

| Liberty Plus Tiered Network | | | CWA Unity Freedom and 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 SelectSM | | 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 | \$20 | \$35 | \$30 | 30% after deductible |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/advanced imaging | \$0 | \$0 | \$0 | 30% after deductible |
| Outpatient lab/radiology/advanced imaging | \$20 | 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 | \$35 | \$50 | \$45 | 30% after deductible |
| Other services | | | | |
| Acupuncture | \$20 | 20% after deductible | \$30 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$20 office visit/\$20 outpatient facility | \$35 office visit/20% after deductible at outpatient facility | \$30 | 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 | \$20 | \$35 | \$30 | 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 | CWA Unity Freedom 2019 and Freedom 2019 – employees hired on or after 7/1/2019 | | Freedom HDLow | |
|--|--|--|------------------------------------|--|
| | In network | Out of network | In network | Out of network |
| Medical network | Aetna Choice® POS II | | Aetna Choice® POS II | |
| Deductible | | | | |
| Individual | \$100 | \$400 | \$1,600* | \$1,600* |
| Family | None | \$1,000 | \$3,200* | \$3,200* |
| Coinsurance | 10% | 30% | 20% | 40% |
| Maximum out-of-pocket limit | | | | |
| Individual | \$7,560 | \$2,000 | \$2,600 | \$3,600 |
| Family | \$15,120 | \$5,000 | \$5,200 | \$7,200 |
| Doctors' office visits: primary care physician selection not required | | | | |
| Primary care office visit | \$15 | 30% after deductible | 20% after deductible | 40% after deductible |
| Specialist office visit | \$30 | 30% after deductible | 20% after deductible | 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 | 40% after deductible |
| Outpatient department services/surgery | \$0 | 30% after deductible | 20% after deductible | 40% after deductible |
| Emergency care | | | | |
| Emergency room | \$150 | \$150 | 20% after deductible | 40% after deductible |
| Ambulance | 10% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| Urgent care | \$45 | 30% after deductible | 20% after deductible | 40% after deductible |
| Other services | | | | |
| Acupuncture | \$30 | 30% 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 | \$30 | 30% 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 | \$30 | 30% 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 | 10% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| Out-of-network reimbursement | 175% of CMS | | 90% of FAIR Health national | |

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

• INN cost = in-network cost

| Benefit | Freedom HDHigh | | HMO |
|--|------------------------------------|--|------------------------------------|
| | In network | Out of network | In network |
| Medical network | Aetna Choice® POS II | | Aetna SelectSM |
| Deductible | | | |
| Individual | \$4,100* | \$4,100* | None |
| Family | \$8,200* | \$8,200* | None |
| Coinsurance | 20% | 40% | 0% |
| Maximum out-of-pocket limit | | | |
| Individual | \$5,100 | \$6,100 | \$7,560 |
| Family | \$10,200 | \$12,200 | \$15,120 |
| Doctors' office visits: primary care physician selection not required | | | Required |
| Primary care office visit | 20% after deductible | 40% after deductible | \$15 |
| Specialist office visit | 20% after deductible | 40% after deductible | \$30 |
| Diagnostic procedures | | | |
| Freestanding lab/radiology/advanced imaging | 20% after deductible | 40% after deductible | \$0 |
| Outpatient lab/radiology/advanced imaging | 20% after deductible | 40% after deductible | \$0 |
| Hospital care | | | |
| Inpatient admission | 20% after deductible | 40% after deductible | \$0 |
| Outpatient department services/surgery | 20% after deductible | 40% after deductible | \$0 |
| Emergency care | | | |
| Emergency room | 20% after deductible | 40% after deductible | \$100 |
| Ambulance | 20% after deductible | 40% after deductible | \$0 |
| Urgent care | 20% after deductible | 40% after deductible | \$45 |
| Other services | | | |
| Acupuncture | 20% after deductible | 40% after deductible; lesser of \$60/visit or 75% of INN cost/visit | Not covered |
| 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 | \$30 |
| PT/OT/SP limits | Based on medical necessity | | 60-visit maximum per calendar year |
| Chiropractic care | 20% after deductible | 40% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$30 |
| Chiropractic limits | 30-visit maximum per calendar year | | 20-visit maximum per calendar year |
| Durable medical equipment | 20% after deductible | 40% after deductible | \$100 deductible |
| Out-of-network reimbursement | 90% of FAIR Health national | | No out-of-network coverage |

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

| 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 SelectSM | | 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 | \$20 | \$35 | \$30 | 30% after deductible |
| Diagnostic procedures | | | | |
| Freestanding lab/radiology/advanced imaging | \$0 | \$0 | \$0 | 30% after deductible |
| Outpatient lab/radiology/advanced imaging | \$20 | 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 | \$35 | \$50 | \$45 | 30% after deductible |
| Other services | | | | |
| Acupuncture | \$20 | 20% after deductible | \$30 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$20 office visit/\$20 outpatient facility | \$35 office visit/20% after deductible at outpatient facility | \$30 | 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 | \$20 | \$35 | \$30 | 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

| | Freedom 2019 – employees hired on or after 7/1/2019 | | Freedom 15 | |
|--|---|--|------------------------------------|--|
| Benefit | 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% | 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 | \$30 | 30% after deductible | \$15 | 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 | \$500/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 | \$150 | \$150 | \$100 | \$100 |
| Ambulance | 10% after deductible | 30% after deductible | 10% | 30% after deductible |
| Urgent care | \$45 | 30% after deductible | \$15 | 30% after deductible |
| Other services | | | | |
| Acupuncture | \$30 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit | \$15 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$30 | 30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy | \$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 | Based on medical necessity | | Based on medical necessity | |
| Chiropractic care | \$30 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$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 | 10% after deductible | 30% after deductible | 10% | 30% after deductible |
| Out-of-network reimbursement | 175% of CMS | | 90% of FAIR Health national | |

• INN cost = in-network cost

| Benefit | Freedom 1525 | | Freedom 2030 | |
|--|------------------------------------|--|------------------------------------|--|
| | 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 | \$200 |
| Family | None | \$250 | None | \$500 |
| Coinsurance | 10% | 30% | 10% | 30% |
| Maximum out-of-pocket limit | | | | |
| Individual | \$7,560 | \$2,000 | \$7,560 | \$5,000 |
| Family | \$15,120 | \$5,000 | \$15,120 | \$12,500 |
| Doctors' office visits: primary care physician selection not required | | | | |
| Primary care office visit | \$15 | 30% after deductible | \$20 | 30% after deductible |
| Specialist office visit | \$25 | 30% after deductible | \$30 adult/\$20 child | 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 | \$500/stay plus 30% after deductible |
| Outpatient department services/surgery | \$0 | 30% after deductible | \$0 | 30% after deductible |
| Emergency care | | | | |
| Emergency room | \$100 | \$100 | \$125 | \$125 |
| Ambulance | 10% | 30% after deductible | 10% | 30% after deductible |
| Urgent care | \$25 | 30% after deductible | \$30 adult/\$20 child | 30% after deductible |
| Other services | | | | |
| Acupuncture | \$25 | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit | \$30 adult/\$20 child | 30% after deductible; lesser of \$60/visit or 75% of INN cost/visit |
| Short-term therapies: Physical, occupational, speech, respiratory | \$25 | 30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy | \$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 |
| PT/OT/SP limits | Based on medical necessity | | Based on medical necessity | |
| Chiropractic care | \$25 | 30% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$30 adult/\$20 child | 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

| Benefit | Freedom 2035 | | Freedom HDLow | |
|--|------------------------------------|--|------------------------------------|--|
| | In network | Out of network | In network | Out of network |
| Medical network | Aetna Choice® POS II | | Aetna Choice® POS II | |
| Deductible | | | | |
| Individual | \$200 | \$800 | \$1,600* | \$1,600* |
| Family | \$500 | \$2,000 | \$3,200* | \$3,200* |
| Coinsurance | 20% | 40% | 20% | 40% |
| Maximum out-of-pocket limit | | | | |
| Individual | \$7,560 | \$6,500 | \$2,600 | \$3,600 |
| Family | \$15,120 | \$13,000 | \$5,200 | \$7,200 |
| Doctors' office visits: primary care physician selection not required | | | | |
| Primary care office visit | \$20 | 40% after deductible | 20% after deductible | 40% after deductible |
| Specialist office visit | \$35 | 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 | \$600/stay plus 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 | \$300 | \$300 | 20% after deductible | 40% after deductible |
| Ambulance | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Urgent care | \$35 | 40% after deductible | 20% after deductible | 40% after deductible |
| Other services | | | | |
| Acupuncture | \$35 | 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 | \$35 | 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 | \$35 | 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.

• INN cost = in-network cost

| Benefit | Freedom HDHigh | | HMO |
|--|------------------------------------|--|------------------------------------|
| | In network | Out of network | In network |
| Medical network | Aetna Choice® POS II | | Aetna SelectSM |
| Deductible | | | |
| Individual | \$4,100* | \$4,100* | None |
| Family | \$8,200* | \$8,200* | None |
| Coinsurance | 20% | 40% | 0% |
| Maximum out-of-pocket limit | | | |
| Individual | \$5,100 | \$6,100 | \$7,560 |
| Family | \$10,200 | \$12,200 | \$15,120 |
| Doctors' office visits: primary care physician selection not required | | | Required |
| Primary care office visit | 20% after deductible | 40% after deductible | \$15 |
| Specialist office visit | 20% after deductible | 40% after deductible | \$30 |
| Diagnostic procedures | | | |
| Freestanding lab/radiology/advanced imaging | 20% after deductible | 40% after deductible | \$0 |
| Outpatient lab/radiology/advanced imaging | 20% after deductible | 40% after deductible | \$0 |
| Hospital care | | | |
| Inpatient admission | 20% after deductible | 40% after deductible | \$0 |
| Outpatient department services/surgery | 20% after deductible | 40% after deductible | \$0 |
| Emergency care | | | |
| Emergency room | 20% after deductible | 40% after deductible | \$100 |
| Ambulance | 20% after deductible | 40% after deductible | \$0 |
| Urgent care | 20% after deductible | 40% after deductible | \$45 |
| Other services | | | |
| Acupuncture | 20% after deductible | 40% after deductible; lesser of \$60/visit or 75% of INN cost/visit | Not covered |
| 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 | \$30 |
| PT/OT/SP limits | Based on medical necessity | | 60-visit maximum per calendar year |
| Chiropractic care | 20% after deductible | 40% after deductible; lesser of \$35/visit or 75% of INN cost/visit | \$30 |
| Chiropractic limits | 30-visit maximum per calendar year | | 20-visit maximum per calendar year |
| Durable medical equipment | 20% after deductible | 40% after deductible | \$100 deductible |
| Out-of-network reimbursement | 90% of FAIR Health national | | No out-of-network coverage |

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

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

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