Quality health plans & benefits
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New Jersey School Employees' Health Benefits Program

PPO plans at a glance* – Active Employees

	FREEDOM 10		FREEDOM 15		FREEDOM 1525		FREEDOM 2030		FREEDOM 2035	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible	N/A	$100 Individual / $250 Family	N/A	$100 Individual / $250 Family	N/A	$100 Individual / $250 Family	N/A	$200 Individual / $500 Family	$200 Individual / $500 Family	$800 Individual / $2,000 Family
Out-of-Pocket Maximum	$400 Individual / $1,000 Family	$2,000 Individual / $5,000 Family	$5,880 Individual / $11,670 Family	$2,000 Individual / $5,000 Family	$5,880 Individual / $11,670 Family	$2,000 Individual / $5,000 Family	$5,880 Individual / $11,670 Family	$5,000 Individual / $12,500 Family	$5,880 Individual / $11,670 Family	$6,500 Individual / $13,000 Family
	Out-of-Pocket Maximum does not include pharmacy†		Out-of-Pocket Maximum does not include pharmacy†		Out-of-Pocket Maximum does not include pharmacy†		Out-of-Pocket Maximum does not include pharmacy†		Out-of-Pocket Maximum does not include pharmacy†	
Health Savings Account (HSA)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Care	covered at 100%	not covered**	covered at 100%	not covered**	covered at 100%	not covered**	covered at 100%	not covered**	covered at 100%	not covered**
PCP or primary doctor office visit	$10	20% after deductible	$15	30% after deductible	$15	30% after deductible	$20	30% after deductible	$20	40% after deductible
Specialist office visit	$10	20% after deductible	$15	30% after deductible	$25	30% after deductible	$30 adults / $20 children	30% after deductible	$35	40% after deductible
Emergency Room	$25	$25	$50	$50	$75	$75	$125	$125	$300	$300
Urgent Care Center	$10	20% after deductible	$15	30% after deductible	$25	30% after deductible	$30 adults / $20 children	30% after deductible	$35	40% after deductible
Hospital Care	$0	20% after deductible	$0	30% after deductible	$0	30% after deductible	$0	30% after deductible	20% after deductible	$600/stay 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.

† Pharmacy out-of-pocket maximum for the Aetna Freedom plans is $1,470 Individual / $2,940 Family.

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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