NJDPB Pensions & Benefits

STATE RETIRED GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2026

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)	$9,249/$18,498	$9,249/$18,498	$400/$1,000	$400/$1,000	$9,249/$18,498	$9,249/$18,498
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	$100 per individual for Durable Medical Equipment	$100 per individual for Durable Medical Equipment
In-Network Coinsurance	10%[1]	10%[1]	10%[1]	10%[1]	None	None
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)	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498
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		

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Side-by-Side Medical Comparison	Aetna HMO 1525[3]	Horizon HMO 1525[3]	Aetna HMO 2030[3]	Horizon HMO 2030[3]	Aetna Liberty Plus*		Horizon OMNIA*	
					TIER 1	TIER 2	TIER 1	TIER 2
Primary Care Copayment	$15	$15	$20	$20	$5	$20	$5	$20
Specialist Care Copayment	$25	$25	$30/adult $20/child**	$30/adult $20/child**	$15	$30	$15	$30
Urgent Care Copayment	$25	$25	$30/adult $20/child**	$30/adult $20/child**	$15	$30	$15	$30
Emergency Room Copayment	$100	$100	$125	$125	$100	$100	$100	$100
In-Network Deductible (Individual/Family)	$100 per individual for Durable Medical Equipment	$100 per individual for Durable Medical Equipment	$100 per individual for Durable Medical Equipment	$100 per individual for Durable Medical Equipment	None	$1,500/ $3,000	None	$1,500/ $3,000
In-Network Coinsurance	None	None	None	None	None	20% after deductible	None	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498	$9,249/$18,498	$2,500/ $5,000	$4,500/ $9,000	$2,500/ $5,000	$4,500/ $9,000
Out-of-Network Deductible (Individual/Family)								
Out-of-Network Coinsurance								
Out-of-Network Out-of-Pocket Maximum (Individual/Family)								
Out-of-Network Inpatient Hospital Deductible								

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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)	$4,200/$8,400	$4,200/$8,400	$1,700/$3,400	$1,700/$3,400
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)	$5,200/$10,400	$5,200/$10,400	$2,700/$5,400	$2,700/$5,400
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)	$6,200/$12,400	$6,200/$12,400	$3,700/$7,400	$3,700/$7,400
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 bordering 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: 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.

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