



**School Employees' Health Benefits Program (SEHBP)**  
**MEDICAL PLAN DESIGN - PLAN YEAR 2025**  
**MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS**

Side-by-Side Medical Comparison	Aetna Medicare Advantage Plans <sup>1</sup>			
	Medicare Advantage PPO ESA 10 (Freedom 10)	Medicare Advantage PPO ESA 15 (Freedom 15)	Medicare Advantage Open Access HMO (HMO)	Medicare Advantage Open Access HMO 1525 (HMO 1525)
Primary Care Copayment <sup>2</sup>	\$10	\$15	\$10	\$15
Specialist Care Copayment	\$10	\$15	\$10	\$25
Urgent Care Copayment	\$10	\$15	\$10	\$25
Emergency Room Copayment	\$25	\$50	\$35	\$65
In-Network Deductible (Individual/Family)				
In-Network Overall Coinsurance				
In-Network Coinsurance Out-of-Pocket Maximum (Individual/Family)				
Total In-Network Out-of-Pocket Maximum (Individual/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person
Out-of-Network Deductible (Individual/Family)			Not covered	Not covered
Out-of-Network Overall Coinsurance			Not covered	Not covered
Total Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$400 per person; Combined In- and Out-of-Network	\$1,000 per person; Combined In- and Out-of-Network	Not covered	Not covered



## School Employees' Health Benefits Program (SEHBP)

### MEDICAL PLAN DESIGN - PLAN YEAR 2025

### MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS

Side-by-Side Medical Comparison	Horizon Medicare Supplemental Plans				
	Horizon NJ DIRECT 1525	Horizon NJ DIRECT 2030	Horizon HMO	Horizon HMO 1525	Horizon HMO 2030
Primary Care Copayment <sup>2</sup>	\$15	\$20	\$10	\$15	\$20
Specialist Care Copayment	\$25	\$30/adult \$20/child*	\$10	\$25	\$30/adult \$20/child*
Urgent Care Copayment	\$25	\$30/adult \$20/child*	\$10	\$25	\$30/adult \$20/child*
Emergency Room Copayment	\$75	\$125	\$35	\$75	\$125
In-Network Deductible (Individual/Family)					
In-Network Overall Coinsurance	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>
In-Network Coinsurance Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000 <sup>4</sup>	\$800/\$2,000 <sup>4</sup>			
Total In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,789/\$15,578	\$7,789/\$15,578	\$7,789/\$15,578	\$7,789/\$15,578	\$7,789/\$15,578
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$200/\$500	Not covered	Not covered	Not covered
Out-of-Network Overall Coinsurance	30%	30%	Not covered	Not covered	Not covered
Total Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$5,000/\$12,500	Not covered	Not covered	Not covered

\* Age 26 and under

<sup>1</sup> Medicare Advantage plans do not have in-network and out-of-network differentiation. Medicare Advantage plans provide coverage at the same benefit level regardless of network status for visits to any provider that accepts Medicare. Any visits to doctors who do not accept Medicare will not be covered.

<sup>2</sup> Physician visits for Medicare Advantage Plan Options will be reimbursed \$10 each visit up to \$250.

<sup>3</sup> On select services.

<sup>4</sup> Coinsurance out-of-pocket maximum applies on the applicable Horizon plans for in-network outpatient private duty nursing, in- or out-of-network ambulance, durable medical equipment and some prosthetic and orthotic services.

**This publication is produced and distributed by the New Jersey Division of Pensions & Benefits (NJDPB) – [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)**

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