



LOCAL GOVERNMENT RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2025

Side-by-Side Medical Comparison	Aetna Freedom*	Horizon NJ DIRECT*	Aetna Freedom 10*	Horizon NJ DIRECT 10*	Aetna Freedom 15*	Horizon NJ DIRECT 15*
Primary Care Copayment	\$15	\$15	\$10	\$10	\$15	\$15
Specialist Care Copayment	\$15	\$15	\$10	\$10	\$15	\$15
Urgent Care Copayment	\$15	\$15	\$10	\$10	\$15	\$15
Emergency Room Copayment	\$150	\$150	\$75	\$75	\$100	\$100
In-Network Deductible (Individual/Family)	None	None	None	None	None	None
In-Network Coinsurance	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	\$800/\$2,000	None	None	\$400/\$1,000	\$400/\$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,849/\$15,698	\$7,849/\$15,698	\$400/\$1,000	\$400/\$1,000	\$7,849/\$15,698	\$7,849/\$15,698
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	\$100/\$250
Out-of-Network Coinsurance ²	30%	30%	20%	20%	30%	30%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	\$500/stay	\$500/stay	\$200/stay	\$200/stay	\$200/stay	\$200/stay



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Side-by-Side Medical Comparison	Aetna Freedom 1525	Horizon NJ DIRECT 1525	Aetna Freedom 2030	Horizon NJ DIRECT 2030	Aetna HMO ³	Horizon HMO ³
Primary Care Copayment	\$15	\$15	\$20	\$20	\$10	\$10
Specialist Care Copayment	\$25	\$25	\$30/adult \$20/child**	\$30/adult \$20/child**	\$10	\$10
Urgent Care Copayment	\$25	\$25	\$30/adult \$20/child**	\$30/adult \$20/child**	\$10	\$10
Emergency Room Copayment	\$100	\$100	\$125	\$125	\$85	\$85
In-Network Deductible (Individual/Family)	None	None	None	None	None	None
In-Network Coinsurance	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹
In-Network Coinsurance Maximum (Individual/Family)	\$400/\$1,000	\$400/\$1,000	\$800/\$2,000	\$800/\$2,000	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$200/\$500	\$200/\$500		
Out-of-Network Coinsurance ²	30%	30%	30%	30%		
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/ \$5,000	\$2,000/ \$5,000	\$5,000/ \$12,500	\$5,000/ \$12,500		
Out-of-Network Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$500/stay	\$500/stay		



LOCAL GOVERNMENT RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2025

Side-by-Side Medical Comparison	Aetna Freedom HDHigh*	Horizon NJ Direct HDHigh*	Aetna Freedom HDLow*	Horizon NJ Direct HDLow*
Primary Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	\$4,150/\$8,300	\$4,150/\$8,300	\$1,650/\$3,300	\$1,650/\$3,300
In-Network Coinsurance	20% ¹	20% ¹	20% ¹	20% ¹
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,150/\$10,300	\$5,150/\$10,300	\$2,650/\$5,300	\$2,650/\$5,300
Out-of-Network Deductible (Individual/Family)	See In-Network Deductible ⁴	See In-Network Deductible ⁴	See In-Network Deductible ⁴	See In-Network Deductible ⁴
Out-of-Network Coinsurance ²	40%	40%	40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$6,150/\$12,300	\$6,150/\$12,300	\$3,650/\$7,300	\$3,650/\$7,300
Out-of-Network Inpatient Hospital Deductible	None	None	None	None

* Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding plan. Please view corresponding Medicare Retiree chart for more information.

** Age 26 and under

¹ On select services. Please see plan guidebook.

² After deductible.

³ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and border-

ing counties of Pennsylvania and New York. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

⁴ Out-of-network deductible is combined with in-network deductible.

Note: Horizon NJ DIRECT, Aetna Freedom, Horizon NJ DIRECT HDLow, Aetna Freedom HDLow, Horizon OMNIA, and Aetna Liberty Plus are not available to Chapter 330 plan participants. Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: www.Aetnastatenj.com All plans available to Medicare eligible members can be found on our website via the corresponding Medicare plan comparison chart.