



Explore Your Benefits

**UNION NEGOTIATED PLANS - RETIRED GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2021
HORIZON PLANS - MEDICAL COST SHARING**

This chart is only for retirees covered under certain negotiated labor agreements.

	NJ DIRECT*	Horizon HMO ¹	Horizon OMNIA*		NJ DIRECT HD1500*	NJ DIRECT HD4000*
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁵	\$85	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	None	None	None	\$1,500/\$3,000	\$1,500/\$3,000	\$4,000/\$8,000
In-Network Coinsurance ²	10%	10%	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,199/\$14,398	\$7,199/\$14,398	\$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				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)	\$2,000/\$5,000				\$3,500/\$7,000	\$6,000/\$12,000
Out-of-Network Inpatient Hospital Deductible	\$500/stay				None	None

* **Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding 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. Please see plan guidebook.

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

⁴ After Deductible.

⁵ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

Note: Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: www.aetnastatenj.com



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 HORIZON PLANS - MEDICAL COST SHARING**

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	NJ DIRECT	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HD1500	NJ DIRECT HD4000
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$6	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$12	\$16		
Retail: Non-Preferred Brand Copayments	\$35	\$24	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$18	\$5	\$18		
Mail: Preferred Brand Copayments	\$40	\$18	\$40		
Mail: Non-Preferred Brand Copayments	\$88	\$30	\$88		
Mail: Brand w/ Generic Equivalent	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		

Note: Retail – 30 day supply. Mail – 90 day supply.

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

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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.