

# New Jersey State Health Benefits Program

## Local Government Non-Medicare Eligible Retirees – 2018 Plans at a Glance\*

| PLAN NAME >  | HMO PLANS   |                                      |                                      | HDHP PLANS                              |                                      | PPO PLANS   |                                     |   |                                     |   |                                     |   |                                      |
|--|---|--------------------------------------|--------------------------------------|---|--------------------------------------|---|-------------------------------------|---|-------------------------------------|---|-------------------------------------|---|--------------------------------------|
|  | Aetna HMO   | Aetna HMO 1525                       | Aetna HMO 2030                       | Aetna Value HD4000                      |                                      | Aetna FREEDOM 10                                  |                                     | Aetna FREEDOM 15                                  |                                     | Aetna FREEDOM 1525                                |                                     | Aetna FREEDOM 2030                                |                                      |
|  |   |                                      |                                      | In-network                              | Out-of-network                       | In-network  | Out-of-network                      | In-network  | Out-of-network                      | In-network  | Out-of-network                      | In-network  | Out-of-network                       |
| <b>Deductible</b>  | \$0   | \$0                                  | \$0                                  | \$4,000 Individual / \$8,000 Family     | \$4,000 Individual / \$8,000 Family  | N/A   | \$100 Individual / \$250 Family     | N/A   | \$100 Individual / \$250 Family     | N/A   | \$100 Individual / \$250 Family     | N/A   | \$200 Individual / \$500 Family      |
| <b>Out-of-Pocket Maximum</b>   | \$5,999 Individual / \$11,998 Family              | \$5,999 Individual / \$11,998 Family | \$5,999 Individual / \$11,998 Family | \$5,000 Individual / \$10,000 Family†   | \$6,000 Individual / \$12,000 Family | \$400 Individual / \$1,000 Family                 | \$2,000 Individual / \$5,000 Family | \$5,999 Individual / \$11,998 Family              | \$2,000 Individual / \$5,000 Family | \$5,999 Individual / \$11,998 Family              | \$2,000 Individual / \$5,000 Family | \$5,999 Individual / \$11,998 Family              | \$5,000 Individual / \$12,500 Family |
|  | Out-of-Pocket Maximum does not include pharmacy†† |                                      |                                      | Out-of-Pocket Maximum includes pharmacy |                                      | Out-of-Pocket Maximum does not include pharmacy†† |                                     | Out-of-Pocket Maximum does not include pharmacy†† |                                     | Out-of-Pocket Maximum does not include pharmacy†† |                                     | Out-of-Pocket Maximum does not include pharmacy†† |                                      |
| <b>Coinsurance Maximum</b>   | N/A   | N/A                                  | N/A                                  | \$1,000 Individual / \$2,000 Family     | N/A                                  | N/A   | N/A                                 | \$400 Individual / \$1,000 Family                 | N/A                                 | \$400 Individual / \$1,000 Family                 | N/A                                 | \$800 Individual / \$2,000 Family                 | N/A                                  |
| <b>Preventive Care</b> (Routine checkups, well-child exams, mammograms, prostate [DRE, PSAT] exams, colorectal cancer screening) | covered at 100%                                   | covered at 100%                      | covered at 100%                      | covered at 100%                         | not covered**                        | covered at 100%                                   | not covered**                       | covered at 100%                                   | not covered**                       | covered at 100%                                   | not covered**                       | covered at 100%                                   | not covered**                        |
| <b>PCP or Primary Doctor Office Visit</b>  | \$10  | \$15                                 | \$20                                 | 20% after deductible                    | 40% after deductible                 | \$10  | 20% after deductible                | \$15  | 30% after deductible                | \$15  | 30% after deductible                | \$20  | 30% after deductible                 |
| <b>Specialist Office Visit</b>   | \$10  | \$25                                 | \$30 adults / \$20 children          | 20% after deductible                    | 40% after deductible                 | \$10  | 20% after deductible                | \$15  | 30% after deductible                | \$25  | 30% after deductible                | \$30 adults / \$20 children                       | 30% after deductible                 |
| <b>Routine eye exams</b>   | \$10  | \$25                                 | \$30 adults / \$20 children          | 20% after deductible                    | not covered                          | \$10  | not covered                         | \$15  | not covered                         | \$25  | not covered                         | \$30 adults / \$20 children                       | not covered                          |
| <b>Diagnostic</b> (Labs and X-rays)  | \$0   | \$0                                  | \$0                                  | 20% after deductible                    | 40% after deductible                 | \$0   | 20% after deductible                | \$0   | 30% after deductible                | \$0   | 30% after deductible                | \$0   | 30% after deductible                 |
| <b>Emergency Room</b> (Covered for true medical emergencies only)  | \$85  | \$100                                | \$125                                | 20% after deductible                    | 20% after deductible                 | \$75  | \$75                                | \$100   | \$100                               | \$100   | \$100                               | \$125   | \$125                                |
| <b>Urgent Care Center</b> (Not covered for non-urgent use of urgent care center)   | \$10  | \$25                                 | \$30 adults / \$20 children          | 20% after deductible                    | 40% after deductible                 | \$10  | 20% after deductible                | \$15  | 30% after deductible                | \$25  | 30% after deductible                | \$30 adults / \$20 children                       | 30% after deductible                 |
| <b>Ambulance</b>   | \$0   | \$0                                  | \$0                                  | 20% after deductible                    | 40% after deductible                 | 10%   | 20% after deductible                | 10%   | 30% after deductible                | 10%   | 30% after deductible                | 10%   | 30% after deductible                 |
| <b>Durable Medical Equipment</b>   | 100% after \$100 deductible                       | 100% after \$100 deductible          | 100% after \$100 deductible          | 20% after deductible                    | 40% after deductible                 | 10%   | 20% after deductible                | 10%   | 30% after deductible                | 10%   | 30% after deductible                | 10%   | 30% after deductible                 |
| <b>Hospital Care</b> (Inpatient, outpatient, maternity)  | \$0   | \$0                                  | \$0                                  | 20% after deductible                    | 40% after deductible                 | \$0   | \$200 / stay 20% after deductible   | \$0   | \$200 / stay 30% after deductible   | \$0   | \$200 / stay 30% after deductible   | \$0   | \$500/stay 30% after deductible      |
| <b>Mental health service Inpatient</b>   | \$0   | \$0                                  | \$0                                  | 20% after deductible                    | 40% after deductible                 | \$0   | \$200 / stay 20% after deductible   | \$0   | \$200 / stay 30% after deductible   | \$0   | \$200/stay 30% after deductible     | \$0   | \$500/stay 30% after deductible      |
| <b>Outpatient</b>  | \$10  | \$25                                 | \$30 adults / \$20 children          | 20% after deductible                    | 40% after deductible                 | \$10  | 20% after deductible                | \$15  | 30% after deductible                | \$25  | 30% after deductible                | \$30 adults / \$20 children                       | 30% after deductible                 |

\* This is not a complete list of all covered services. Exclusions and limitations apply to some services. For example, preventive care services may be limited to one per year. Medicare eligible retirees are not eligible for the Aetna HMO 2030, Aetna HMO 2035, and Aetna Freedom 2030 plans.

\*\* Annual Ob/Gyn checkup, annual mammography, annual PAP smear, and well-child immunizations up to 12 months old covered at standard out-of-network coinsurance level for the plan after applicable deductibles.

† The Out-of-Pocket Maximum for a family enrolled in the Aetna Value HD4000 plan is \$10,000. If one family member reaches \$6,850 in out-of-pocket costs during a calendar year, that family member will no longer have to pay their member cost share for the duration of the calendar year. The other members of the family will be responsible for their member cost share until the \$10,000 family out-of-pocket maximum is met.

†† Pharmacy out-of-pocket maximum for the Aetna HMO and Aetna Freedom plans is \$1,351 Individual / \$2,702 Family.



Health insurance plans are offered, underwritten and/or administered by Aetna Life Insurance Company (Aetna).  
For the latest information, including plan details and benefit coverage, visit the Aetna Member Handbook on the Division of Pensions and Benefits website.

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