

New Jersey School Employees' Health Benefits Program

Active Employees – 2018 Plans at a Glance*

PLAN NAME >	HMO PLANS				HDHP PLANS		PPO PLANS									
	Aetna HMO	Aetna HMO 1525	Aetna HMO 2030	Aetna HMO 2035	Aetna Value HD1500††		Aetna FREEDOM 10		Aetna FREEDOM 15		Aetna FREEDOM 1525		Aetna FREEDOM 2030		Aetna 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	In-network	Out-of-network
Deductible	\$0	\$0	\$0	\$200 Individual / \$500 Family	\$1,500 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family	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	\$5,880 Individual / \$11,670 Family	\$5,880 Individual / \$11,670 Family	\$5,880 Individual / \$11,670 Family	\$5,880 Individual / \$11,670 Family	\$2,500 Individual / \$5,000 Family	\$3,500 Individual / \$7,000 Family	\$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 includes 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††		Out-of-Pocket Maximum does not include pharmacy††	
Coinsurance Maximum	N/A	N/A	N/A	\$2,000 Individual / \$5,000 Family	\$1,000 Individual / \$2,000 Family	N/A	N/A	N/A	N/A	\$400 Individual / \$1,000 Family	N/A	\$400 Individual / \$1,000 Family	N/A	\$800 Individual / \$2,000 Family	N/A	\$2,000 Individual / \$5,000 Family
Preventive Care (Routine checkups, well-child exams, mammograms, prostate [DRE, PSAT] exams, colorectal cancer screening)	covered at 100%	covered at 100%	covered at 100%	covered at 100%	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**	covered at 100%	not covered**
PCP or Primary Doctor Office Visit	\$10	\$15	\$20	\$20	20% after deductible	40% after deductible	\$10	20% after deductible	\$15	30% after deductible	\$15	30% after deductible	\$20	30% after deductible	\$20	40% after deductible
Specialist Office Visit	\$10	\$25	\$30 adults / \$20 children	\$35	20% after deductible	40% after deductible	\$10	20% after deductible	\$15	30% after deductible	\$25	30% after deductible	\$30 adults / \$20 children	30% after deductible	\$35	40% after deductible
Chiropractic Care (HMO – Limit to 20 visits per calendar year) (Value/Freedom – Limit to 30 visits per calendar year)	\$10	\$25	\$30 adults / \$20 children	\$35	20% after deductible	40% after deductible	\$10	20% after deductible	\$15	30% after deductible	\$25	30% after deductible	\$30 adults / \$20 children	30% after deductible	\$35	40% after deductible
Routine eye exams	\$10	\$25	\$30 adults / \$20 children	\$35	20% after deductible	not covered	\$10	not covered	\$15	not covered	\$25	not covered	\$30 adults / \$20 children	not covered	\$35	not covered
Diagnostic (Labs and X-rays)	\$0	\$0	\$0	20% after deductible	20% after deductible	40% after deductible	\$0	20% after deductible	\$0	30% after deductible	\$0	30% after deductible	\$0	30% after deductible	20% after deductible	40% after deductible
Emergency Room (Covered for true medical emergencies only)	\$35	\$75	\$125	\$300	20% after deductible	20% after deductible	\$25	\$25	\$50	\$50	\$75	\$75	\$125	\$125	\$300	\$300
Urgent Care Center (Not covered for non-urgent use of urgent care center)	\$10	\$25	\$30 adults / \$20 children	\$35	20% after deductible	40% after deductible	\$10	20% after deductible	\$15	30% after deductible	\$25	30% after deductible	\$30 adults / \$20 children	30% after deductible	\$35	40% after deductible
Ambulance	\$0	\$0	\$0	20% after deductible	20% after deductible	40% after deductible	10%	20% after deductible	10%	30% after deductible	10%	30% after deductible	10%	30% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	100% after \$100 deductible	100% after \$100 deductible	100% after \$100 deductible	20% after deductible	20% after deductible	40% after deductible	10%	20% after deductible	10%	30% after deductible	10%	30% after deductible	10%	30% after deductible	20% after deductible	40% after deductible
Hospital Care (Inpatient, outpatient, maternity)	\$0	\$0	\$0	20% after deductible	20% after deductible	40% after deductible	\$0	20% after deductible	\$0	30% after deductible	\$0	30% after deductible	\$0	30% after deductible	20% after deductible	\$600/stay 40% after deductible
Mental health service Inpatient	\$0	\$0	\$0	20% after deductible	20% after deductible	40% after deductible	\$0	20% after deductible	\$0	30% after deductible	\$0	30% after deductible	\$0	30% after deductible	20% after deductible	\$600/stay 40% after deductible
Outpatient	\$10	\$25	\$30 adults / \$20 children	\$35	20% after deductible	40% after deductible	\$10	20% after deductible	\$15	30% after deductible	\$25	30% after deductible	\$30 adults / \$20 children	30% after deductible	\$35	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.

** 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 HMO and Aetna Freedom plans is \$1,470 Individual / \$2,940 Family.

††† 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 on the Division of Pensions and Benefits website.

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