

Liberty Plus Tiered Network			Freedom 2019 – new hires 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	\$0	\$1,500	\$0	\$400
Family	\$0	\$3,000	\$0	\$1,000
Coinsurance	0%	20%	10% ¹	30%
Coinsurance maximum out-of-pocket limit				
Individual	N/A	\$4,500	\$800	\$2,000
Family	N/A	\$9,000	\$2,000	\$5,000
Maximum out-of-pocket limit				
Individual	\$2,500	\$4,500	\$8,099	\$2,000
Family	\$5,000	\$9,000	\$16,198	\$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 ²	\$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	\$15	\$20 office visit/20% after deductible at outpatient facility	\$15	30% after deductible; lesser of \$52/visit or 75% of INN cost/visit
PT/OT/SP limits	30-visit maximum per benefits period		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 benefits period		30-visit maximum per benefits period	
Durable medical equipment	\$0	\$0	10%	30% after deductible
Out-of-network reimbursement	No out-of-network coverage		175% of CMS	

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

- INN cost = in-network cost
- 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.

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

²Lower ER copayment applies to children under 19 and physician referrals.

Freedom 2019 – new hires on or after 7/1/2019			Freedom 10	
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	\$0	\$100
Family	N/A	\$1,000	\$0	\$250
Coinsurance	10% ¹	30%	10% ¹	20%
Coinsurance maximum out-of-pocket limit				
Individual	\$800	\$2,000	\$400	\$2,000
Family	\$2,000	\$5,000	\$1,000	\$5,000
Maximum out-of-pocket limit				
Individual	\$8,099	\$2,000	\$400	\$2,000
Family	\$16,198	\$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 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 for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$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 benefits period		30-visit maximum per benefits period	
Durable medical equipment	10% after deductible	30% after deductible	10%	20% after deductible
Out-of-network reimbursement	175% of CMS		90% FAIR Health National	

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¹ INN cost = in-network cost

² On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

³ Lower ER copayment applies to children under 19 and physician referrals.

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	\$0	\$100	\$0	\$100
Family	\$0	\$250	\$0	\$250
Coinsurance	10% ¹	30%	10% ¹	30%
Coinsurance maximum out-of-pocket limit				
Individual	\$400	\$2,000	\$400	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
Maximum out-of-pocket limit				
Individual	\$8,099	\$2,000	\$8,099	\$2,000
Family	\$16,198	\$5,000	\$16,198	\$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	20% after deductible
Outpatient lab/radiology/advanced imaging	\$0	30% after deductible	\$0	20% after deductible
Hospital care				
Inpatient admission	\$0	\$200/stay plus 30% after deductible	\$0	\$200/stay plus 20% 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 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 benefits period		30-visit maximum per benefits period	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	90% FAIR Health National		90% FAIR Health National	

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¹ INN cost = in-network cost

² On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

³ Lower ER copayment applies to children under 19 and physician referrals.

Benefit	Freedom 2030		Freedom HDLow	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$0	\$200	\$1,600*	\$1,600*
Family	\$0	\$500	\$3,200*	\$3,200*
Coinsurance	10% ¹	30%	20%	40%
Coinsurance maximum out-of-pocket limit¹				
Individual	\$800	\$5,000	None	None
Family	\$2,000	\$12,500	None	None
Maximum out-of-pocket limit				
Individual	\$8,099	\$5,000	\$2,600	\$3,600
Family	\$16,198	\$12,500	\$5,200	\$7,200
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$20	30% after deductible	20% after deductible	40% after deductible
Specialist office visit	\$30 adult/\$20 child ²	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	\$125	\$125	20% after deductible	40% after deductible
Ambulance	10%	30% after deductible	20% after deductible	40% after deductible
Urgent care	\$30 adult/\$20 child ²	30% after deductible	20% after deductible	40% after deductible
Other services²				
Acupuncture	\$30 adult/\$20 child ²	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 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	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 adult/\$20 child ²	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 benefits period		30-visit maximum per benefits period	
Durable medical equipment	10%	30% after deductible	20% after deductible	40% after deductible
Out-of-network reimbursement	90% FAIR Health National		90% FAIR Health National	

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* INN cost = in-network cost

¹In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.

²Age 26 and under.

Freedom HDHigh		
Benefit	In network	Out of network
Medical network		
Aetna Choice® POS II		
Deductible		
Individual	\$4,100*	\$4,100*
Family	\$8,200*	\$8,200*
Coinsurance	20%	40%
Coinsurance maximum out-of-pocket limit		
Individual	None	None
Family	None	None
Maximum out-of-pocket limit		
Individual	\$5,100	\$6,100
Family	\$10,200	\$12,200
Doctors' office visits: primary care physician selection not required		
Primary care office visit	20% after deductible	40% after deductible
Specialist office visit	20% after deductible	40% after deductible
Diagnostic procedures		
Freestanding lab/radiology/advanced imaging	20% after deductible	40% after deductible
Outpatient lab/radiology/advanced imaging	20% after deductible	40% after deductible
Hospital care		
Inpatient admission	20% after deductible	40% after deductible
Outpatient department services/surgery	20% after deductible	40% after deductible
Emergency care		
Emergency room	20% after deductible	40% after deductible
Ambulance	20% after deductible	40% after deductible
Urgent care	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
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
PT/OT/SP limits	Based on medical necessity	
Chiropractic care	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per benefits period	
Durable medical equipment	20% after deductible	40% after deductible
Out-of-network reimbursement		
90% FAIR Health National		

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

	HMO	HMO 1525	HMO 2030
Benefit	In network	In network	In network
Medical network	Aetna SelectSM	Aetna SelectSM	Aetna SelectSM
Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Coinsurance maximum out-of-pocket limit			
Individual	N/A	N/A	N/A
Family	N/A	N/A	N/A
Maximum out-of-pocket limit			
Individual	\$8,099	\$8,099	\$8,099
Family	\$16,198	\$16,198	\$16,198
Doctors' office visits: primary care physician selection required			
Primary care office visit	\$10	\$15	\$20
Specialist office visit	\$10	\$25	\$30 adult/\$20 child ²
Diagnostic procedures			
Freestanding lab/radiology/advanced imaging	\$0	\$0	\$0
Outpatient lab/radiology/advanced imaging	\$0	\$0	\$0
Hospital care			
Inpatient admission	\$0	\$0	\$0
Outpatient department services/surgery	\$0	\$0	\$0
Emergency care			
Emergency room	\$85 ¹	\$100 ¹	\$125
Ambulance	\$0	\$0	\$0
Urgent care	\$10	\$25	\$30 adult/\$20 child ²
Other services			
Acupuncture	Not covered	Not covered	Not covered
Short-term therapies: Physical, occupational, speech, respiratory	\$10	\$25	\$30 adult/\$20 child ²
PT/OT/SP limits	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
Chiropractic care	\$10	\$25	\$30 adult/\$20 child ²
Chiropractic limits	20-visit maximum per benefits period	20-visit maximum per benefits period	20-visit maximum per benefits period
Durable medical equipment	\$100 deductible	\$100 deductible	\$100 deductible
Out-of-network reimbursement	No out-of-network coverage	No out-of-network coverage	No out-of-network coverage

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

²Dependent children under age 26.

This is not a complete list of all covered services. Some exclusions and limitations may apply. Visit AetnaStateNJ.com or call 1-877-782-8365 (TTY:711).

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