



New Jersey State Health Benefits Program HDHP plans at a glance* – Local Government Active Employees



	Aetna Value HD1500 ^{††}		Aetna Value HD4000 ^{***}	
	In-network	Out-of-network	In-network	Out-of-network
Deductible	\$1,500 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family	\$4,000 Individual / \$8,000 Family	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Maximum Does include pharmacy	\$2,500 Individual / \$5,000 Family	\$3,500 Individual / \$7,000 Family	\$5,000 Individual / \$10,000 Family [†]	\$6,000 Individual / \$12,000 Family
Health Savings Account (HSA)	\$300 employer contribution per calendar year		No employer HSA contributions	
Preventive Care	Covered at 100%	Not covered ^{**}	Covered at 100%	Not covered ^{**}
PCP or primary doctor office visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist office visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care Center	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospital Care	20% after deductible	40% after deductible	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.

† The Out-of-Pocket Maximum for a family enrolled in the Aetna Value HD4000 plan is \$10,000. If one family member reaches \$6,850 in out-of-pocket costs during a calendar year, that family member will no longer have to pay their member cost share for the duration of the calendar year. The other members of the family will be responsible for their member cost share until the \$10,000 family out-of-pocket maximum is met.

†† Part-time employees are not eligible for the Aetna Value HD1500 plan. Members who elect a PayFlex Health Savings Account (HSA) are eligible for a \$300 employer contribution into their HSA annually.

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.