



## LOCAL EDUCATION RETIRED 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
Urgent Care Copayment	\$15	\$15	\$15
Emergency Room Copayment	\$125	\$125	\$125
In-Network Deductible (Individual/Family)			
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 Chiropractic Services	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit	Lesser of \$35/visit or 75% of In-Network cost/visit
Out-of-Network Acupuncture Services	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit	Lesser of \$60/visit or 75% of In-Network cost/visit
Out-of-Network Physical Therapy Services	75% of In-Network cost/visit	75% of In-Network cost/visit	75% of In-Network cost/visit

<sup>1</sup> On select services. Please see plan guidebook.

<sup>2</sup> Out-of-network cost basis is 200% of CMS fee schedule.

**Note:** Medicare-eligible retirees and/or Medicare eligible spouses of retirees will be enrolled in a corresponding plan. Medicare enrollees can review the Medicare Advantage plan designs on Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com)