



STATE ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2024

Explore Your Benefits

Aetna Plan Options (Available July 1, 2024)	Freedom / Freedom 2019*	Freedom15	Freedom1525	Freedom2030	Freedom2035	Aetna HMO	Aetna Liberty Plus		Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019*	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Medical Cost Sharing							TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$15	\$20	\$20	\$15	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$30	\$15	\$25	\$30 adult/ \$20 child***	\$35	\$30	\$20	\$35	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁸	\$100	\$100	\$125	\$300	\$100	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	\$100 ⁷ (if hired after 7/1/19)	None	None	None	\$200/\$500 ⁵	None	None	\$1,500 ⁶	\$4,100 ⁶	\$1,600 ⁶
In-Network Coinsurance	10% ²	10% ²	10% ²	10% ²	20% after deductible	0% ²	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	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	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$2,500 ⁶	\$4,500 ⁶	\$5,100/ \$10,200	\$2,600/ \$5,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$200/\$500	\$800/\$2,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%	30%	30%	30%	40%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) ⁹	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000				\$6,100/\$12,200	\$3,600/\$7,200
Out-of-Network Inpatient Hospital Deductible	\$500/stay	\$200/stay	\$200/stay	\$500/stay	\$600/stay				None	None

* 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 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 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

Explore Your Benefits

Aetna Plan Options (Available July 1, 2024)	Freedom / Freedom 2019*	Freedom15	Freedom1525	Freedom2030	Freedom2035	Aetna HMO	Aetna Liberty Plus	Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	NJ DIRECT/ NJ DIRECT 2019*	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Prescription Drug Copayments									
Retail: Generic Copayments	\$7	\$3	\$7	\$3	\$7 ³	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16	\$18	\$21 ³	\$10	\$16		
Retail: Brand w/Generic available Copayments	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ^{2, 3}	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40	\$36	\$52 ³	\$15	\$40		
Mail: Brand w/Generic available Copayments	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ²	Member pays difference ^{2, 3}	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	\$1,890/\$3,780	\$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.

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