



**STATE ACTIVE GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2019  
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	Aetna Freedom/ Aetna Freedom 2019 <sup>†</sup>	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500*
	NJ DIRECT/ NJ DIRECT 2019 <sup>†</sup>	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO <sup>1</sup>	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Medical Cost Sharing</b>							<b>TIER 1</b>	<b>TIER 2</b>		
Primary Care Copayment	\$15	\$15	\$15	\$20	\$20	\$15	\$5	\$20		
Specialist Care Copayment	\$15	\$15	\$25	\$30 adult/ \$20 child**	\$35	\$15	\$15	\$30		
Emergency Room Copayment	\$150 <sup>9</sup>	\$100	\$100	\$125	\$300	\$100	\$100	\$100		
In-Network Deductible	\$100 <sup>8</sup> (if hired after 7/1/19)				\$200 <sup>6</sup>	\$100 <sup>2</sup>	None	\$1,500 <sup>7</sup>	\$4,000 <sup>7</sup>	\$1,500 <sup>7</sup>
In-Network Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20% <sup>6</sup> after deductible		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000		None	None	\$1,000 / \$2,000	\$1,000 / \$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320/\$12,640	\$6,320/ \$12,640	\$6,320/ \$12,640	\$6,320/ \$12,640	\$6,320/ \$12,640	\$6,320/ \$12,640	\$2,500 <sup>7</sup>	\$4,500 <sup>7</sup>	\$5,000/ \$10,000	\$2,500/ \$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000				See In-Network Deductible <sup>3</sup>	See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	30%	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000				\$6,000/\$12,000	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	\$500	\$200/stay	\$200/stay	\$500/stay	\$600/stay					
Employer Health Savings Account Funding <sup>5</sup>										\$300
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics <sup>10</sup> at 195% CMS until treatment completed									

\* HD = High Deductible Health Plan

\*\* Age 26 and under

† Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

<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.

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

<sup>4</sup> After Deductible.

<sup>5</sup> Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

<sup>6</sup> Applies to services that do not require a copayment.

<sup>7</sup> Family amounts are 2 x per member amounts listed in table.

<sup>8</sup> \$100 in network deductible has exclusions: 2<sup>nd</sup> wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

<sup>9</sup> \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

<sup>10</sup> If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.

**Note:** Oral contraceptive coverage is available under the medical and prescription plans.



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	NJ DIRECT/ NJ DIRECT 2019 <sup>†</sup>	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO <sup>1</sup>	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Prescription Drug Copayments</b>									
Retail: Generic Copayments	\$7	\$3	\$7	\$3	\$7 <sup>3</sup>	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16	\$18	\$21 <sup>3</sup>	\$10	\$16		
Retail: Brand w/Generic available Copayments <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2, 3</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40	\$36	\$52 <sup>3</sup>	\$15	\$40		
Mail: Brand w/Generic available Copayments <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2, 3</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160		

\* HD = High Deductible Health Plan

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<sup>2</sup> You pay the cost difference between the brand drug and the generic drug.

<sup>3</sup> For maintenance prescription drugs, mail order is mandatory under the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).

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