AVAILABLE MEDICAL PLANS

NJ Direct 15, Aetna Freedom 15, Aetna HMO, Horizon HMO

- $15 Primary Care copay
- $15 Specialist Care copay
- $50 Emergency Care copay

Aetna Freedom 1525, NJ Direct 1525, Aetna HMO 1525, Horizon HMO 1525*

- $15 Primary Care copay
- $25 Specialist Care copay
- $75 Emergency Care copay

Aetna Freedom 2030, NJ Direct 2030, Aetna HMO 2030, Horizon HMO 2030*

- $20 Primary Care copay
- $30 Specialist Care copay ($20 copay for children up to the 26th birthday)
- $125 Emergency Care copay

Aetna Freedom 2035, NJ Direct 2035, Aetna HMO 2035, Horizon HMO 2035*

- $20 Primary Care copay
- $35 Specialist Care copay
- $300 Emergency Care copay

*The Horizon HMO, Horizon HMO 1525, Horizon HMO 2030, and Horizon HMO 2035 have a limited service area of New Jersey, Delaware, New York and bordering counties in Pennsylvania.

NJ Direct HD 4000, Aetna HD 4000

- $4000 Individual In-Network deductible
- $8000 In-Network deductible Employee + 1 or more dependents
- 20% coinsurance after deductible is satisfied
- $1,000 In-Network Individual Out-of-Pocket Maximum
NJ Direct HD 1500, Aetna HD 1500

- $1500 Individual In-Network deductible
- $3000 In-Network deductible Employee + 1 or more dependents
- 20% coinsurance after deductible is satisfied
- $1,000 In-Network Individual Out-of-Pocket Maximum ($2000 Family)

PREFERRED PROVIDER ORGANIZATION (PPO) & HEALTH MAINTENANCE ORGANIZATION PLANS (HMO)

Preferred Provider Organization (PPO)

Aetna Freedom and NJ Direct Plans...

- Benefits fall into two categories: services from preferred providers (In-Network) and those provided by non-preferred providers (Out-of-Network)
- Preferred provider benefits are paid after required copay
- Non-preferred provider benefits require members to meet an annual deductible. After deductibles are met, covered claims are paid at the “reasonable and customary” allowance for most services
- Members may see any physician, nation-wide and do not need to select a Primary Care Physician (PCP) for in-network care
- The plans offer out-of-network benefits that allow you to use any licensed medial provider or hospital facility. Out-of-network benefits are payable subject to a deductible and coinsurance.
- Certain preventative care such as annual exams, well-baby care, and certain screenings will be covered with no cost sharing
- A nationwide network of providers is available

Health Maintenance Organization (HMO)

Aetna HMO and Horizon HMO Plans...

- Separate HMO plans administered by Aetna and Horizon
- HMOs cover a wide range of services for preventative and diagnostic care
• Both HMO plans have a unique nationwide directory of participating providers
• You must select a Primary Care Physician (PCP) to coordinate your health care
• The PCP will issue a referral if you need to see a network specialist as part of your treatment
• No deductibles or claim forms
• Standard copayments required for services
• An annual gynecologist visit does not require a referral

Preventive Services, Immunizations and Certain Screenings

Under the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation (HCR) Acts, certain preventive care, such as immunizations (age and population restrictions may apply), certain screenings (blood pressure, cholesterol, depression, newborn, etc.), FDA-approved contraceptive methods, and well-baby care, will be covered by all of the SHBP medical plans without member cost sharing.

As a result, primary care well visits (annual exams) will no longer require a copayment or coinsurance by the member for certain wellness services provided by an in-network provider. However, if the preventive service is not the primary reason for the office visit, the member may still be responsible for a copayment or coinsurance. Contact your medical provider or plan for more information

High Deductible Plans

NJ Direct HD 1500, NJ Direct HD 4000, Aetna HD 1500, Aetna HD 4000

• HD plans provide both in-network and out-of-network services
• Members may see any physician, licensed medical provider or hospital facility nationwide and do not need to select a Primary Care Physician (PCP) for in-network care
• One annual deductible is combined for in-network and out-of-network medical and prescription drug products and services
• The entire deductible must be met before any eligible charges are reimbursed
• The annual deductible applies to all services unless otherwise indicated
• No copayments apply
PLAN TYPES

**PPO Plans Include:** NJ Direct 15, NJ Direct 1525, NJ Direct 2030, NJ Direct 2035, Aetna Freedom 15, Aetna Freedom 1525, Aetna Freedom 2030, Aetna Freedom 2035

**HMO Plans Include:** Aetna HMO, Aetna HMO 1525, Aetna HMO 2030, Aetna HMO 2035, Horizon HMO, Horizon HMO 1525, Horizon HMO 2030, Horizon HMO 2035

**High Deductible Plans Include:** NJ Direct HD 4000, NJ Direct HD 1500, Aetna Value HD 4000, Aetna Value HD 1500

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**CALCULATOR FOR PERCENTAGE OF PREMIUM PAID FOR HEALTH COVERAGE**

Use the calculator to estimate the bi-weekly payroll deduction for health and prescription drug coverage. Note: Ten month employees should contact Human Resources.

[http://www.state.nj.us/treasury/pensions/hb-percentage14-monthly.shtml](http://www.state.nj.us/treasury/pensions/hb-percentage14-monthly.shtml)