



Explore Your Benefits

## LOCAL EDUCATION ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

Aetna Plan Options (Available July 1, 2024)	Freedom10	Freedom15	Aetna NJEHP	Garden State Health Plan (GSHP)*
Horizon Plan Options	NJ DIRECT10	NJ DIRECT15	Horizon NJEHP	
Medical Cost Sharing				
Primary Care Copayment	\$10	\$15	\$10	\$10
Specialist Care Copayment	\$10	\$15	\$15	\$15
Emergency Room Copayment	\$25	\$50	\$125	\$125
In-Network Deductible				
In-Network Coinsurance	10% <sup>1</sup>	10% <sup>1</sup>	10% <sup>1</sup>	10% <sup>1</sup>
In-Network Coinsurance Maximum (Individual/Family)		\$400/\$1,000		
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$7,560/\$15,120	\$500/\$1,000	\$500/\$1,000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$350/\$700	\$350/\$700
Out-of-Network Coinsurance <sup>2</sup>	20%	30%	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)

\* Available as of January 1, 2024

<sup>1</sup> On Select Services

<sup>2</sup> After Deductible



Explore Your Benefits

## LOCAL EDUCATION ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

Aetna Plan Options (Available July 1, 2024)	Freedom10	Freedom15	Aetna NJEHP	Garden State Health Plan (GSHP)**
Horizon Plan Options	NJ DIRECT10	NJ DIRECT15	Horizon NJEHP	
Prescription Drug Copayments*				
Retail: Generic Copayments	\$3	\$3	\$5	\$5
Retail: Preferred Brand Copayments	\$10	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	\$10	Member pays difference <sup>1</sup>	Member pays difference <sup>1</sup>
Mail: Generic Copayments	\$5	\$5	\$10	\$10
Mail: Preferred Brand Copayments	\$15	\$15	\$20	\$20
Mail: Non-Preferred Brand Copayments	\$15	\$15	Member pays difference <sup>1</sup>	Member pays difference <sup>1</sup>
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,890/\$3,780	\$1,890/\$3,780	\$1,600/\$3,200	\$1,600/\$3,200

**Note:** Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

\* Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: for NJ DIRECT10, Freedom10, NJ DIRECT15, and Freedom15, coinsurance is 10%; for NJEHP and GSHP, copays are the same as if coverage is through the SEHBP's Prescription Drug Plan as shown in the chart above.

\*\* Available as of January 1, 2024

<sup>1</sup> You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.

**This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)**  
*This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.*