

Aetna Freedom Zero Plan



New Jersey School Employees' Health Benefits Program

For active employees and non-medicare retirees

Aetna Freedom Zero Plan - New for 2019

- Enjoy the Freedom to visit any health care professional nationwide in or out of network.
- Referrals are not needed to see a specialist.
- No copays for providers.
- If you go out of network your costs will be higher please look for in network providers at AetnaStateNJ.com on our custom Provider search.



Freedom Zero subscribers and covered spouse\partners can each earn a \$500 Visa prepaid card for completing a biometric screening, health assessment and wellness activities.

Have Questions?

Call 1-877-STATENJ (1-877-782-8365) or visit AetnaStateNJ.com.
We look forward to helping you and your family reach your optimal health.
Don't forget to sign up for Aetna during Open Enrollment!



aetna®

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Aetna Freedom Zero Plan

Aetna Freedom Zero	In-network	Out-of-network
Deductible	N/A	\$100 Individual \$250 Family
Out-of-Pocket Maximum - (Out-of-Pocket Maximum does not include pharmacy)	\$400 Individual \$1,000 Family	\$2,000 Individual \$5,000 Family
Coinsurance Maximum	N/A	N/A
Preventive Care - (Routine checkups, well-child exams, mammograms, prostate [DRE, PSAT] exams, colorectal cancer screening)	Covered at 100%	Not covered**
PCP or Primary Doctor Office Visit	\$0	20% after deductible
Specialist Office Visit	\$0	20% after deductible
Chiropractic Care - (Limit to 30 visits per calendar year)	\$0	20% after deductible
Routine eye exams	\$0	not covered
Diagnostic - (Labs and X-rays)	\$0	20% after deductible
Emergency Room - (Covered for true medical emergencies only)	\$50	\$50
Urgent Care Center - (Not covered for non-urgent use of urgent care center)	\$0	20% after deductible
Ambulance	10%	20% after deductible
Durable Medical Equipment	10%	20% after deductible
Hospital Care - (Inpatient, outpatient, maternity)	\$0	20% after deductible
Mental health service		
- Inpatient	\$0	20% after deductible
- Outpatient	\$0	20% after deductible

- Out of network services are based on 200% of the CMS (Centers for Medicare & Medicaid Services) fee schedule.
- In and out of network coinsurance are combined in the out of pocket maximum.
- Questions about your prescription drug coverage you can find information on the NJ Divisions of Pensions and Benefit website at <https://www.state.nj.us/treasury/pensions/hb-active-sehbp.shtml>
- Earn a \$500 gift card through NJWell. To get more details on the specific ways you can earn more points to get your incentive, call 1-855-231-1219 or log into your ActiveHealth portal at www.myactivehealth.com/NJWELL

*This is not a complete list of all covered services. Exclusions and limitations apply to some services. For example, preventive care services may be limited to one per year.

**Annual Ob/Gyn checkup, annual mammography, annual PAP smear, and well-child immunizations up to 12 months old covered at standard out-of-network coinsurance level for the plan after applicable deductibles.

Health insurance plans are offered, underwritten and/or administered by Aetna Life Insurance Company (Aetna).

For the latest information, including plan details and benefit coverage, visit the Aetna Member Handbook on the Division of Pensions and Benefits website.