## Aetna PPO

Old Plan	New "26" Plan
Freedom	26 Freedom
Freedom 2019	
CWA Unity Freedom	26 CWA Unity Freedom
CWA Unity Freedom 2019	

## Horizon PPO

Old Plan	New "26" Plan
NJ DIRECT	26 NJ DIRECT
NJ DIRECT 2019	
CWA Unity DIRECT	26 CWA Unity DIRECT
CWA Unity DIRECT 2019	

## Tiered Network

Old Plan	New "26" Plan
Aetna Liberty Plus	26 Aetna Liberty Plus

## Tiered Network

Old Plan	New "26" Plan
Horizon OMNIA	26 Horizon OMNIA

## HMO

Old Plan	New "26" Plan
Aetna HMO	26 Aetna HMO

## HMO

Old Plan	New "26" Plan
Horizon HMO	26 Horizon HMO

## High Deductible (HD)

Old Plan	New "26" Plan
Freedom HDHigh	26 Freedom HDHigh
Freedom HDLow	26 Freedom HDLow

## High Deductible (HD)

Old Plan	New "26" Plan
NJ DIRECT HDHigh	26 NJ DIRECT HDHigh
NJ DIRECT HDLow	26 NJ DIRECT HDLow

# SHBP STATE EMPLOYEE PLAN GUIDE

## (Rutgers, NJIT, University Hospital Only)

### Aetna PPO

Old Plan	New "26" Plan
Freedom	26 Freedom
Freedom 2019	
Freedom 15	26 Freedom 15
Freedom 1525	26 Freedom 1525
Freedom 2030	26 Freedom 2030
Freedom 2035	26 Freedom 2035

### Horizon PPO

Old Plan	New "26" Plan
NJ DIRECT	26 NJ DIRECT
NJ DIRECT 2019	
NJ DIRECT 15	26 NJ DIRECT 15
NJ DIRECT 1525	26 NJ DIRECT 1525
NJ DIRECT 2030	26 NJ DIRECT 2030
NJ DIRECT 2035	26 NJ DIRECT 2035

### Tiered Network

Old Plan	New "26" Plan
Aetna Liberty Plus	26 Aetna Liberty Plus

### Tiered Network

Old Plan	New "26" Plan
Horizon OMNIA	26 Horizon OMNIA

### HMO

Old Plan	New "26" Plan
Aetna HMO	26 Aetna HMO

### HMO

Old Plan	New "26" Plan
Horizon HMO	26 Horizon HMO

### High Deductible (HD)

Old Plan	New "26" Plan
Freedom HDHigh	26 Freedom HDHigh
Freedom HDLow	26 Freedom HDLow

### High Deductible (HD)

Old Plan	New "26" Plan
NJ DIRECT HDHigh	26 NJ DIRECT HDHigh
NJ DIRECT HDLow	26 NJ DIRECT HDLow

## New "26" PPO Plan Design

The chart below shows the update for in-network deductible, out-of-network deductible and out-of-network out of pocket maximum for most "26" PPO plans with exceptions noted below the chart. **These new "26" plan design changes will not apply to: 26 Aetna Liberty Plus and 26 Horizon OMNIA, 26 Aetna HMO and 26 Horizon HMO, 26 Aetna Freedom HDHigh and 26 Aetna Freedom HDLow, 26 Horizon NJ DIRECT HDHigh and 26 Horizon NJ DIRECT HDLow.**

	Current PPO Plans	New "26" PPO Plans
In-network deductible (individual/family)	\$0	\$110/\$220
Out-of-network deductible (individual/family)	\$100/\$250	\$750/\$1,500
Out-of-network out of pocket maximum (individual/family)	\$2,000/\$5,000	\$2,500/\$6,000
In-network diagnostic imaging services copay	\$0	\$50/visit

## New "26" PPO Plan Exceptions

### In-network deductible:

- Deductible does not apply to preventive care, laboratory testing services, and services subject to co-payments
- 26 Aetna Freedom 2035/26 Horizon NJ DIRECT 2035 will be \$200/\$500

### Out-of-network deductible:

- 26 Aetna Freedom 2035/26 Horizon NJ DIRECT 2035 will be \$800/\$2,000

### Out-of-network out of pocket maximum:

- 26 Aetna Freedom 2030/26 Horizon NJ DIRECT 2030 will be \$5,000/\$12,500
- 26 Aetna Freedom 2035/26 Horizon NJ DIRECT 2035 will be \$6,500/\$13,000

## Current PPO Plan Exceptions

### In-network deductible:

- Deductible does not apply to preventive care
- Aetna Freedom 2019/Horizon NJ DIRECT 2019/Aetna CWA Unity Freedom 2019/Horizon CWA Unity DIRECT 2019 was \$100
- Aetna Freedom 2035/Horizon NJ DIRECT 2035 was \$200/\$500

### Out-of-network deductible:

- Aetna Freedom/Horizon NJ DIRECT/Aetna CWA Unity Freedom/Horizon CWA Unity DIRECT/Aetna CWA Unity Freedom 2019/Horizon CWA Unity DIRECT 2019 was \$400/\$1,000
- Aetna Freedom 2030/Horizon NJ DIRECT 2030 was \$200/\$500
- Aetna Freedom 2035/Horizon NJ DIRECT 2035 was \$800/\$2000

### Out-of-network out of pocket maximum:

- Aetna Freedom 2030/ Horizon NJ DIRECT 2030 was \$5,000/\$12,500
- Aetna Freedom 2035/ Horizon NJ DIRECT 2035 was \$6,500/\$13,000

### In-network diagnostic imaging services copay:

- Aetna Freedom 2035/Horizon NJ DIRECT 2035 was 20% coinsurance

## Ambulatory Surgical Center (ASC)

Members are encouraged to use ASCs.

- The member's doctor handles the precertification process through the insurance carrier
- If a member uses an in-network hospital instead of in-network ASC, the member will be responsible for 50% of the cost (with some exceptions)
- If a member uses an out-of-network hospital or out-of-network ASC, the member will be responsible for 50% of the cost

Please see the "Ambulatory Surgical Center Q & A" flyer for more detailed information.

## Prescription Plan Changes

The GLP-1 drug copay change took effect January 1, 2026 and will continue under the new "26" plans:

- Copay of \$45 per 30-day retail/\$135 90-day mail-order supply in all SHBP plans for non-diabetic GLP-1 drugs (Wegovy, Saxenda, and Zepbound)

Effective June 27, 2026, for State employees paid through Centralized Payroll on a biweekly basis and July 1, 2026, for all other State employees:

- Out-of-Pocket maximum of \$2,120 for individuals and \$4,240 for families
- Prescriptions for maintenance drugs MUST be filled through mail order except for members in High Deductible Plans
- If the retail cost of the prescription is less than the copayment, member will pay the retail cost only
- Members in High Deductible Plans will still have their share of prescription costs subject to deductible and coinsurance
- All plans — except High Deductible Plans — will now use the same prescription copayment amounts. (See table below)

## New Prescription Drug Copays

New "26" plans will have changes to the prescription drug copayments. This chart shows the copayments for each of the new tiers.

Copay Tier	Retail		Mail Order	
	Copay	Supply	Copay	Supply
Generic	\$10	30-day	\$10	90-day
Preferred Brand	\$20	30-day	\$50	90-day
Non-Preferred Brand	\$75	30-day	\$150	90-day
Specialty Drugs	N/A	N/A	\$75	30-day
Brand w/Generic Available	Member pays difference	30-day	Member pays difference	90-day

To find a drug's tier, please see the OptumRx Prescription drug list:  
<https://welcome.optumrx.com/sonjactiveee/prescription-drug-list>.