**STATE ACTIVE GROUP**

**MEDICAL PLAN DESIGN - PLAN YEAR 2024**

**Explore Your Benefits**

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<tbody>
<tr>
<td><strong>Horizon Plan Options</strong></td>
<td>NJ DIRECT/ NJ DIRECT 2019*</td>
<td>NJ DIRECT15</td>
<td>NJ DIRECT1525</td>
<td>NJ DIRECT2030</td>
<td>NJ DIRECT2035</td>
<td>Horizon HMO¹</td>
<td>Horizon OMNIA</td>
<td>NJ DIRECT HDHigh**</td>
<td>NJ DIRECT HDLow**</td>
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<tr>
<td><strong>Medical Cost Sharing</strong></td>
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<tr>
<td>Primary Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
<td>$20</td>
<td>$15</td>
<td>$5</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist Care Copayment</td>
<td>$30</td>
<td>$15</td>
<td>$25</td>
<td>$30 adult/ $20 child***</td>
<td>$35</td>
<td>$30</td>
<td>$20</td>
<td>$35</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>Emergency Room Copayment</td>
<td>$150²</td>
<td>$100</td>
<td>$100</td>
<td>$125</td>
<td>$300</td>
<td>$100</td>
<td>$100</td>
<td>20% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$100² (if hired after 7/1/19)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$200/$500³</td>
<td>None</td>
<td>None</td>
<td>$1,500³</td>
<td>$4,100⁴</td>
</tr>
<tr>
<td>In-Network Coinsurance</td>
<td>10%²</td>
<td>10%²</td>
<td>10%²</td>
<td>10%²</td>
<td>20% after deductible</td>
<td>0%²</td>
<td>None</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>In-Network Coinsurance Maximum (Individual/Family)</td>
<td>$800/$2,000</td>
<td>$400/$1,000</td>
<td>$400/$1,000</td>
<td>$800/$2,000</td>
<td>$2,000/$5,000</td>
<td>None</td>
<td>None</td>
<td>$1,000/$2,000</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>In-Network Out-of-Pocket Maximum (Individual/Family)</td>
<td>$7,560/$15,120</td>
<td>$7,560/$15,120</td>
<td>$7,560/$15,120</td>
<td>$7,560/$15,120</td>
<td>$7,560/$15,120</td>
<td>$2,500⁵</td>
<td>$4,500⁵</td>
<td>$5,100/ $10,200</td>
<td>$2,600/ $5,200</td>
</tr>
<tr>
<td>Out-of-Network Deductible</td>
<td>$400/$1,000</td>
<td>$100/$250</td>
<td>$100/$250</td>
<td>$200/$500</td>
<td>$800/$2,000</td>
<td>None</td>
<td>None</td>
<td>See In-Network Deductible³</td>
<td>See In-Network Deductible³</td>
</tr>
<tr>
<td>Out-of-Network Coinsurance⁴</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
<td></td>
<td></td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Out-of-Network Out-of-Pocket Maximum (Individual/Family)³</td>
<td>$2,000/$5,000</td>
<td>$2,000/$5,000</td>
<td>$2,000/$5,000</td>
<td>$5,000/$12,500</td>
<td>$6,500/$13,000</td>
<td>None</td>
<td>None</td>
<td>$6,100/$12,200</td>
<td>$3,600/$7,200</td>
</tr>
<tr>
<td>Out-of-Network Inpatient Hospital Deductible</td>
<td>$500/stay</td>
<td>$200/stay</td>
<td>$200/stay</td>
<td>$500/stay</td>
<td>$600/stay</td>
<td>None</td>
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<td>None</td>
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* 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
*** Age 26 and under
¹ 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 Applies to services that do not require a copayment.
⁶ Family amounts are 2 x per member amounts listed in table.
⁷ $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
⁸ $50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.
⁹ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.
## STATE ACTIVE GROUP
### PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

**Pensions & Benefits**

**HA-0895-0424**

### Aetna Plan Options (Available July 1, 2024)

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### Prescription Drug Copayments

- **Retail: Generic**
  - Copayments: $7, $3, $7, $3, $7
- **Retail: Brand**
  - Copayments: $16, $10, $16, $18, $21
- **Retail: Brand w/Generic available Copayments**
  - Member pays difference:
    - $7, $10, $16, $18, $21
- **Mail: Generic**
  - Copayments: $0
- **Mail: Brand**
  - Copayments: $40
- **Mail: Brand w/Generic available Copayments**
  - Member pays difference:
    - $7, $10, $16, $18, $21

### Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)

- **$1,890/$3,780**

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**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.

3 For maintenance prescription drugs, mail order is mandatory under NJ DIRECT2035 and Aetna Freedom2035.