

Benefit	Liberty Plus Tiered Network		Freedom – employees hired prior to 7/1/2019	
	Tier 1	Tier 2 – Nationwide	In network	Out of network
Medical network	APCN+ Multi-Tier Open Access Aetna Select SM		Aetna Choice [®] POS II	
Deductible				
Individual	None	\$1,500	None	\$400
Family	None	\$3,000	None	\$1,000
Coinsurance	0%	20%	10%	30%
Maximum out-of-pocket limit				
Individual	\$2,500	\$4,500	\$7,560	\$2,000
Family	\$5,000	\$9,000	\$15,120	\$5,000
Doctors' office visits: primary care physician selection not 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	\$150	\$150
Ambulance	\$0	\$0	10%	30% after deductible
Urgent care	\$15	\$30	\$15	30% after deductible
Other services				
Acupuncture	\$15	20% after deductible	\$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 occupational 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% of CMS	

- INN cost = in-network cost
- Retiree plan options are available at [NJ.gov/treasury/pensions/hb-retired-shbp.shtml](https://www.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](https://www.nj.gov/treasury/pensions/member-guidebooks.shtml) for more information.

Benefit	Freedom 2019 – new hires on or after 7/1/2019		Freedom 10	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$100	\$400	None	\$100
Family	None	\$1,000	None	\$250
Coinsurance	10%	30%	10%	20%
Maximum out-of-pocket limit				
Individual	\$7,560	\$2,000	\$400	\$2,000
Family	\$15,120	\$5,000	\$1,000	\$5,000
Doctors' office visits: primary care physician selection not 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	\$150	\$75	\$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 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 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 FAIR Health national	

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Benefit	Freedom 15		Freedom 1525	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	None	\$100	None	\$100
Family	None	\$250	None	\$250
Coinsurance	10%	30%	10%	30%
Maximum out-of-pocket limit				
Individual	\$7,560	\$2,000	\$7,560	\$2,000
Family	\$15,120	\$5,000	\$15,120	\$5,000
Doctors' office visits: primary care 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/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
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	\$100	\$100	\$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 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 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	

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Benefit	Freedom 2030		Freedom 2035	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	None	\$200	\$200	\$800
Family	None	\$500	\$500	\$2,000
Coinsurance	10%	30%	20%	40%
Maximum out-of-pocket limit				
Individual	\$7,560	\$5,000	\$7,560	\$6,500
Family	\$15,120	\$12,500	\$15,120	\$13,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$20	30% after deductible	\$20	40% after deductible
Specialist office visit	\$30 adult/\$20 child	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 child	30% after deductible	\$35	40% after deductible
Other services				
Acupuncture	\$30 adult/\$20 child	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	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$35	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 necessity	
Chiropractic care	\$30 adult/\$20 child	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	

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Benefit	Freedom HDLow		Freedom HDHigh	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$1,600*	\$1,600*	\$4,100*	\$4,100*
Family	\$3,200*	\$3,200*	\$8,200*	\$8,200*
Coinsurance	20%	40%	20%	40%
Maximum out-of-pocket limit				
Individual	\$2,600	\$3,600	\$5,100	\$6,100
Family	\$5,200	\$7,200	\$10,200	\$12,200
Doctors' office visits: primary care physician selection not 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 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 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	

*In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.

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HMO	
Benefit	In network
Medical network	Aetna SelectSM
Deductible	
Individual	None
Family	None
Coinsurance	0%
Maximum out-of-pocket limit	
Individual	\$7,560
Family	\$15,120
Doctors' office visits: primary care 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	\$85
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	

Visit AetnaStateNJ.com or call 1-877-782-8365 (TTY:711) for more information.

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