

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
<b>Medical network</b>	<b>APCN+ Multi-Tier Open Access Aetna Select<sup>SM</sup></b>		<b>Aetna Choice<sup>®</sup> POS II</b>	
<b>Deductible</b>				
Individual	\$0	\$1,500	\$0	\$400
Family	\$0	\$3,000	\$0	\$1,000
<b>Coinsurance</b>	0%	20%	10% <sup>1</sup>	30%
<b>Coinsurance maximum out of pocket</b>				
Individual	n/a	n/a	\$800	\$2,000
Family	n/a	n/a	\$2,000	\$5,000
<b>Total maximum out of pocket</b>				
Individual	\$2,500	\$4,500	\$7,560	\$2,000
Family	\$5,000	\$9,000	\$15,120	\$5,000
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$5	\$20	\$15	30% after deductible
<b>Specialist office visit</b>	\$20	\$35	\$30	30% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	\$0	\$0	30% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$20	20% after deductible	\$0	30% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$150 per admission	20% after deductible	\$0	\$500/stay plus 30% after deductible
<b>Outpatient department services/surgery</b>	\$150	20% after deductible	\$0	30% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$100	\$100	\$150 <sup>2</sup>	\$150
<b>Ambulance</b>	\$0	\$0	10%	30% after deductible
<b>Urgent care</b>	\$35	\$50	\$45	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$20	20% after deductible	\$30	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	30-visit maximum each per calendar year		Based on medical necessity	
<b>Chiropractic care</b>	\$20	\$35	\$30	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
<b>Chiropractic limits</b>	25-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	\$0	\$0	10%	30% after deductible
<b>Out-of-network reimbursement</b>	<b>No out-of-network coverage</b>		<b>175% of CMS</b>	

- 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.

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

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
<b>Medical network</b>	<b>Aetna Choice® POS II</b>		<b>Aetna Choice® POS II</b>	
<b>Deductible</b>				
Individual	\$100	\$400	\$1,600*	\$1,600*
Family	n/a	\$1,000	\$3,200*	\$3,200*
<b>Coinsurance</b>	10% <sup>1</sup>	30%	20%	40%
<b>Coinsurance maximum out of pocket</b>				
Individual	\$800	\$2,000	\$1,000	\$3,600
Family	\$2,000	\$5,000	\$2,000	\$7,200
<b>Total maximum out of pocket</b>				
Individual	\$7,560	\$2,000	\$2,600	\$3,600
Family	\$15,120	\$5,000	\$5,200	\$7,200
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$15	30% after deductible	20% after deductible	40% after deductible
<b>Specialist office visit</b>	\$30	30% after deductible	20% after deductible	40% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	30% after deductible	20% after deductible	40% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$0	30% after deductible	20% after deductible	40% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$0	\$500/stay plus 30% after deductible	20% after deductible	40% after deductible
<b>Outpatient department services/surgery</b>	\$0	30% after deductible	20% after deductible	40% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$150 <sup>2</sup>	\$150	20% after deductible	40% after deductible
<b>Ambulance</b>	10% after deductible	30% after deductible	20% after deductible	40% after deductible
<b>Urgent care</b>	\$45	30% after deductible	20% after deductible	40% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$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
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$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
<b>Chiropractic limits</b>	30-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	10% after deductible	30% after deductible	20% after deductible	40% after deductible
<b>Out-of-network reimbursement</b>	<b>175% of CMS</b>		<b>90% of FAIR Health national</b>	

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

• INN cost = in-network cost

<sup>1</sup> On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

<sup>2</sup> Lower copayment applies to children under 19 and physician referrals.

Benefit	Freedom HDHigh		HMO
	In network	Out of network	In network
<b>Medical network</b>	<b>Aetna Choice® POS II</b>		<b>Aetna Select<sup>SM</sup></b>
<b>Deductible</b>			
Individual	\$4,100*	\$4,100*	\$0
Family	\$8,200*	\$8,200*	\$0
<b>Coinsurance</b>	20%	40%	0%
<b>Coinsurance maximum out of pocket</b>			
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
<b>Total maximum out of pocket</b>			
Individual	\$5,100	\$6,100	\$7,560
Family	\$10,200	\$12,200	\$15,120
<b>Doctors' office visits: primary care physician selection not required</b>			<b>Required</b>
<b>Primary care office visit</b>	20% after deductible	40% after deductible	\$15
<b>Specialist office visit</b>	20% after deductible	40% after deductible	\$30
<b>Diagnostic procedures</b>			
<b>Freestanding lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	\$0
<b>Outpatient lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	\$0
<b>Hospital care</b>			
<b>Inpatient admission</b>	20% after deductible	40% after deductible	\$0
<b>Outpatient department services/surgery</b>	20% after deductible	40% after deductible	\$0
<b>Emergency care</b>			
<b>Emergency room</b>	20% after deductible	40% after deductible	\$100 <sup>1</sup>
<b>Ambulance</b>	20% after deductible	40% after deductible	\$0
<b>Urgent care</b>	20% after deductible	40% after deductible	\$45
<b>Other services</b>			
<b>Acupuncture</b>	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	Not covered
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		60-visit maximum per calendar year
<b>Chiropractic care</b>	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30
<b>Chiropractic limits</b>	30-visit maximum per calendar year		20-visit maximum per calendar year
<b>Durable medical equipment</b>	20% after deductible	40% after deductible	\$100 deductible
<b>Out-of-network reimbursement</b>	<b>90% of FAIR Health national</b>		<b>No out-of-network coverage</b>

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

<sup>1</sup> Lower copayment applies to children under 19 and physician referrals.

Liberty Plus Tiered Network			Freedom – employees hired prior to 7/1/2019	
Benefit	Tier 1	Tier 2 – Nationwide	In network	Out of network
<b>Medical network</b>	<b>APCN+ Multi-Tier Open Access Aetna Select<sup>SM</sup></b>		<b>Aetna Choice<sup>®</sup> POS II</b>	
<b>Deductible</b>				
Individual	\$0	\$1,500	\$0	\$400
Family	\$0	\$3,000	\$0	\$1,000
<b>Coinsurance</b>	0%	20%	10% <sup>1</sup>	30%
<b>Coinsurance maximum out of pocket</b>				
Individual	n/a	n/a	\$800	\$2,000
Family	n/a	n/a	\$2,000	\$5,000
<b>Total maximum out of pocket</b>				
Individual	\$2,500	\$4,500	\$7,560	\$2,000
Family	\$5,000	\$9,000	\$15,120	\$5,000
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$5	\$20	\$15	30% after deductible
<b>Specialist office visit</b>	\$20	\$35	\$30	30% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	\$0	\$0	30% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$20	20% after deductible	\$0	30% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$150 per admission	20% after deductible	\$0	\$500/stay plus 30% after deductible
<b>Outpatient department services/surgery</b>	\$150	20% after deductible	\$0	30% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$100	\$100	\$150 <sup>2</sup>	\$150
<b>Ambulance</b>	\$0	\$0	10%	30% after deductible
<b>Urgent care</b>	\$35	\$50	\$45	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$20	20% after deductible	\$30	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	30-visit maximum each per calendar year		Based on medical necessity	
<b>Chiropractic care</b>	\$20	\$35	\$30	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
<b>Chiropractic limits</b>	25-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	\$0	\$0	10%	30% after deductible
<b>Out-of-network reimbursement</b>	<b>No out-of-network coverage</b>		<b>175% of CMS</b>	

• INN cost = in-network cost

<sup>1</sup> On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

<sup>2</sup> Lower copayment applies to children under 19 and physician referrals.

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

Benefit	Freedom 2019 – employees hired on or after 7/1/2019		Freedom 15	
	In network	Out of network	In network	Out of network
<b>Medical network</b>	Aetna Choice® POS II		Aetna Choice® POS II	
<b>Deductible</b>				
Individual	\$100	\$400	\$0	\$100
Family	n/a	\$1,000	\$0	\$250
<b>Coinsurance</b>	10% <sup>1</sup>	30%	10% <sup>1</sup>	30%
<b>Coinsurance maximum out of pocket</b>				
Individual	\$800	\$2,000	\$400	\$2,000
Family	\$2,000	\$5,000	\$1,000	\$5,000
<b>Total maximum out of pocket</b>				
Individual	\$7,560	\$2,000	\$7,560	\$2,000
Family	\$15,120	\$5,000	\$15,120	\$5,000
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$15	30% after deductible	\$15	30% after deductible
<b>Specialist office visit</b>	\$30	30% after deductible	\$15	30% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$0	\$500/stay plus 30% after deductible	\$0	\$200/stay plus 30% after deductible
<b>Outpatient department services/surgery</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$150 <sup>2</sup>	\$150	\$100 <sup>2</sup>	\$100
<b>Ambulance</b>	10% after deductible	30% after deductible	10%	30% after deductible
<b>Urgent care</b>	\$45	30% after deductible	\$15	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$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
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$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
<b>Chiropractic limits</b>	25-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	10% after deductible	30% after deductible	10%	30% after deductible
<b>Out-of-network reimbursement</b>	175% of CMS		90% of FAIR Health national	

• INN cost = in-network cost

<sup>1</sup> On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

<sup>2</sup> Lower copayment applies to children under 19 and physician referrals.

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Benefit	Freedom 1525		Freedom 2030	
	In network	Out of network	In network	Out of network
<b>Medical network</b>	Aetna Choice® POS II		Aetna Choice® POS II	
<b>Deductible</b>				
Individual	\$0	\$100	\$0	\$200
Family	\$0	\$250	\$0	\$500
<b>Coinsurance</b>	10% <sup>1</sup>	30%	10% <sup>1</sup>	30%
<b>Coinsurance maximum out of pocket</b>				
Individual	\$400	\$2,000	\$800	\$5,000
Family	\$1,000	\$5,000	\$2,000	\$12,500
<b>Total maximum out of pocket</b>				
Individual	\$7,560	\$2,000	\$7,560	\$5,000
Family	\$15,120	\$5,000	\$15,120	\$12,500
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$15	30% after deductible	\$20	30% after deductible
<b>Specialist office visit</b>	\$25	30% after deductible	\$30 adult/\$20 child <sup>3</sup>	30% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$0	\$200/stay plus 30% after deductible	\$0	\$500/stay plus 30% after deductible
<b>Outpatient department services/surgery</b>	\$0	30% after deductible	\$0	30% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$100 <sup>2</sup>	\$100	\$125	\$125
<b>Ambulance</b>	10%	30% after deductible	10%	30% after deductible
<b>Urgent care</b>	\$25	30% after deductible	\$30 adult/\$20 child <sup>3</sup>	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$25	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$30 adult/\$20 child <sup>3</sup>	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>Short-term therapies:</b> 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 <sup>3</sup>	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$25	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30 adult/\$20 child <sup>3</sup>	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
<b>Chiropractic limits</b>	30-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	10%	30% after deductible	10%	30% after deductible
<b>Out-of-network reimbursement</b>	90% of FAIR Health national		90% of FAIR Health national	

• INN cost = in-network cost

<sup>1</sup> On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

<sup>2</sup> Lower copayment applies to children under 19 and physician referrals.

<sup>3</sup> Dependent children under 26.

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Benefit	Freedom 2035		Freedom HDLow	
	In network	Out of network	In network	Out of network
<b>Medical network</b>	Aetna Choice® POS II		Aetna Choice® POS II	
<b>Deductible</b>				
Individual	\$200	\$800	\$1,600*	\$1,600*
Family	\$500	\$2,000	\$3,200*	\$3,200*
<b>Coinsurance</b>	20%	40%	20%	40%
<b>Coinsurance maximum out of pocket</b>				
Individual	\$2,000	\$6,500	\$1,000	\$3,600
Family	\$5,000	\$13,000	\$2,000	\$7,200
<b>Total maximum out of pocket</b>				
Individual	\$7,560	\$6,500	\$2,600	\$3,600
Family	\$15,120	\$13,000	\$5,200	\$7,200
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$20	40% after deductible	20% after deductible	40% after deductible
<b>Specialist office visit</b>	\$35	40% after deductible	20% after deductible	40% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	20% after deductible	\$600/stay plus 40% after deductible	20% after deductible	40% after deductible
<b>Outpatient department services/surgery</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$300	\$300	20% after deductible	40% after deductible
<b>Ambulance</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Urgent care</b>	\$35	40% after deductible	20% after deductible	40% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$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
<b>Short-term therapies:</b> Physical, occupational, speech, respiratory	\$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	20% after deductible	40% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$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
<b>Chiropractic limits</b>	30-visit maximum per calendar year		30-visit maximum per calendar year	
<b>Durable medical equipment</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Out-of-network reimbursement</b>	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
<b>Medical network</b>	<b>Aetna Choice® POS II</b>		<b>Aetna Select<sup>SM</sup></b>
<b>Deductible</b>			
Individual	\$4,100*	\$4,100*	None
Family	\$8,200*	\$8,200*	None
<b>Coinsurance</b>	20%	40%	0%
<b>Coinsurance maximum out of pocket</b>			
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
<b>Total maximum out of pocket</b>			
Individual	\$5,100	\$6,100	\$7,560
Family	\$10,200	\$12,200	\$15,120
<b>Doctors' office visits: primary care physician selection not required</b>			<b>Required</b>
<b>Primary care office visit</b>	20% after deductible	40% after deductible	\$15
<b>Specialist office visit</b>	20% after deductible	40% after deductible	\$30
<b>Diagnostic procedures</b>			
<b>Freestanding lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	\$0
<b>Outpatient lab/radiology/advanced imaging</b>	20% after deductible	40% after deductible	\$0
<b>Hospital care</b>			
<b>Inpatient admission</b>	20% after deductible	40% after deductible	\$0
<b>Outpatient department services/surgery</b>	20% after deductible	40% after deductible	\$0
<b>Emergency care</b>			
<b>Emergency room</b>	20% after deductible	40% after deductible	\$100 <sup>1</sup>
<b>Ambulance</b>	20% after deductible	40% after deductible	\$0
<b>Urgent care</b>	20% after deductible	40% after deductible	\$45
<b>Other services</b>			
<b>Acupuncture</b>	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	Not covered
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		60-visit maximum per calendar year
<b>Chiropractic care</b>	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30
<b>Chiropractic limits</b>	30-visit maximum per calendar year		20-visit maximum per calendar year
<b>Durable medical equipment</b>	20% after deductible	40% after deductible	\$100 deductible
<b>Out-of-network reimbursement</b>	<b>90% of FAIR Health national</b>		<b>No out-of-network coverage</b>

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

<sup>1</sup> Lower copayment applies to children under 19 and physician referrals.

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