

State of New Jersey

2025 State Health Benefits Program (SHBP)
Local Government





Total wellness for the whole you

As an SHBP member, you're committed to making New Jersey and its local communities a great place to live, work and raise a family. You've earned — and deserve — the best benefits available.

That's why Aetna® offers health benefits that are every bit as big as your commitment. It's health care that supports the whole you, and the ones you love.

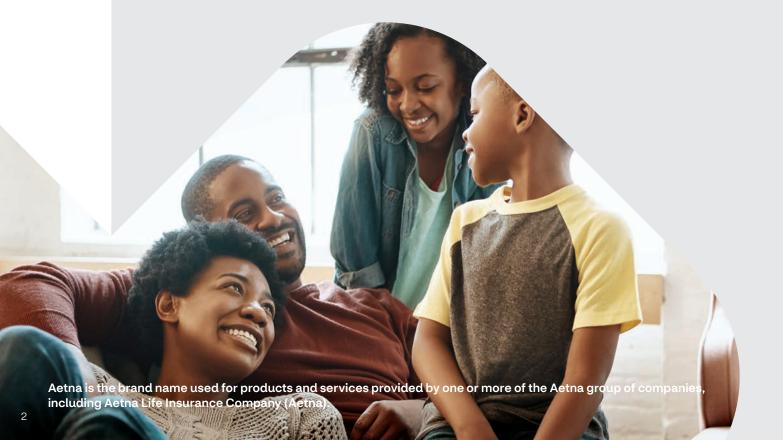
All of our medical plans are designed around your total well-being — from prevention and fitness, to your physical care and mental wellness.

And our large national network of trusted providers means you have more options than ever to find the care you need, both within New Jersey and when you're on the go.

Annual Open Enrollment

Open Enrollment takes place annually from October 1 through October 31 for active employees. Under age 65 retirees are able to elect a new plan once every 12 months.

Questions? Please call our Health Concierge Team at **1-877-782-8365 (TTY:771)**, Monday through Friday, 8 AM to 6 PM ET. If you want to make a plan change, log in to **mynjbenefitshub** between October 1 through October 31, 2024, through your myNewJersey account or via **mynjbenefitshub.nj.gov**.





It's your choice

As you review your Aetna® medical plan options, remember that all of our plans cover the same services and include the same programs and support.

When you think about your out-of-pocket costs, consider how much you'll pay each month for coverage, whether you'll need to meet an annual deductible, and how much you'll owe when you see a doctor, get lab work, need urgent care and more.

Also think about whether you're okay staying within a provider network to keep your costs lower, or if you want to be able to visit providers outside of your plan's network when you need care. With all Aetna plans, you'll have unrivaled access to quality care, whether locally or across the country.

Of course, in a true emergency, you'll be covered regardless of a provider's network status. And with all of our medical plans, preventive care is covered at 100% with no deductible when you use an in-network provider.

Liberty Plus plan

This is a new kind of plan that gives you more ways to save and stay healthy, without compromising quality. When you need care, you have two "tiers" of providers to choose from: Tier 1 providers are part of the Aetna Premier Care Network Plus, and Tier 2 providers are part of the nationwide Open Access Aetna Select[™] network. You'll save money when stay within the Tier 1 network for care. With this plan, no referrals are required, and there's no out-of-network coverage.

Freedom plans

With these plans, you have access to the Aetna Choice® POS II network when you need care. This is our broadest nationwide provider network. You'll still have the option to go outside the network for care, but your costs will be higher when you do. Choose from several Freedom plans, each with different copays, including two high-deductible health plan (HDHP) options. You can pair an HDHP with a Health Savings Account (HSA) and set aside pretax earnings to help pay your out-of-pocket health care expenses.

HMO plan

This plan is ideal if you want fixed, predictable costs. It's an in-network-only plan, which means you'll need to use providers within the nationwide Aetna Select network in order to receive coverage. Each member will have to select a primary care physician (PCP) to guide their treatment, and referrals are required to see a specialist.

To learn more about these plan options, see the charts on the following pages.



To calculate your health insurance premium or find a provider, visit **AetnaStateNJ.com**.





| | Liberty Plus Tiered Network | | Freedom – employees hired prior to 7/1/2019 | |
|---|---|---|---|---|
| Benefit | Tier 1 | Tier 2 – Nationwide | In network | Out of network |
| Medical network | APCN+ Multi-Tier Open Access Aetna Select ^{sм} | | Aetna Choice® POS II | |
| Deductible | | | | |
| Individual | \$0 | \$1,500 | \$0 | \$400 |
| Family | \$0 | \$3,000 | \$0 | \$1,000 |
| Coinsurance | 0% | 20% | 10%1 | 30% |
| Coinsurance maximum out of p | ocket | | | |
| Individual | n/a | n/a | \$800 | \$2,000 |
| Family | n/a | n/a | \$2,000 | \$5,000 |
| Total maximum out of pocket | | | | |
| Individual | \$2,500 | \$4,500 | \$7,360 | \$2,000 |
| Family | \$5,000 | \$9,000 | \$14,720 | \$5,000 |
| Doctors' office visits: primary c | are physician selection no | ot required | | |
| Primary care office visit | \$5 | \$20 | \$15 | 30% after deductible |
| Specialist office visit | \$15 | \$30 | \$15 | 30% after deductible |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/ advanced imaging | \$0 | \$0 | \$0 | 30% after deductible |
| Outpatient lab/radiology/ advanced imaging | \$15 | 20% after deductible | \$0 | 30% after deductible |
| Hospital care | | | | |
| Inpatient admission | \$150 per admission | 20% after deductible | \$0 | \$500/stay plus 30% after deductible |
| Outpatient department services/surgery | \$150 | 20% after deductible | \$0 | 30% after deductible |
| Emergency care | | | | |
| Emergency room | \$100 | \$100 | \$15O ² | \$150 |
| Ambulance | \$0 | \$0 | 10% | 30% after deductible |
| Urgent care | \$15 | \$30 | \$15 | 30% after deductible |
| Other services | | | | |
| Acupuncture | Not covered | Not covered | \$15 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$5 office visit/\$15 outpatient facility | \$20 office visit/20% after deductible at outpatient facility | \$15 | 30% after deductible for speech and occupationa therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy |
| PT/OT/SP limits | 30-visit maximum each per calendar year | | Based on medical necessity | |
| Chiropractic care | \$15 | \$30 | \$15 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit |
| Chiropractic limits | 25-visit maximum per calendar year | | 30-visit maximum per calendar year | |
| Durable medical equipment | \$0 | \$0 | 10% | 30% after deductible |
| Out-of-network reimbursement | No out-of-network coverage | | 175 | 5% of CMS |

- INN cost = in-network cost
- $\bullet \ \, \text{Retiree plan options are available at NJ.gov/treasury/pensions/hb-retired-shbp.shtml}.$
- This is not a complete list of covered services. Exclusions and limitations apply to some services. Visit NJ.gov/treasury/pensions/member-guidebooks.shtml for more information.
- ¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).
- ² Lower copayment applies to children under 19 and physician referrals.



| | Freedom 2019 – nev | hires on or after 7/1/2019 | Fr | eedom 10 | |
|---|------------------------------------|---|------------------------------------|---|--|
| Benefit | In network | Out of network | In network | Out of network | |
| Medical network | Aetna C | Choice® POS II | Aetna | Choice® POS II | |
| Deductible | | | | | |
| Individual | \$100 | \$400 | \$0 | \$100 | |
| Family | n/a | \$1,000 | \$0 | \$250 | |
| Coinsurance | 10%1 | 30% | 10%1 | 20% | |
| Coinsurance maximum out of p | ocket | | | | |
| Individual | \$800 | \$2,000 | \$400 | \$2,000 | |
| Family | \$2,000 | \$5,000 | \$1,000 | \$5,000 | |
| Total maximum out of pocket | | | | | |
| Individual | \$7,360 | \$2,000 | \$400 | \$2,000 | |
| Family | \$14,720 | \$5,000 | \$1,000 | \$5,000 | |
| Doctors' office visits: primary c | are physician selection no | ot required | | | |
| Primary care office visit | \$15 | 30% after deductible | \$10 | 20% after deductible | |
| Specialist office visit | \$15 | 30% after deductible | \$10 | 20% after deductible | |
| Diagnostic procedures | | | | | |
| Freestanding lab/radiology/ advanced imaging | \$0 | 30% after deductible | \$0 | 20% after deductible | |
| Outpatient lab/radiology/ advanced imaging | \$0 | 30% after deductible | \$0 | 20% after deductible | |
| Hospital care | | | | | |
| Inpatient admission | \$0 | \$500/stay plus 30% after deductible | \$0 | \$200/stay plus 20% after deductible | |
| Outpatient department services/surgery | \$0 | 30% after deductible | \$0 | 20% after deductible | |
| Emergency care | | | | | |
| Emergency room | \$150 ² | \$150 | \$75 ² | \$75 | |
| Ambulance | 10% after deductible | 30% after deductible | 10% | 20% after deductible | |
| Urgent care | \$15 | 30% after deductible | \$10 | 20% after deductible | |
| Other services | | | | | |
| Acupuncture | \$15 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit | \$10 | 20% after deductible; lesser of \$60/visit or 75% of INN cost/visit | |
| Short-term therapies: Physical, occupational, speech, respiratory | \$15 | 30% after deductible; lesser of \$52/visit or 75% of INN cost/visit | \$10 | 20% after deductible for speech and occupationa therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy | |
| PT/OT/SP limits | Based on medical necessity | | Based on medical necessity | | |
| Chiropractic care | \$15 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$10 | 20% after deductible; lesser of \$35/visit or 75% of INN cost/visit | |
| Chiropractic limits | 30-visit maximum per calendar year | | 30-visit maximum per calendar year | | |
| Durable medical equipment | 10% after deductible | 30% after deductible | 10% | 20% after deductible | |
| Out-of-network reimbursement | 175 | % of CMS | 90% of FA | 90% of FAIR Health national | |

- INN cost = in-network cost
- ¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance). ² Lower copayment applies to children under 19 and physician referrals.



| | Freedom 15 | | Freedom 1525 | |
|---|------------------------------------|--|------------------------------------|---|
| Benefit | In network | Out of network | In network | Out of network |
| Medical network | Aetna Cl | noice® POS II | Aetna C | Choice® POS II |
| Deductible | | | | |
| Individual | \$0 | \$100 | \$0 | \$100 |
| Family | \$0 | \$250 | \$0 | \$250 |
| Coinsurance | 10%1 | 30% | 10%1 | 30% |
| Coinsurance maximum out of p | ocket | | | |
| Individual | \$400 | \$2,000 | \$400 | \$2,000 |
| Family | \$1,000 | \$5,000 | \$1,000 | \$5,000 |
| Total maximum out of pocket | | | | |
| Individual | \$7,360 | \$2,000 | \$7,360 | \$2,000 |
| Family | \$14,720 | \$5,000 | \$14,720 | \$5,000 |
| Doctors' office visits: primary c | are physician selection not | required | | |
| Primary care office visit | \$15 | 30% after deductible | \$15 | 30% after deductible |
| Specialist office visit | \$15 | 30% after deductible | \$25 | 30% after deductible |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/ | \$0 | 30% after deductible | \$0 | 30% after deductible |
| advanced imaging | | | | |
| Outpatient lab/radiology/ advanced imaging | \$0 | 30% after deductible | \$0 | 30% after deductible |
| Hospital care | | | | |
| Inpatient admission | \$0 | \$200/stay plus 30% after deductible | \$0 | \$200/stay plus 30% after deductible |
| Outpatient department services/surgery | \$0 | 30% after deductible | \$0 | 30% after deductible |
| Emergency care | | | | |
| Emergency room | \$100 ² | \$100 | \$100 ² | \$100 |
| Ambulance | 10% | 30% after deductible | 10% | 30% after deductible |
| Urgent care | \$15 | 30% after deductible | \$25 | 30% after deductible |
| Other services | | | | |
| Acupuncture | \$15 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit | \$25 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$15 | 30% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy | \$25 | 30% after deductible for speech and occupationa therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy |
| PT/OT/SP limits | Based on medical necessity | | Based on medical necessity | |
| Chiropractic care | \$15 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$25 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit |
| Chiropractic limits | 30-visit maximum per calendar year | | 30-visit maximum per calendar year | |
| Durable medical equipment | 10% | 30% after deductible | 10% | 30% after deductible |
| Out-of-network reimbursement | 90% of FAIR Health national | | 90% of FAIR Health national | |

[•] INN cost = in-network cost

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance). ² Lower copayment applies to children under 19 and physician referrals.



| | Freedom 2030 | | Freedom 2035 | |
|---|---|--|---|--|
| Benefit | In network | Out of network | In network | Out of network |
| Medical network | Aetna C | choice® POS II | Aetna Ch | oice® POS II |
| Deductible | | | | |
| Individual | \$0 | \$200 | \$200 | \$800 |
| Family | \$0 | \$500 | \$500 | \$2,000 |
| Coinsurance | 10%1 | 30% | 20% | 40% |
| Coinsurance maximum out of p | ocket | | | |
| Individual | \$800 | \$5,000 | \$2,000 | \$6,500 |
| Family | \$2,000 | \$12,500 | \$5,000 | \$13,000 |
| Total maximum out of pocket | | | | |
| Individual | \$7,360 | \$5,000 | \$7,360 | \$6,500 |
| Family | \$14,720 | \$12,500 | \$14,720 | \$13,000 |
| Doctors' office visits: primary c | are physician selection no | t required | | |
| Primary care office visit | \$20 | 30% after deductible | \$20 | 40% after deductible |
| Specialist office visit | \$30 adult/\$20 child² | 30% after deductible | \$35 | 40% after deductible |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/ advanced imaging | \$0 | 30% after deductible | 20% after deductible | 40% after deductible |
| Outpatient lab/radiology/ advanced imaging | \$0 | 30% after deductible | 20% after deductible | 40% after deductible |
| Hospital care | | | | |
| Inpatient admission | \$0 | \$500/stay plus 30% after deductible | 20% after deductible | \$600 copay plus 40% after deductible |
| Outpatient department services/surgery | \$0 | 30% after deductible | 20% after deductible | 40% after deductible |
| Emergency care | | | | |
| Emergency room | \$125 | \$125 | \$300 | \$300 |
| Ambulance | 10% | 30% after deductible | 20% after deductible | 40% after deductible |
| Urgent care | \$30 adult/\$20 child² | 30% after deductible | \$35 | 40% after deductible |
| Other services | | | | |
| Acupuncture | \$30 adult/\$20 child² | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit | \$35 | 40% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$30 adult/\$20 child ² | 30% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy | \$35 copay/20% after deductible for outpatient facility | 40% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy |
| PT/OT/SP limits | Based on medical necessity Based on medical nec | | edical necessity | |
| Chiropractic care | \$30 adult/\$20 child² | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$35 | 40% after deductible; lesser of \$35/visit or 75% of INN cost/visit |
| Chiropractic limits | 30-visit maximum per calendar year | | 30-visit maximum per calendar year | |
| Durable medical equipment | 10% | 30% after deductible | 20% after deductible | 40% after deductible |
| Out-of-network reimbursement | 90% of FAIR Health national | | 90% of FAIR Health national | |

- INN cost = in-network cost
- ¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance). ² Dependent children under 26



| | Freedom HDLow | | Freedom HDHigh | |
|---|------------------------------------|--|------------------------------------|---|
| Benefit | In network | Out of network | In network | Out of network |
| Medical network | Aetna C | Choice® POS II | Aetna (| Choice® POS II |
| Deductible | | | | |
| Individual | \$1,650* | \$1,650* | \$4,150* | \$4,150* |
| Family | \$3,300* | \$3,300* | \$8,200* | \$8,200* |
| Coinsurance | 20% | 40% | 20% | 40% |
| Coinsurance maximum out of p | ocket | | | |
| Individual | \$1,000 | \$3,600 | \$1,000 | \$6,100 |
| Family | \$2,000 | \$7,200 | \$2,000 | \$12,200 |
| Total maximum out of pocket | | | | |
| Individual | \$2,650 | \$3,650 | \$5,150 | \$6,150 |
| Family | \$5,300 | \$7,300 | \$10,300 | \$12,300 |
| Doctors' office visits: primary c | are physician selection no | ot required | | |
| Primary care 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 |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/ advanced imaging | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Outpatient lab/radiology/ advanced imaging | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Hospital care | | | | |
| Inpatient admission | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Outpatient department services/surgery | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Emergency care | | | | |
| Emergency room | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Ambulance | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Urgent care | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Other services | | | | |
| Acupuncture | 20% after deductible | 40% after deductible; lesser of \$60/visit or 75% of INN cost/visit | 20% after deductible | 40% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | 20% after deductible | 40% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy | 20% after deductible | 40% after deductible for speech and occupationa therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy |
| PT/OT/SP limits | Based on | medical necessity | Based on | medical necessity |
| Chiropractic care | 20% after deductible | 40% after deductible; lesser of \$35/visit or 75% of INN cost/visit | 20% after deductible | 40% after deductible; lesser of \$35/visit or 75% of INN cost/visit |
| Chiropractic limits | 30-visit maximum per calendar year | | 30-visit maximum per calendar year | |
| Durable medical equipment | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Out-of-network reimbursement | 90% of FAIR Health national | | 90% of FAIR Health national | |

 $^{^{\}star}\mbox{In-}$ and out-of-network deductible combined; includes eligible prescription drug cost-shares.

[•] INN cost = in-network cost



| | НМО | | | |
|---|------------------------------------|--|--|--|
| Benefit | In network | | | |
| Medical network | Aetna Select ^{sм} | | | |
| Deductible | | | | |
| Individual | \$0 | | | |
| Family | \$0 | | | |
| Coinsurance | 0% | | | |
| Coinsurance maximum out of p | ocket | | | |
| Individual | n/a | | | |
| Family | n/a | | | |
| Total maximum out of pocket | | | | |
| Individual | \$7,560 | | | |
| Family | \$15,120 | | | |
| Doctors' office visits: primary ca | are physician selection required | | | |
| Primary care office visit | \$10 | | | |
| Specialist office visit | \$10 | | | |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/ advanced imaging | \$0 | | | |
| Outpatient lab/radiology/ advanced imaging | \$0 | | | |
| Hospital care | | | | |
| Inpatient admission | \$0 | | | |
| Outpatient department services/surgery | \$0 | | | |
| Emergency care | | | | |
| Emergency room | \$851 | | | |
| Ambulance | \$0 | | | |
| Urgent care | \$10 | | | |
| Other services | | | | |
| Acupuncture | Not covered | | | |
| Short-term therapies: Physical, occupational, speech, respiratory | \$10 | | | |
| PT/OT/SP limits | 60-visit maximum per calendar year | | | |
| Chiropractic care | \$10 | | | |
| Chiropractic limits | 20-visit maximum per calendar year | | | |
| Durable medical equipment | \$100 deductible | | | |
| | No out-of-network coverage | | | |

¹ Dependent children under 26

Care management/Behavioral health





A focus on the whole you

From physical health to mental well-being, and from chronic condition support to everyday wellness, we create seamless connections to simplify your journey. We want to take the frustration out of health care and help you get what you want, when you want it, how you want it.

Care management

If you're managing a chronic condition, such as diabetes or high blood pressure, or facing a complex health challenge, we've got your back. With our care management program, you'll work one-on-one with a registered nurse. They can help you put together a personalized care plan, find the providers and resources you need, and answer your questions.

Think of your nurse as your dedicated health advocate — there to help you stay on track, stay well and use your Aetna® resources to the fullest.

Aetna Compassionate CaresM

If you or a covered family member is facing an advanced illness, this program offers extra help and guidance. You'll be paired with an Aetna nurse care manager, who will support you and your caregiver with both your physical and emotional needs.

They'll help you coordinate care, access resources, manage your benefits and more. And if hospice care becomes necessary, they'll help arrange those services, too.

Care management/Behavioral health



Behavioral health care

Your Aetna® medical plan supports both your physical needs and your mental wellness, with behavioral health resources built right in. Now, more than ever, we want to help you stay well in body and mind.

You'll have access to a large network of behavioral health providers, including psychiatrists, psychologists, therapists and family counselors. And you can schedule sessions in person or virtually, for short- or long-term care.

Once you're an Aetna member, you'll be able to call Aetna Behavioral Health or go online to get help finding a solution for your specific needs — whether you're struggling with anxiety or depression, everyday stress or relationship issues, or need help overcoming an addiction.

Here are just a few of the behavioral health programs available to you:



> AbleTo

An eight-week virtual program to help you better deal with a recent medical diagnosis or other life events



> Brightline

Virtual support and digital tools for kids and teens



> Workit Health

Different levels of support for substance misuse and other addictive behaviors







Connecting to care

We know that "one size fits all" no longer applies to how you access care. That's why we give you choices — both with our extensive provider networks, and with the following care options. In person, virtually or by phone. . . you decide what works best for you.



Direct Primary Care

Aetna® members have access to Direct Primary Care with New Jersey SHBP care providers. You can access this service for nearly all of your primary care needs, with both in-person and virtual options. It's a cost-effective choice for ongoing primary care for you and your family. Your Direct Primary Care providers will also coordinate your care with other providers to help ensure you get the best care possible.

Teladoc Health

When you need care in a hurry
— even if you're away from
home or it's the middle of the
night — you can connect with
Teladoc Health in minutes.
You'll have 24/7 access to a
board-certified primary care
doctor by phone or video. They
can diagnose and treat many
non-emergency medical issues,
and even order a prescription to
your local pharmacy if needed.
Here are some of the medical
conditions they can help with:

- ✓ Allergies
- √ Bronchitis
- √ Cold and flu symptoms
- √ Sinus infections
- √ Sore throat

24-Hour Nurse Line

Not sure where to go for care?
Want to know more about a
medical diagnosis? Need help
preparing for a doctor visit?
You can talk with a registered
nurse anytime by calling our
24-Hour Nurse Line. Our nurses
can provide information and
support on a wide variety of
health topics — at no extra cost
to you.



Wellness perks and rewards

When you feel good, you can live life to the fullest. That's why our medical plans focus on your total wellness, supporting you when you're sick or injured, and helping you stay well. These wellness perks can help you get healthy, stay healthy, save money — even earn a reward.

Healthy Lifestyle Coaching

Whether you want to lose weight, exercise more, reduce your stress, quit smoking or sleep better, this digital coaching program can help you take charge of your health.

Aetna fitness reimbursement

Aetna members age 18 and older covered under the medical plan can earn a fitness reimbursement every month. Stay active and log your physical activity to earn a monthly \$20 reward, up to \$240 per year.

Aetna discounts

As an Aetna member, you'll enjoy healthy discounts that are automatically included as part of your medical plan. These discounts are in addition to your plan benefits and can help you save on products and services you use every day, including:

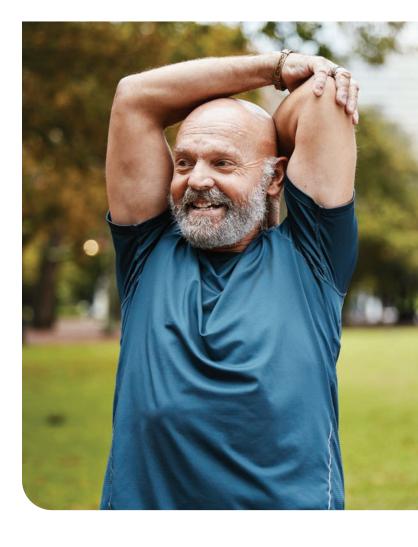
- √ Eyewear
- √ Hearing aids
- ✓ Natural products and services

NJWELL — earn a \$250 reward*

Of course, all of the Aetna plans include the NJWELL program to help you earn a \$250* reward each year for taking healthy actions. Active employees and covered spouses can earn this reward.

Here's how the program works: There are two required activities — completing a health assessment and a biometric screening — that are worth 100 points each. Then you can earn 600 more points by completing your annual preventive care and participating in wellness activities. When you reach 800 points, you'll earn the \$250 reward.*

This program runs annually from November 1–October 31.



^{*}For SHBP members, the reward is \$350 if enrolled in these plans: Freedom/Freedom 2019, CWA Unity Freedom/ CWA Unity Freedom 2019, Aetna HMO, Aetna Liberty Plus and the HDHPs; the reward is \$250 for all other plans.





We're here to help

Call us with any questions to get the personalized support and answers you need.



Questions? Call our Concierge team at **1-877-782-8365 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM ET.

If you want to make a plan change, log in to **mynjbenefitshub** between October 1 and October 31, 2024, through your myNewJersey account or via **mynjbenefitshub.nj.gov**.

Once you're a member, here's how to stay connected:

Call

Call your Aetna Concierge Service Team at 1-877-StateNJ (1-877-782-8365) (TTY: 711), Monday through Friday, 8 AM to 6 PM ET.

They can help you better understand your benefits, find a provider, access resources, answer claims questions — and more.

Visit

Visit **AetnaStateNJ.com** to calculate your premium, use the provider search tool, get plan and program details, find forms — even link to your Aetna member website for personalized plan information.

Download

Scan the QR code to download the **Aetna HealthsM app** and access all the great features of your Aetna member website from anywhere.







Questions?

Call your Aetna Concierge Team Monday through Friday, 8 AM to 6 PM ET, 1-877-782-8365 (TTY: 711).

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