

Liberty Plus Tiered Network			Freedom 2019 – new hires 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	None	\$1,500	None	\$400
Family	None	\$3,000	None	\$1,000
<b>Coinsurance</b>	0%	20%	10%	30%
<b>Coinsurance maximum out-of-pocket limit</b>				
Individual	N/A	\$4,500	\$800	\$2,000
Family	N/A	\$9,000	\$2,000	\$5,000
<b>Maximum out-of-pocket limit</b>				
Individual	\$2,500	\$4,500	\$8,099	\$2,000
Family	\$5,000	\$9,000	\$16,198	\$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>	\$15	\$30	\$15	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>	\$15	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	\$150
<b>Ambulance</b>	\$0	\$0	10%	30% after deductible
<b>Urgent care</b>	\$15	\$30	\$15	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$15	20% after deductible	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>Short-term therapies:</b> Physical, occupational, speech, respiratory	\$15	20% after deductible	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>PT/OT/SP limits</b>	30-visit maximum per benefits period		Based on medical necessity	
<b>Chiropractic care</b>	\$15	\$30	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
<b>Chiropractic limits</b>	25-visit maximum per benefits period		30-visit maximum per benefits period	
<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

Benefit	Freedom 2019 – new hires on or after 7/1/2019		Freedom 10	
	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	None	\$100
Family	None	\$1,000	None	\$250
<b>Coinsurance</b>	10%	30%	10%	20%
<b>Coinsurance maximum out-of-pocket limit</b>				
Individual	\$800	\$2,000	None	\$2,000
Family	\$2,000	\$5,000	None	\$5,000
<b>Maximum out-of-pocket limit</b>				
Individual	\$8,099	\$2,000	\$400	\$2,000
Family	\$16,198	\$5,000	\$1,000	\$5,000
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$15	30% after deductible	\$10	20% after deductible
<b>Specialist office visit</b>	\$15	30% after deductible	\$10	20% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	20% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	20% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$0	\$500/stay plus 30% after deductible	\$0	\$200/stay plus 20% after deductible
<b>Outpatient department services/surgery</b>	\$0	30% after deductible	\$0	20% after deductible
<b>Emergency care</b>				
<b>Emergency room</b>	\$150	\$150	\$75	\$75
<b>Ambulance</b>	10% after deductible	30% after deductible	10%	20% after deductible
<b>Urgent care</b>	\$15	30% after deductible	\$10	20% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$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
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$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
<b>Chiropractic limits</b>	30-visit maximum per benefits period		30-visit maximum per benefits period	
<b>Durable medical equipment</b>	10% after deductible	30% after deductible	10%	20% after deductible
<b>Out-of-network reimbursement</b>	175% of CMS		90% FAIR Health National	

• INN cost = in-network cost

Benefit	Freedom 15		Freedom 1525	
	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	None	\$100	None	\$100
Family	None	\$250	None	\$250
<b>Coinsurance</b>	10%	30%	10%	30%
<b>Coinsurance maximum out-of-pocket limit</b>				
Individual	\$400	\$2,000	\$400	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
<b>Maximum out-of-pocket limit</b>				
Individual	\$8,099	\$2,000	\$8,099	\$2,000
Family	\$16,198	\$5,000	\$16,198	\$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>	\$15	30% after deductible	\$25	30% after deductible
<b>Diagnostic procedures</b>				
<b>Freestanding lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	20% after deductible
<b>Outpatient lab/radiology/advanced imaging</b>	\$0	30% after deductible	\$0	20% after deductible
<b>Hospital care</b>				
<b>Inpatient admission</b>	\$0	\$200/stay plus 30% after deductible	\$0	\$200/stay plus 20% 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	\$100	\$100	\$100
<b>Ambulance</b>	10%	30% after deductible	10%	30% after deductible
<b>Urgent care</b>	\$15	30% after deductible	\$25	30% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$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
<b>Short-term therapies:</b> 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
<b>PT/OT/SP limits</b>	Based on medical necessity		Based on medical necessity	
<b>Chiropractic care</b>	\$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
<b>Chiropractic limits</b>	30-visit maximum per benefits period		30-visit maximum per benefits period	
<b>Durable medical equipment</b>	10%	30% after deductible	10%	20% after deductible
<b>Out-of-network reimbursement</b>	90% FAIR Health National		90% FAIR Health National	

• INN cost = in-network cost

Benefit	Freedom 2030		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	None	\$200	\$1,600*	\$1,600*
Family	None	\$500	\$3,200*	\$3,200*
<b>Coinsurance</b>	10%	30%	20%	40%
<b>Coinsurance maximum out-of-pocket limit</b>				
Individual	\$800	\$5,000	None	None
Family	\$2,000	\$12,500	None	None
<b>Maximum out-of-pocket limit</b>				
Individual	\$8,099	\$5,000	\$2,600	\$3,600
Family	\$16,198	\$12,500	\$5,200	\$7,200
<b>Doctors' office visits: primary care physician selection not required</b>				
<b>Primary care office visit</b>	\$20	30% after deductible	20% after deductible	40% after deductible
<b>Specialist office visit</b>	\$30 adult/\$20 child	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>	\$125	\$125	20% after deductible	40% after deductible
<b>Ambulance</b>	10%	30% after deductible	20% after deductible	40% after deductible
<b>Urgent care</b>	\$30 adult/\$20 child	30% after deductible	20% after deductible	40% after deductible
<b>Other services</b>				
<b>Acupuncture</b>	\$30 adult/\$20 child	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 adult/\$20 child	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 adult/\$20 child	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit
<b>Chiropractic limits</b>	30-visit maximum per benefits period		30-visit maximum per benefits period	
<b>Durable medical equipment</b>	10%	30% after deductible	20% after deductible	40% after deductible
<b>Out-of-network reimbursement</b>	90% FAIR Health National		90% FAIR Health National	

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

• INN cost = in-network cost

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

\*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	
<b>Medical network</b>	Aetna Select <sup>SM</sup>		Aetna Select <sup>SM</sup>		Aetna Select <sup>SM</sup>	
<b>Deductible</b>						
	Individual	None	None	None	None	None
	Family	None	None	None	None	None
<b>Coinsurance</b>		0%	0%	0%	0%	0%
<b>Coinsurance maximum out-of-pocket limit</b>						
	Individual	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A
<b>Maximum out-of-pocket limit</b>						
	Individual	\$8,099	\$8,099	\$8,099	\$8,099	\$8,099
	Family	\$16,198	\$16,198	\$16,198	\$16,198	\$16,198
<b>Doctors' office visits: primary care physician selection required</b>						
<b>Primary care office visit</b>		\$10	\$15	\$20	\$20	\$20
<b>Specialist office visit</b>		\$10	\$25	\$30 adult/\$20 child	\$30 adult/\$20 child	\$30 adult/\$20 child
<b>Diagnostic procedures</b>						
<b>Freestanding lab/radiology/ advanced imaging</b>		\$0	\$0	\$0	\$0	\$0
<b>Outpatient lab/radiology/ advanced imaging</b>		\$0	\$0	\$0	\$0	\$0
<b>Hospital care</b>						
<b>Inpatient admission</b>		\$0	\$0	\$0	\$0	\$0
<b>Outpatient department services/surgery</b>		\$0	\$0	\$0	\$0	\$0
<b>Emergency care</b>						
<b>Emergency room</b>		\$85	\$100	\$125	\$125	\$125
<b>Ambulance</b>		\$0	\$0	\$0	\$0	\$0
<b>Urgent care</b>		\$10	\$25	\$30 adult/\$20 child	\$30 adult/\$20 child	\$30 adult/\$20 child
<b>Other services</b>						
<b>Acupuncture</b>		Not covered	Not covered	Not covered	Not covered	Not covered
<b>Short-term therapies:</b> Physical, occupational, speech, respiratory		\$10	\$25	\$30 adult/\$20 child	\$30 adult/\$20 child	\$30 adult/\$20 child
<b>PT/OT/SP limits</b>		60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
<b>Chiropractic care</b>		\$10	\$25	\$30 adult/\$20 child	\$30 adult/\$20 child	\$30 adult/\$20 child
<b>Chiropractic limits</b>		20-visit maximum per benefits period	20-visit maximum per benefits period	20-visit maximum per benefits period	20-visit maximum per benefits period	20-visit maximum per benefits period
<b>Durable medical equipment</b>		\$100 deductible	\$100 deductible	\$100 deductible	\$100 deductible	\$100 deductible
<b>Out-of-network reimbursement</b>	No out-of-network coverage		No out-of-network coverage		No out-of-network coverage	

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

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