

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 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%
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	\$150	
Ambulance	\$0	\$0	10%	30% after deductible	
Urgent care	\$15	\$30	\$15	30% after deductible	
Other services					
Acupuncture	Not covered	Not covered	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	
Short-term therapies: Physical, occupational, speech, respiratory	\$15	20% after deductible	\$15	30% after deductible; lesser of \$60/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	

• 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
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%
Coinsurance maximum out-of-pocket limit				
Individual	\$800	\$2,000	None	\$2,000
Family	\$2,000	\$5,000	None	\$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	\$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 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	

• INN cost = in-network cost

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%
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	\$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 benefits period		30-visit maximum per benefits period	
Durable medical equipment	10%	30% after deductible	10%	20% after deductible
Out-of-network reimbursement	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
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	None	\$200	\$1,600*	\$1,600*
Family	None	\$500	\$3,200*	\$3,200*
Coinsurance	10%	30%	20%	40%
Coinsurance maximum out-of-pocket limit				
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	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	30% after deductible	20% after deductible	40% after deductible
Other services				
Acupuncture	\$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
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	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	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
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	

*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
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	

*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 Select SM		Aetna Select SM		Aetna Select SM	
Deductible						
Individual	None		None		None	
Family	None		None		None	
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	
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		\$100		\$125	
Ambulance	\$0		\$0		\$0	
Urgent care	\$10		\$25		\$30 adult/\$20 child	
Other services						
Acupuncture	Not covered		Not covered		Not covered	
Short-term therapies: Physical, occupational, speech, respiratory	\$10		\$25		\$30 adult/\$20 child	
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	
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	

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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