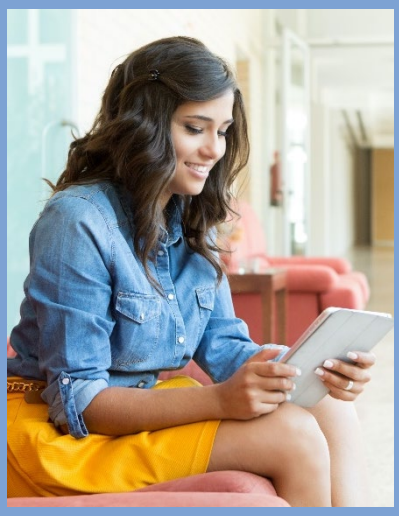
Employee Benefit Guide

January 1, 2027, through December 31, 2027

New Jersey State Health Benefits Program Overview (Including 26 HDHigh Plan with Difference Card)







This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

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Annual Open Enrollment



During the annual open enrollment period, which runs from October 1, 2026, through October 31, 2026, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made outside of the annual enrollment period if you experience a qualifying life event that permits changes in your plan election. Now is the time to carefully review your plan options for the 2027 calendar year.

Elections you make during open enrollment will become effective on January 1, 2027. This Guide provides a brief description of the New Jersey State Health Benefits Program HDHigh plan, which is offered alongside the Difference Card Health Reimbursement Arrangement (HRA).

2027 Calendar Year Highlights

The County of Atlantic will continue to offer the Difference Card HRA in 2027.

The Difference Card will be paired with the Horizon NJ Direct 26 HDHigh (09A) and the Aetna Freedom 26 HDHigh (09C). You must elect one of these plan options during open enrollment if you wish to participate in the Difference Card program in 2027.

The County will allocate $12,500 to the Difference Card for each employee who elects the Horizon NJ Direct 26 HDHigh (09A) or the Aetna Freedom 26 HDHigh (09C). The Difference Card funds can be used to pay for all eligible deductible and coinsurance expenses under the Horizon/Aetna and OptumRx plans. Through the combination of the 26 HDHigh plan and the Difference Card HRA, employees who opt to participate will enjoy 100% coverage with no out-of-pocket costs for covered medical and prescription drug expenses.

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26 HDHigh with Difference Card

Benefits	New Jersey State Health Benefits Program Horizon NJ Direct 26 HDHigh (09A) or Aetna Freedom 26 HDHigh (09C)	
In-Network	**Horizon/Aetna and OptumRx**	**Member Out-of-Pocket Costs After Difference Card Reimbursements**
Annual Deductible (Individual/Family)	$4,250/$8,500	$0/$0
Annual Maximum Out-of-Pocket (Individual/Family)	$5,250/$10,500	$0/$0
Primary Care Office Visit	20% coinsurance after deductible	$0 deductible and coinsurance
Specialist Office Visit	20% coinsurance after deductible	$0 deductible and coinsurance
Diagnostic Testing (Lab, X-Ray)	20% coinsurance after deductible	$0 deductible and coinsurance
Complex Imaging (MRI, CT scan, etc.)	20% coinsurance after deductible	$0 deductible and coinsurance
Outpatient Surgery (Hospital Setting)	50% coinsurance after deductible	$0 deductible and coinsurance
Outpatient Surgery (Freestanding Setting)	20% coinsurance after deductible	$0 deductible and coinsurance
Inpatient Hospitalization	20% coinsurance after deductible	$0 deductible and coinsurance
Emergency Room	20% coinsurance after deductible	$0 deductible and coinsurance
Urgent Care	20% coinsurance after deductible	$0 deductible and coinsurance
Prescription Drugs		
Rx Deductible	Combined w/ Medical Deductible	$0 deductible and coinsurance
Retail Pharmacy (30-Day Supply)	20% coinsurance after deductible	$0 deductible and coinsurance
Mail Order Pharmacy (90-Day Supply)	20% coinsurance after deductible	$0 deductible and coinsurance
Out-of-Network		
Annual Deductible (Individual/Family)	$4,250/$8,500 (combined with In-Network deductible)	$0 deductible and coinsurance
Coinsurance	40%	$0 deductible and coinsurance
Annual Maximum Out-of-Pocket (Individual/Family)	$6,250/$12,500	$0 deductible and coinsurance

Note: This summary is not a guarantee of coverage. Plan designs are illustrative and do not include all benefits and exclusions.

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Important Information Regarding the Difference Card

The **County of Atlantic** provides annual Difference Card funding in the amount of **$12,500** for each enrolled employee in the 26 HDHigh plan, regardless of coverage tier (Single, Two Adults, Parent/Child(ren), Family). The **$12,500** is intended to cover the total annual maximum out-of-pocket limit under the 26 HDHigh plan.

The Difference Card account can be used only for expenses that are covered under the HDHigh medical and prescription drug plan. It cannot be used for dental or vision expenses, over-the-counter medications or supplies, or for any services or expenses that are not covered by the Horizon/Aetna or OptumRx plans.

Because the HDHigh plan is a true high-deductible health plan and does not have fixed copays, you should not make payment for medical services at the time of your visit. Instead, you should follow these steps:

1. When you visit a doctor or facility, give them a copy of your Horizon/Aetna insurance card.
2. After your visit, the doctor or facility should submit the claim to the insurance carrier (Horizon/Aetna) for processing.
3. The insurance carrier will adjudicate the claim and determine your payment responsibility for your deductible and/or coinsurance. The insurance carrier will issue an Explanation of Benefits (EOB) to you and your doctor/facility detailing your deductible and coinsurance responsibility.
4. Upon receiving the EOB, the doctor/facility will send you a bill for the amount shown on the EOB. You should confirm the amount on the bill matches the amount on the EOB. If it does, then you can use your Difference Card debit card to pay the bill.
5. After you use your debit card to pay the bill, you must substantiate the expense with the Difference Card. That simply means you need to provide the EOB showing the amount you were responsible for paying. You can substantiate the expense by uploading the EOB to your Difference Card mobile app or member portal.

Prescription drug claims are adjudicated at the time you pick up the medication from the pharmacy. This means you can use your Difference Card debit card to pay for your medications at the time of pickup. You are not required to substantiate your prescription drug claims; the technology in the pharmacy's system and your Difference Card debit card enable these charges to substantiate automatically.

IMPORTANT: Before paying for your covered prescription medications with the Difference Card, please verify with the pharmacist that they processed the medication through your OptumRx prescription drug coverage. This will ensure you are being charged the correct amount for the medication.

Once you satisfy your maximum out-of-pocket limit under the HDHigh medical and prescription drug plan, then Horizon/Aetna and OptumRx will pay for 100% of your covered expenses for the remainder of the calendar year. You will no longer have to use your Difference Card to pay for any charges, and you will not have to pay out-of-pocket for your covered care.

IMPORTANT: If you use your Difference Card funds for expenses that are not covered by Horizon/Aetna or OptumRx, you will be required to repay the Difference Card for those ineligible expenses.

The Difference Card's customer service team is available to address any questions you have regarding the HRA. They can be reached at **1-888-343-2110**, and representatives are available Monday through Friday from 8:00 AM to 11:00 PM.

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2027 Calendar Year
Illustrative Annual Employee Contributions

Legacy Plans and 26 HDHigh

Salary	Coverage Tier	Legacy NJ Direct 10	Legacy NJ Direct 15	Legacy HMO	Legacy NJ Direct 1525	Legacy NJ Direct 2030	Legacy OMNIA	26 HDHigh
$35,000.00	Single	$3,019	$2,902	$2,836	$2,779	$2,765	$2,430	$2,320
$35,000.00	Parent/Child(ren)	$3,438	$3,306	$3,230	$3,165	$3,149	$2,768	$2,643
$35,000.00	Employee/Spouse	$3,842	$3,694	$3,609	$3,536	$3,519	$3,093	$2,953
$35,000.00	Family	$4,594	$4,417	$4,315	$4,229	$4,207	$3,698	$3,531
$45,000.00	Single	$3,842	$3,694	$3,609	$3,536	$3,519	$3,093	$2,953
$45,000.00	Parent/Child(ren)	$4,912	$4,723	$4,614	$4,522	$4,499	$3,954	$3,775
$45,000.00	Employee/Spouse	$5,488	$5,277	$5,156	$5,052	$5,027	$4,418	$4,218
$45,000.00	Family	$6,891	$6,625	$6,473	$6,343	$6,311	$5,547	$5,296
$55,000.00	Single	$6,312	$6,069	$5,929	$5,810	$5,781	$5,081	$4,851
$55,000.00	Parent/Child(ren)	$8,351	$8,029	$7,844	$7,687	$7,648	$6,723	$6,418
$55,000.00	Employee/Spouse	$9,330	$8,971	$8,765	$8,589	$8,545	$7,511	$7,171
$55,000.00	Family	$10,719	$10,306	$10,069	$9,867	$9,817	$8,629	$8,238
$65,000.00	Single	$7,958	$7,652	$7,476	$7,326	$7,288	$6,407	$6,116
$65,000.00	Parent/Child(ren)	$11,298	$10,863	$10,613	$10,400	$10,347	$9,095	$8,683
$65,000.00	Employee/Spouse	$12,623	$12,137	$11,858	$11,620	$11,561	$10,162	$9,702
$65,000.00	Family	$14,547	$13,987	$13,665	$13,390	$13,323	$11,711	$11,180
$75,000.00	Single	$9,056	$8,707	$8,507	$8,336	$8,294	$7,290	$6,960
$75,000.00	Parent/Child(ren)	$13,263	$12,752	$12,459	$12,208	$12,147	$10,677	$10,193
$75,000.00	Employee/Spouse	$14,819	$14,248	$13,920	$13,641	$13,572	$11,930	$11,389
$75,000.00	Family	$17,610	$16,931	$16,542	$16,209	$16,128	$14,176	$13,534
$85,000.00	Single	$9,330	$8,971	$8,765	$8,589	$8,545	$7,511	$7,171
$85,000.00	Parent/Child(ren)	$14,736	$14,169	$13,843	$13,565	$13,496	$11,863	$11,326
$85,000.00	Employee/Spouse	$16,465	$15,831	$15,467	$15,156	$15,080	$13,255	$12,654
$85,000.00	Family	$19,907	$19,140	$18,700	$18,324	$18,231	$16,026	$15,299
$95,000.00	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$95,000.00	Parent/Child(ren)	$14,736	$14,169	$13,843	$13,565	$13,496	$11,863	$11,326
$95,000.00	Employee/Spouse	$16,465	$15,831	$15,467	$15,156	$15,080	$13,255	$12,654
$95,000.00	Family	$22,203	$21,348	$20,858	$20,438	$20,335	$17,875	$17,064
$105,000.00	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$105,000.00	Parent/Child(ren)	$17,193	$16,530	$16,150	$15,825	$15,746	$13,841	$13,213
$105,000.00	Employee/Spouse	$19,210	$18,470	$18,045	$17,682	$17,593	$15,465	$14,763
$105,000.00	Family	$24,500	$23,556	$23,015	$22,552	$22,438	$19,724	$18,830
$115,000 or more	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$115,000 or more	Parent/Child(ren)	$17,193	$16,530	$16,150	$15,825	$15,746	$13,841	$13,213
$115,000 or more	Employee/Spouse	$19,210	$18,470	$18,045	$17,682	$17,593	$15,465	$14,763
$115,000 or more	Family	$26,797	$25,765	$25,173	$24,667	$24,542	$21,573	$20,595

New Jersey State Health Benefits Program
Plan Comparisons & NJWell Overview



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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Medical Comparison	Aetna Freedom/ Freedom 2019*	Horizon NJ DIRECT/ NJ DIRECT 2019*	Aetna Freedom 10	Horizon NJ DIRECT 10	Aetna Freedom 15	Horizon NJ DIRECT 15
Primary Care Copayment	$15	$15	$10	$10	$15	$15
Specialist Care Copayment	$15	$15	$10	$10	$15	$15
Emergency Room Copayment	$150[1]	$150[1]	$75	$75	$100	$100
In-Network Deductible	$100[2] (if hired after 7/1/19)	$100[2] (if hired after 7/1/19)	None	None	None	None
In-Network Coinsurance	10% [3]	10% [3]	10% [3]	10% [3]	10% [3]	10% [3]
In-Network Coinsurance Maximum (Individual/Family)	$800/$2,000	$800/$2,000	$400/$1,000	$400/$1,000	$400/$1,000	$400/$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,600/$19,200	$9,600/$19,200	$400/$1,000	$400/$1,000	$9,600/$19,200	$9,600/$19,200
Out-of-Network Deductible (Individual/Family)	$400/$1,000	$400/$1,000	$100/$250	$100/$250	$100/$250	$100/$250
Out-of-Network Coinsurance	30% [4]	30% [4]	20% [4]	20% [4]	30% [4]	30% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,000/$5,000 [5]	$2,000/$5,000 [5]	$2,000/$5,000 [5]	$2,000/$5,000 [5]	$2,000/$5,000 [5]	$2,000/$5,000 [5]
Out-of-Network Inpatient Hospital Deductible	$500	$500	$200/stay	$200/stay	$200/stay	$200/stay

Note: The County of Atlantic does not offer the NJ Direct 2019/Aetna Freedom 2019 plan.

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Medical Comparison	Aetna Freedom 1525	Horizon NJ DIRECT 1525	Aetna Freedom 2030	Horizon NJ DIRECT 2030	Aetna Freedom 2035	Horizon NJ DIRECT 2035
Primary Care Copayment	$15	$15	$20	$20	$20	$20
Specialist Care Copayment	$25	$25	$30 adult/ $20 child**	$30 adult/ $20 child**	$35	$35
Emergency Room Copayment	$100	$100	$125	$125	$300	$300
In-Network Deductible	None	None	None	None	$200/$500 [6]	$200/$500 [6]
In-Network Coinsurance	10% [3]	10% [3]	10% [3]	10% [3]	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	$400/$1,000	$400/$1,000	$800/$2,000	$800/$2,000	$2,000/$5,000	$2,000/$5,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,600/$19,200	$9,600/$19,200	$9,600/$19,200	$9,600/$19,200	$9,600/$19,200	$9,600/$19,200
Out-of-Network Deductible (Individual/Family)	$100/$250	$100/$250	$200/$500	$200/$500	$800/$2,000	$800/$2,000
Out-of-Network Coinsurance	30% [4]	30% [4]	30% [4]	30% [4]	40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,000/$5,000 [5]	$2,000/$5,000 [5]	$5,000/$12,500 [5]	$5,000/$12,500 [5]	$6,500/$13,000 [5]	$6,500/$13,000 [5]
Out-of-Network Inpatient Hospital Deductible	$200/stay	$200/stay	$500/stay	$500/stay	$600/stay	$600/stay

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Medical Comparison	Aetna HMO	Horizon HMO [7]	Aetna Liberty Plus		Horizon OMNIA		Aetna Freedom HDHigh***	Horizon NJ DIRECT HDHigh***
			TIER 1	TIER 2	TIER 1	TIER 2		
Primary Care Copayment	$10	$10	$5	$20	$5	$20	20% coinsurance [4]	20% coinsurance [4]
Specialist Care Copayment	$10	$10	$15	$30	$15	$30	20% coinsurance [4]	20% coinsurance [4]
Emergency Room Copayment	$85	$85	$100	$100	$100	$100	20% coinsurance [4]	20% coinsurance [4]
In-Network Deductible	$100 per individual for Durable Medical Equipmentt	$100 per individual for Durable Medical Equipment	None	$1,500 [8]	None	$1,500 [8]	$4,250 [8]	$4,250 [8]
In-Network Coinsurance	None	None	None	20%	None	20%	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None	None	None	$1,000/$2,000	$1,000/$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,600/$19,200	$9,600/$19,200	$2,500 [8]	$4,500 [8]	$2,500 [8]	$4,500 [8]	$5,250/$10,500	$5,250/$10,500
Out-of-Network Deductible (Individual/Family)							See In-Network Deductible [9]	See In-Network Deductible [9]
Out-of-Network Coinsurance							40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)							$6,250/$12,500 [5]	$6,250/$12,500 [5]
Out-of-Network Inpatient Hospital Deductible								

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Medical Comparison	Aetna Freedom HDLow***	Horizon NJ DIRECT HDLow***
Primary Care Copayment	20% coinsurance [4]	20% coinsurance [4]
Specialist Care Copayment	20% coinsurance [4]	20% coinsurance [4]
Emergency Room Copayment	20% coinsurance [4]	20% coinsurance [4]
In-Network Deductible	$1,750 [8]	$1,750 [8]
In-Network Coinsurance	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	$1,000/$2,000	$1,000/$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$2,750/$5,500	$2,750/$5,500
Out-of-Network Deductible (Individual/Family)	See In-Network Deductible [9]	See In-Network Deductible [9]
Out-of-Network Coinsurance	40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$3,750/$7,500 [5]	$3,750/$7,500 [5]
Out-of-Network Inpatient Hospital Deductible		

* **Members hired before July 1, 2019, will be enrolled in Aetna Freedom or Horizon NJ DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna Freedom 2019 or Horizon NJ DIRECT 2019.**

** **Age 26 and under**

*** **HD = High Deductible Plan**

1 $50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.

2 $100 in-network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

3 On select services.

4 After deductible.

5 All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.

6 Applies to services that do not require a copayment.

7 Services for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

8 Family amounts are 2x member amounts listed in table.

9 Out-of-network deductible is combined with in-network deductible.

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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

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Side-by-Side Medical Comparison	26 Aetna Freedom	26 Horizon NJ DIRECT	26 Aetna Freedom 10	26 Horizon NJ DIRECT 10	26 Aetna Freedom 15	26 Horizon NJ DIRECT 15
Primary Care Copayment	$15	$15	$10	$10	$15	$15
Specialist Care Copayment	$15	$15	$10	$10	$15	$15
Emergency Room Copayment	$150[1]	$150[1]	$75	$75	$100	$100
In-Network Ambulatory Surgical Center for Ambulatory Surgical Center-Covered Procedure	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]
In-Network Deductible	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]
In-Network Coinsurance	10% [3]	10% [3]	10% [3]	10% [3]	10% [3]	10% [3]
In-Network Coinsurance Maximum (Individual/Family)	$800/$2,000	$800/$2,000	$400/$1,000	$400/$1,000	$400/$1,000	$400/$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,880/$19,760	$9,880/$19,760	$400/$1,000	$400/$1,000	$9,880/$19,760	$9,880/$19,760
Out-of-Network Deductible (Individual/Family)	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500
Out-of-Network Coinsurance	30% [4]	30% [4]	20% [4]	20% [4]	30% [4]	30% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,500/$6,000 [5]	$2,500/$6,000 [5]	$2,500/$6,000 [5]	$2,500/$6,000 [5]	$2,500/$6,000 [5]	$2,500/$6,000 [5]
Out-of-Network Inpatient Hospital Deductible	$500	$500	$200/stay	$200/stay	$200/stay	$200/stay

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

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Side-by-Side Medical Comparison	26 Aetna Freedom 1525	26 Horizon NJ DIRECT 1525	26 Aetna Freedom 2030	26 Horizon NJ DIRECT 2030	26 Aetna Freedom 2035	26 Horizon NJ DIRECT 2035
Primary Care Copayment	$15	$15	$20	$20	$20	$20
Specialist Care Copayment	$25	$25	$30 adult/ $20 child 26 and under	$30 adult/ $20 child 26 and under	$35	$35
Emergency Room Copayment	$100	$100	$125	$125	$300	$300
In-Network Ambulatory Surgical Center for Ambulatory Surgical Center-Covered Procedure	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]	0% coinsurance [4]	20% coinsurance [4]	20% coinsurance [4]
In-Network Deductible	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$110 (individual)/ $220 (family) [2]	$200/$500 [6]	$200/$500 [6]
In-Network Coinsurance	10%[3]	10% [3]	10% [3]	10% [3]	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	$400/$1,000	$400/$1,000	$800/$2,000	$800/$2,000	$2,000/$5,000	$2,000/$5,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,880/$19,760	$9,880/$19,760	$9,880/$19,760	$9,880/$19,760	$9,880/$19,760	$9,880/$19,760
Out-of-Network Deductible (Individual/Family)	$750/$1,500	$750/$1,500	$750/$1,500	$750/$1,500	$800/$2,000	$800/$2,000
Out-of-Network Coinsurance	30% [4]	30% [4]	30% [4]	30% [4]	40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$2,500/$6,000 [5]	$2,500/$6,000 [5]	$5,000/$12,500 [5]	$5,000/$12,500 [5]	$6,500/$13,000 [5]	$6,500/$13,000 [5]
Out-of-Network Inpatient Hospital Deductible	$200/stay	$200/stay	$500/stay	$500/stay	$600/stay	$600/stay

NJDPB Pensions & Benefits

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

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Side-by-Side Medical Comparison	26 Aetna HMO	26 Horizon HMO [7]	26 Aetna Liberty Plus		26 Horizon OMNIA		26 Aetna Freedom HDHigh*	26 Horizon NJ DIRECT HDHigh*
			TIER 1	TIER 2	TIER 1	TIER 2		
Primary Care Copayment	$10	$10	$5	$20	$5	$20	20% coinsurance [4]	20% coinsurance [4]
Specialist Care Copayment	$10	$10	$15	$30	$15	$30	20% coinsurance [4]	20% coinsurance [4]
Emergency Room Copayment	$85	$85	$100	$100	$100	$100	20% coinsurance [4]	20% coinsurance [4]
In-Network Ambulatory Surgical Center for Ambulatory Surgical Center-Covered Procedure			$150 copayment	20% coinsurance [4]	$150 copayment	20% coinsurance [4]	20% coinsurance [4]	20% coinsurance [4]
In-Network Deductible	$100 per individual for Durable Medical Equipmentt	$100 per individual for Durable Medical Equipment	None	$1,500 [8]	None	$1,500 [8]	$4,250[8]	$4,250[8]
In-Network Coinsurance	None	None	None	20%	None	20%	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None	None	None	$1,000/$2,000	$1,000/$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$9,880/$19,760	$9,880/$19,760	$2,500 [8]	$4,500 [8]	$2,500 [8]	$4,500 [8]	$5,250/$10,500	$5,250/$10,500
Out-of-Network Deductible (Individual/Family)							See In-Network Deductible [9]	See In-Network Deductible [9]
Out-of-Network Coinsurance							40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)							$6,250/$12,500 [5]	$6,250/$12,500 [5]
Out-of-Network Inpatient Hospital Deductible								

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LOCAL GOVERNMENT ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

HA-0896-0926

Side-by-Side Medical Comparison	26 Aetna Freedom HDLow*	26 Horizon NJ DIRECT HDLow*
Primary Care Copayment	20% coinsurance [4]	20% coinsurance [4]
Specialist Care Copayment	20% coinsurance [4]	20% coinsurance [4]
Emergency Room Copayment	20% coinsurance [4]	20% coinsurance [4]
In-Network Deductible	$1,750 [8]	$1,750 [8]
In-Network Coinsurance	20% [4]	20% [4]
In-Network Coinsurance Maximum (Individual/Family)	$1,000/$2,000	$1,000/$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$2,750/$5,500	$2,750/$5,500
Out-of-Network Deductible (Individual/Family)	See In-Network Deductible [9]	See In-Network Deductible [9]
Out-of-Network Coinsurance	40% [4]	40% [4]
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	$3,750/$7,500 [5]	$3,750/$7,500 [5]
Out-of-Network Inpatient Hospital Deductible		

Note: The copayment for in-network diagnostic imaging is $50 per visit except for preventative and pregnancy-related imaging for all plans excluding the HMO, Tiered Network, and High Deductible Plans.

* **HD = High Deductible Health Plan**

1 $50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.

2 $110/$220 in-network deductible is applicable to all services except for preventative care and services subject to copayments.

3 On select services.

4 After deductible.

5 All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.

6 Applies to services that do not require a copayment.

7 Services for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

8 Family amounts are 2x member amounts listed in table.

9 Out-of-network deductible is combined with in-network deductible.

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LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Rx Comparison	Aetna Freedom/ Freedom 2019*	Horizon NJ DIRECT/ NJ DIRECT 2019*	Aetna Freedom 10	Horizon NJ DIRECT 10	Aetna Freedom 15	Horizon NJ DIRECT 15
Retail: Generic Copayments	$7	$7	$3	$3	$3	$3
Retail: Preferred Brand Copayments	$16	$16	$10	$10	$10	$10
Retail: Non-Preferred Brand Copayments	Member pays difference [1]	Member pays difference [1]	$10	$10	$10	$10
Retail: Brand w/ Generic Equivalent	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]
Mail: Generic Copayments	$18	$18	$5	$5	$5	$5
Mail: Preferred Brand Copayments	$40	$40	$15	$15	$15	$15
Mail: Non-Preferred Brand Copayments	Member pays difference [1]	Member pays difference [1]	$15	$15	$15	$15
Mail: Brand w/ Generic Equivalent	Member pays difference[1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800

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LOCAL GOVERNMENT ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027
AETNA AND HORIZON PLANS

Side-by-Side Rx Comparison	Aetna Freedom 1525	Horizon NJ DIRECT 1525	Aetna Freedom 2030	Horizon NJ DIRECT 2030	Aetna Freedom 2035	Horizon NJ DIRECT 2035
Retail: Generic Copayments	$7	$7	$3	$3	$7 [2]	$7 [2]
Retail: Preferred Brand Copayments	$16	$16	$18	$18	$21 [2]	$21 [2]
Retail: Non-Preferred Brand Copayments	$35	$35	$46	$46	Member pays difference [1,2]	Member pays difference [1,2]
Retail: Brand w/ Generic Equivalent	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1,2]	Member pays difference [1,2]
Mail: Generic Copayments	$18	$18	$5	$5	$18	$18
Mail: Preferred Brand Copayments	$40	$40	$36	$36	$52	$52
Mail: Non-Preferred Brand Copayments	$88	$88	$92	$92	Member pays difference[1,2]	Member pays difference[1,2]
Mail: Brand w/ Generic Equivalent	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1,2]	Member pays difference [1,2]
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800

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LOCAL GOVERNMENT ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027
AETNA AND HORIZON PLANS

Side-by-Side Rx Comparison	Aetna HMO [3]	Horizon HMO [3]	Aetna Liberty Plus	Horizon OMNIA	Aetna Freedom HDHigh**	Horizon NJ DIRECT HDHigh**
Retail: Generic Copayments	$3	$3	$7	$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	$10	$10	$16	$16		
Retail: Non-Preferred Brand Copayments	$10	$10	$35	$35		
Retail: Brand w/ Generic Equivalent	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]		
Mail: Generic Copayments	$5	$5	$18	$18		
Mail: Preferred Brand Copayments	$15	$15	$40	$40		
Mail: Non-Preferred Brand Copayments	$15	$15	$88	$88		
Mail: Brand w/ Generic Equivalent	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]	Member pays difference [1]		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800	$2,400/$4,800		

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LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027 AETNA AND HORIZON PLANS

Side-by-Side Rx Comparison	Aetna Freedom HDLow**	Horizon NJ DIRECT HDLow**
Retail: Generic Copayments	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments		
Retail: Non-Preferred Brand Copayments		
Retail: Brand w/ Generic Equivalent		
Mail: Generic Copayments		
Mail: Preferred Brand Copayments		
Mail: Non-Preferred Brand Copayments		
Mail: Brand w/ Generic Equivalent		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)		

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

Oral contraceptive coverage is available under the medical and prescription plans.

Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown above apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for Aetna Freedom, Horizon NJ DIRECT, Aetna Freedom 2019, Horizon NJ DIRECT 2019, Aetna Freedom 10, Horizon NJ DIRECT 10, Aetna Freedom 15, and Horizon NJ DIRECT 15; Coinsurance is 15% for Aetna Freedom 1525, Horizon NJ DIRECT 1525, Aetna Freedom 2030, and Horizon NJ DIRECT 2030; Coinsurance is 20% for Aetna Freedom 2035 and NJ DIRECT 2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and is subject to the plan's deductible and coinsurance amounts.

* **Members hired before July 1, 2019, will be enrolled in Aetna Freedom or Horizon NJ DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna Freedom 2019 or Horizon NJ DIRECT 2019.**

** **HD = High Deductible Health Plan**

[1] You pay the cost difference between the brand drug and the generic drug.

[2] For maintenance prescription drugs, mail order is mandatory under Aetna Freedom 2035 and Horizon NJ DIRECT2035.

[3] Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

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LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

Effective January 1, 2026, GLP-1 weight loss drugs Wegovy, Saxenda, and Zepbound have a $45 copayment for a 30-day retail supply and a $135 copayment for a 90-day mail-order supply under 26 plans. (This does not apply to the 26 HDHigh and 26 HDLow plans.)

Side-by-Side Rx Comparison	26 Aetna Freedom	26 Horizon NJ DIRECT	26 Aetna Freedom 10	26 Horizon NJ DIRECT 10	26 Aetna Freedom 15	26 Horizon NJ DIRECT 15
Retail: Generic Copayments	$10	$10	$10	$10	$10	$10
Retail: Preferred Brand Copayments	$20	$20	$20	$20	$20	$20
Retail: Non-Preferred Brand Copayments	$75	$75	$75	$75	$75	$75
Retail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]
Retail: Specialty Copayments	$75	$75	$75	$75	$75	$75
Mail: Generic Copayments	$10	$10	$10	$10	$10	$10
Mail: Preferred Brand Copayments	$50	$50	$50	$50	$50	$50
Mail: Non-Preferred Brand Copayments	$150	$150	$150	$150	$150	$150
Mail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]
Mail: Specialty Copayments (30-day supply)	$75	$75	$75	$75	$75	$75
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240

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LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

Side-by-Side Rx Comparison	26 Aetna Freedom 1525	26 Horizon NJ DIRECT 1525	26 Aetna Freedom 2030	26 Horizon NJ DIRECT 2030	26 Aetna Freedom 2035	26 Horizon NJ DIRECT 2035
Retail: Generic Copayments	$10	$10	$10	$10	$10	$10
Retail: Preferred Brand Copayments	$20	$20	$20	$20	$20	$20
Retail: Non-preferred Brand Copayments	$75	$75	$75	$75	$75	$75
Retail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]
Retail: Specialty Copayments	$75	$75	$75	$75	$75	$75
Mail: Generic Copayments	$10	$10	$10	$10	$10	$10
Mail: Preferred Brand Copayments	$50	$50	$50	$50	$50	$50
Mail: Non-preferred Brand Copayments	$150	$150	$150	$150	$150	$150
Mail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]
Mail: Specialty Copayments (30-day supply)	$75	$75	$75	$75	$75	$75
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240

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LOCAL GOVERNMENT ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027
26 AETNA PLANS AND 26 HORIZON PLANS

Side-by-Side Rx Comparison	26 Aetna HMO[3]	26 Horizon HMO[3]	26 Aetna Liberty Plus	26 Horizon OMNIA	26 Aetna Freedom HDHigh*	26 Horizon NJ DIRECT HDHigh*
Retail: Generic Copayments	$10	$10	$10	$10	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	$20	$20	$20	$20		
Retail: Non-preferred Brand Copayments	$75	$75	$75	$75		
Retail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]		
Retail: Specialty Copayments	$75	$75	$75	$75		
Mail: Generic Copayments	$10	$10	$10	$10		
Mail: Preferred Brand Copayments	$50	$50	$50	$50		
Mail: Non-preferred Brand Copayments	$150	$150	$150	$150		
Mail: Brand w/ Generic available Copayments	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]	Member pays the difference[1]		
Mail: Specialty Copayments (30-day supply)	$75	$75	$75	$75		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240	$2,120/$4,240		

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LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027 26 AETNA PLANS AND 26 HORIZON PLANS

Side-by-Side Rx Comparison	26 Aetna Freedom HDLow*	26 Horizon NJ DIRECT HDLow*
Retail: Generic Copayments	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments		
Retail: Non-preferred Brand Copayments		
Retail: Specialty Copayments		
Mail: Generic Copayments		
Mail: Preferred Brand Copayments		
Mail: Non-preferred Brand Copayments		
Mail: Specialty Copayments (30-day supply)		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)		

Effective January 1, 2026, GLP-1 weight loss drugs Wegovy, Saxenda, and Zepbound have a $45 copayment for a 30-day retail supply and a $135 copayment for a 90-day mail-order supply under 26 plans. (This does not apply to the 26 HDHigh and 26 HDLow plans.)

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

Oral contraceptive coverage is available under the medical and prescription plans.

For all plans excluding the HDLow and HDHigh plan, mail order is mandatory for maintenance prescriptions.

Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown above apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for 26 Aetna Freedom, 26 Horizon NJ DIRECT, 26 Aetna Freedom 10, 26 Horizon NJ DIRECT 10, 26 Aetna Freedom 15, and 26 Horizon NJ DIRECT 15; Coinsurance is 15% for 26 Aetna Freedom 1525, 26 Horizon NJ DIRECT 1525, 26 Aetna Freedom 2030, and 26 Horizon NJ DIRECT 2030; Coinsurance is 20% for 26 Aetna Freedom 2035 and 26 NJ DIRECT 2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and is subject to the plan's deductible and coinsurance amounts.

* **HD = High Deductible Health Plan**

[1] You pay the cost difference between the brand drug and the generic drug.

[3] Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

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NJWELL Program: Questions & Answers

What is NJWELL?

NJWELL is an employee wellness program designed to help actively employed members of the State Health Benefits Program (SHBP) and actively employed and certain retirees of the School Employees' Health Benefits Program (SEHBP) live a healthy lifestyle. The SHBP and SEHBP hope to increase overall wellness and reward eligible employees and their covered spouses/partners for completing activities designed to promote healthy behaviors.

Who is eligible to participate?

Actively employed members of the SHBP and SEHBP and their covered spouses or partners are eligible to participate and earn rewards. Retired members of the SEHBP and their covered spouses or partners eligible for Medicare and enrolled in a Medicare Advantage Plan are eligible to participate in the Healthy Rewards program and earn rewards as well.

Am I required to participate in NJWELL?

Your participation in NJWELL is voluntary. However, participation is encouraged, and there is a financial reward for participants who meet the program's health and wellness goals.

Do I have to sign up to join NJWELL?

No. NJWELL is included in your SHBP or SEHBP health benefits plan. Anyone who is eligible to participate in NJWELL can earn points and achieve a financial reward by meeting the program's health and wellness goals. There is no paperwork required to join NJWELL, but you will need to register with Horizon's or Aetna's online portal in order to complete certain activities and to keep track of your progress towards your financial reward. If enrolled in a Direct Primary Care Medical Home (DPCMH), you are only required to have two DPCMH visits, a treatment plan, and complete a Health Assessment Tool.

Why should I participate in NJWELL?

NJWELL is a comprehensive program designed to help SHBP-eligible and SEHBP-eligible members and their covered spouses/partners improve their overall health and well-being. NJWELL will help you identify potential health risks and give you an opportunity to speak to a counselor or doctor about your health indicators. In addition, participants receive financial rewards for earning enough points to meet NJWELL's health and wellness goals.

Does it cost me anything to participate in NJWELL?

No. It does not cost anything to participate. If you or your spouse/partner earn a financial reward, the value of the reward is considered taxable income to the member.



NJWELL
Working for a Healthy New Jersey

What does a participant have to do? How do I earn a total of 800 points?

Every year, starting November 1, NJWELL participants can earn 100 points for completing a Biometric Screening and 100 points for completing an online Health Assessment. Members can complete additional online and in-person activities equaling 600 points to receive the 800 total points necessary to attain a reward. Visit ***horizonblue.com/shbp/njwell*** or ***aetnastatenj.com/wellness.php*** for the most up-to-date activities required.

Who keeps track of my points?

NJWELL is administered by the New Jersey Division of Pensions & Benefits (NJDPB) through your SHBP or SEHBP health insurance carrier – Horizon Blue Cross/Blue Shield of New Jersey or Aetna. You can keep track of your NJWELL point totals, and take advantage of a wide variety of health and wellness tools, by registering on Horizon's or Aetna's online portal.

Horizon members can register at:
horizonblue.com/SHBP

Aetna members can register at:
AetnaStateNJ.com

How many points do I need to earn a reward and when will I receive my reward?

An eligible employee and/or their spouse/partner accrue 800 points and receive a financial reward. Once you and/or your covered spouse/partner earn the required points, you will receive an email with instructions on how to obtain your prepaid card

What is a Biometric Screening?

A Biometric Screening is a health screening that helps you learn about your biometric numbers. The screening will analyze your HDL ("good" cholesterol), LDL ("bad" cholesterol), HDL to Total Cholesterol Ratio, Triglycerides, Glucose (sugar), and Body Mass Index (BMI). You will also have your pulse and blood pressure measured during the screening. You can complete the screening and earn 100 points by having your doctor report the measures on a *Physician Results Form*. Members can obtain the *Physician Results Form* at: ***my.questforhealth.com***

How do I obtain a Biometric Screening?

You also have the option of scheduling an appointment at a Quest Patient Service Center at: ***my.questforhealth.com***

For Direct Primary Care Members who are eligible for NJWELL, two DPCMH visits and a treatment plan will be equivalent to a Biometric Screening. These members will be required to complete the required 100-point Health Assessment (before or after the DPCMH Health Screening). Upon completion, members will have earned 800 points from the two required gatekeeper activities which will trigger the $250 or $350 NJWELL reward card.

What is a Health Assessment?

The Health Assessment is a private and secure online questionnaire about medical history and lifestyle habits. Responses to the questionnaire, combined with the screening results, help measure a member's current health status, determine health risks, and offer a plan of action on how the member's health can be improved.

The Health Assessment is located on Horizon's online portal.

Horizon members can register at:
horizonblue.com/SHBP

Aetna members can complete a health assessment by logging into their Aetna member portal and visiting health & wellness (***AetnaStateNJ.com***).

Who sees the results of my Biometric Screening and/or Health Assessment?

Your individual results will be kept completely confidential. Any Personal Health Information (PHI) gathered during the screening or assessment is protected by federal and state privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Aggregated data may be reported in order to develop future future NJWELL initiatives and activities that will benefit SHBP and SEHBP members.

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Healthy New Jersey

Get Started Today! Visit: *www.nj.gov/njwell*

Use this chart to determine your eligibility for NJWell and Healthy Rewards

SHBP – State and Local Government Employees*				SEHBP – Local Education Employees		SEHBP – Local Education Retirees
Aetna Plans	**Horizon Plans**	**Aetna Plans**	**Horizon Plans**	**Aetna Plans**	**Horizon Plans**	**Aetna Medicare Advantage Plans**
Freedom and CWA Unity Freedom PPO Plans Aetna HMO Aetna Liberty Plus Freedom HDHigh Freedom HDLow	NJ DIRECT and CWA Unity DIRECT PPO Plans Horizon HMO Horizon OMNIA NJ DIRECT HDHigh NJ DIRECT HDLow	Freedom10 Freedom15 Freedom1525 Freedom2030 Freedom2035	NJ DIRECT10 NJ DIRECT15 NJ DIRECT1525 NJ DIRECT2030 NJ DIRECT2035	Aetna NJEHP Freedom Plans Garden State Health Plan	Horizon NJEHP NJ DIRECT Plans	Medicare eligible and enrolled in a Medicare Advantage Plan
$350 Reward		$250 Reward		$250 Reward		$250 Reward

* *Retirees not eligible*

NJDPB Pensions & Benefits

NJWELL

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This Benefits Guide is designed to provide basic information regarding benefit plans and programs available to eligible employees of the County of Atlantic. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of the County of Atlantic, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. The County of Atlantic reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

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