



UNION NEGOTIATED PLANS - RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

This chart is only for retirees covered under certain negotiated labor agreements.

Aetna Plan Options (Available July 1, 2024)	Freedom*	Aetna HMO ¹	Aetna Liberty Plus*		Freedom HDLow*	Freedom HDHigh*
Horizon Plan Options	NJ DIRECT*	Horizon HMO ¹	Horizon OMNIA*		NJ DIRECT HDLow*	NJ DIRECT HDHigh*
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care Copayment	\$15	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁵	\$85	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	None	None	None	\$1,500/\$3,000	\$1,600/\$3,200	\$4,100/\$8,200
In-Network Coinsurance ²	10%	10%	None	20%	20%	20%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$8,099/\$16,198	\$8,099/\$16,198	\$2,500/\$5,000	\$4,500/\$9,000	\$2,600/\$5,200	\$5,100/\$10,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000				\$3,600/\$7,200	\$6,100/\$12,200
Out-of-Network Inpatient Hospital Deductible	\$500/stay				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.

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. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

² On select services. Please see plan guidebook.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

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.



**UNION NEGOTIATED PLANS - RETIRED GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024**

This chart is only for retirees covered under certain negotiated labor agreements.

Aetna Plan Options (Available July 1, 2024)	Freedom	Aetna HMO ¹	Aetna Liberty Plus	Freedom HDLow*	Freedom HDHigh*
Horizon Plan Options	NJ DIRECT	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HDLow*	NJ DIRECT HDHigh*
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$6	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$12	\$16		
Retail: Non-Preferred Brand Copayments	\$35	\$24	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$18	\$5	\$18		
Mail: Preferred Brand Copayments	\$40	\$18	\$40		
Mail: Non-Preferred Brand Copayments	\$88	\$30	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702		

Note: Retail – 30 day supply. Mail – 90 day supply.

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. Aetna HMO plans are not limited to this service area and utilize Aetna’s nationwide Aetna Select network.

² You pay the cost difference between the brand drug and the generic drug.