



Explore Your Benefits

## LOCAL EDUCATION ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2025

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 <sup>1</sup>	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	\$7,360/\$14,720	\$7,360/\$14,720
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$100/\$250	\$100/\$250
Out-of-Network Coinsurance <sup>2</sup>	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)



## LOCAL EDUCATION ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2025

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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 <sup>1</sup>	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 <sup>2</sup>	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)

<sup>1</sup> On Select Services

<sup>2</sup> After Deductible

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