NJDPB Pensions & Benefits

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LOCAL EDUCATION ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2024

Side-by-Side Medical Comparison	Aetna Freedom10	Horizon NJ DIRECT10	Aetna Freedom15	Horizon NJ DIRECT15
Primary Care Copayment	$10	$10	$15	$15
Specialist Care Copayment	$10	$10	$15	$15
Emergency Room Copayment	$25	$25	$50	$50
In-Network Deductible				
In-Network Coinsurance[1]	10%	10%	10%	10%
In-Network Coinsurance Maximum (Individual/Family)			$400/$1,000	$400/$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$400/$1,000	$400/$1,000	$7,560/$15,120	$7,560/$15,120
Out-of-Network Deductible (Individual/Family)	$100/$250	$100/$250	$100/$250	$100/$250
Out-of-Network Coinsurance[2]	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
Out-of-Network In Patient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)

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LOCAL EDUCATION ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

Side-by-Side Medical Comparison	Aetna NJEHP	Horizon NJEHP	Aetna Garden State Health Plan (GSHP)
Primary Care Copayment	$10	$10	$10
Specialist Care Copayment	$15	$15	$15
Emergency Room Copayment	$125	$125	$125
In-Network Deductible			
In-Network Coinsurance[1]	10%	10%	10%
In-Network Coinsurance Maximum (Individual/Family)			
In-Network Out-of-Pocket Maximum (Individual/Family)	$500/$1,000	$500/$1,000	$500/$1,000
Out-of-Network Deductible (Individual/Family)	$350/$700	$350/$700	$350/$700
Out-of-Network Coinsurance[2]	30%	30%	30%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,000/$5,000	$2,000/$5,000	$2,000/$5,000
Out-of-Network In Patient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)

[1] On Select Services
[2] After Deductible

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