



## New Jersey School Employees' Health Benefits Program HDHP plans at a glance\* – Active Employees



	Aetna Value HD1500†	
	In-network	Out-of-network
<b>Deductible</b>	\$1,500 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family
<b>Out-of-Pocket Maximum</b> Does include pharmacy	\$2,500 Individual / \$5,000 Family	\$3,500 Individual / \$7,000 Family
<b>Health Savings Account (HSA)</b>	\$300 employer contribution per calendar year	
<b>Preventive Care</b>	Covered at 100%	Not covered**
<b>PCP or primary doctor office visit</b>	20% after deductible	40% after deductible
<b>Specialist office visit</b>	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible
<b>Urgent Care Center</b>	20% after deductible	40% after deductible
<b>Hospital Care</b>	20% after deductible	40% after deductible

\* 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. See materials distributed by State Health Benefits Program for more information.

\*\* 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.

† Part-time employees are not eligible for the Aetna Value HD1500 plan.

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.

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