



# Choice is back

Equal benefits. Bigger networks.  
Personalized care.

**State of New Jersey**

2025 State Health Benefits Program (SHBP)  
State and State University or College Employees

[AetnaStateNJ.com](https://AetnaStateNJ.com)



# Total wellness for the whole you

As an SHBP member, you're committed to making New Jersey and its local communities a great place to live, work and raise a family. You've earned — and deserve — the best benefits available.

That's why Aetna® offers health benefits that are every bit as big as your commitment. It's health care that supports the whole you, and the ones you love.

All of our medical plans are designed around your total well-being — from prevention and fitness, to your physical care and mental wellness.

And our large national network of trusted providers means you have more options than ever to find the care you need, both within New Jersey and when you're on the go.

## Annual Open Enrollment

Open Enrollment takes place annually from October 1 through October 31 for active employees. Under age 65 retirees are able to elect a new plan once every 12 months.

**Questions?** Please call our Health Concierge Team at **1-877-782-8365 (TTY:771)**, Monday through Friday, 8 AM to 6 PM ET. If you want to make a plan change, log in to **mynjbenefitshub** between October 1 through October 31, 2024, through your myNewJersey account or via **mynjbenefitshub.nj.gov**.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company (Aetna).



# It's your choice

**As you review your Aetna® medical plan options, remember that all of our plans cover the same services and include the same programs and support.**

When you think about your out-of-pocket costs, consider how much you'll pay each month for coverage, whether you'll need to meet an annual deductible, and how much you'll owe when you see a doctor, get lab work, need urgent care and more.

Also think about whether you're okay staying within a provider network to keep your costs lower, or if you want to be able to visit providers outside of your plan's network when you need

care. With all Aetna plans, you'll have unrivaled access to quality care, whether locally or across the country.

Of course, in a true emergency, you'll be covered regardless of a provider's network status. And with all of our medical plans, preventive care is covered at 100% with no deductible when you use an in-network provider.

## Liberty Plus plan

This is a new kind of plan that gives you more ways to save and stay healthy, without compromising quality. When you need care, you have two "tiers" of providers to choose from: Tier 1 providers are part of the Aetna Premier Care Network Plus, and Tier 2 providers are part of the nationwide Open Access Aetna Select<sup>SM</sup> network. You'll save money when stay within the Tier 1 network for care. With this plan, no referrals are required, and there's no out-of-network coverage.

## Freedom plans

With these plans, you have access to the Aetna Choice® POS II network when you need care. This is our broadest nationwide provider network. You'll still have the option to go outside the network for care, but your costs will be higher when you do. Choose from several Freedom plans, each with different out-of-pocket costs. This includes two high-deductible health plan (HDHP) options. You can pair an HDHP with a Health Savings Account (HSA) and set aside pretax earnings to help pay your out-of-pocket health care expenses.

## HMO plan

This plan is ideal if you want fixed, predictable costs. It's an in-network-only plan, which means you'll need to use providers within the nationwide Aetna Select network in order to receive coverage. There's no out-of-network option. Each member will have to select a primary care physician (PCP) to guide their treatment and to coordinate all specialist care, and referrals are required.

To learn more about these plan options, see the charts on the following pages.



To calculate your health insurance premium or find a provider, visit [AetnaStateNJ.com](https://www.aetna.com).





## Plan options: State CWA and Union Negotiated Members



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>	APCN+ Multi-Tier Open Access Aetna Select <sup>SM</sup>		Aetna Choice <sup>®</sup> POS II	
<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	\$7,360	\$2,000
Family	\$5,000	\$9,000	\$14,720	\$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>	Not covered	Not covered	\$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>	No out-of-network coverage		175% of CMS	

• 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.

## Plan options: State CWA and Union Negotiated Members



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>	Aetna Choice® POS II		Aetna Choice® POS II	
<b>Deductible</b>				
Individual	\$100	\$400	\$1,650*	\$1,650*
Family	n/a	\$1,000	\$3,300*	\$3,300*
<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	\$7,360	\$2,000	\$2,650	\$3,650
Family	\$14,720	\$5,000	\$5,300	\$7,300
<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>	175% of CMS		90% of FAIR Health national	

\*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.

## Plan options: State CWA and Union Negotiated Members



Benefit	Freedom HDHigh		HMO
	In network	Out of network	In network
<b>Medical network</b>	Aetna Choice® POS II		Aetna Select <sup>SM</sup>
<b>Deductible</b>			
Individual	\$4,150*	\$4,150*	\$0
Family	\$8,300*	\$8,300*	\$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	\$5,150	\$6,150	\$7,560
Family	\$10,300	\$12,300	\$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>	90% of FAIR Health national		No out-of-network coverage

\*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.

## Plan options: All other State Members



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>	APCN+ Multi-Tier Open Access Aetna Select <sup>SM</sup>		Aetna Choice <sup>®</sup> POS II	
<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>	Not covered	Not covered	\$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>	No out-of-network coverage		175% of CMS	

• 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.

## Plan options: All other State Members



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.



## Plan options: All other State Members



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.

## Plan options: All other State Members



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 <sup>1</sup>	\$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.

<sup>1</sup> Only applies to services that don't require a copay.

## Plan options: All other State Members



Benefit	Freedom HDHigh		HMO
	In network	Out of network	In network
<b>Medical network</b>	Aetna Choice® POS II		Aetna Select <sup>SM</sup>
<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>	90% of FAIR Health national		No out-of-network coverage

\*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.



## A focus on the whole you

**From physical health to mental well-being, and from chronic condition support to everyday wellness, we create seamless connections to simplify your journey.** We want to take the frustration out of health care and help you get what you want, when you want it, how you want it.

### Care management

If you're managing a chronic condition, such as diabetes or high blood pressure, or facing a complex health challenge, we've got your back. With our care management program, you'll work one-on-one with a registered nurse. They can help you put together a personalized care plan, find the providers and resources you need, and answer your questions.

Think of your nurse as your dedicated health advocate — there to help you stay on track, stay well and use your Aetna® resources to the fullest.

### Aetna Compassionate Care<sup>SM</sup>

If you or a covered family member is facing an advanced illness, this program offers extra help and guidance. You'll be paired with an Aetna nurse care manager, who will support you and your caregiver with both your physical and emotional needs.

They'll help you coordinate care, access resources, manage your benefits and more. And if hospice care becomes necessary, they'll help arrange those services, too.



## Behavioral health care

Your Aetna® medical plan supports both your physical needs and your mental wellness, with behavioral health resources built right in. Now, more than ever, we want to help you stay well in body and mind.

You'll have access to a large network of behavioral health providers, including psychiatrists, psychologists, therapists and family counselors. And you can schedule sessions in person or virtually, for short- or long-term care.

Once you're an Aetna member, you'll be able to call Aetna Behavioral Health or go online to get help finding a solution for your specific needs — whether you're struggling with anxiety or depression, everyday stress or relationship issues, or need help overcoming an addiction.

Here are just a few of the behavioral health programs available to you:



> **AbleTo**

An eight-week virtual program to help you better deal with a recent medical diagnosis or other life events



> **Brightline**

Virtual support and digital tools for kids and teens



> **Workit Health**

Different levels of support for substance misuse and other addictive behaviors







## Connecting to care

We know that “one size fits all” no longer applies to how you access care. That’s why we give you choices — both with our extensive provider networks, and with the following care options. In person, virtually or by phone. . . you decide what works best for you.



### Direct Primary Care

Aetna® members have access to Direct Primary Care with New Jersey SHBP care providers. You can access this service for nearly all of your primary care needs, with both in-person and virtual options. It’s a cost-effective choice for ongoing primary care for you and your family. Your Direct Primary Care providers will also coordinate your care with other providers to help ensure you get the best care possible.

### Teladoc Health

When you need care in a hurry — even if you’re away from home or it’s the middle of the night — you can connect with Teladoc Health in minutes. You’ll have 24/7 access to a board-certified primary care doctor by phone or video. They can diagnose and treat many non-emergency medical issues, and even order a prescription to your local pharmacy if needed. Here are some of the medical conditions they can help with:

- ✓ Allergies
- ✓ Bronchitis
- ✓ Cold and flu symptoms
- ✓ Sinus infections
- ✓ Sore throat

### 24-Hour Nurse Line

Not sure where to go for care? Want to know more about a medical diagnosis? Need help preparing for a doctor visit? You can talk with a registered nurse anytime by calling our 24-Hour Nurse Line. Our nurses can provide information and support on a wide variety of health topics — at no extra cost to you.



# Wellness perks and rewards

**When you feel good, you can live life to the fullest.** That's why our medical plans focus on your total wellness, supporting you when you're sick or injured, and helping you stay well. These wellness perks can help you get healthy, stay healthy, save money — even earn a reward.

## Healthy Lifestyle Coaching

Whether you want to lose weight, exercise more, reduce your stress, quit smoking or sleep better, this digital coaching program can help you take charge of your health.

## Aetna fitness reimbursement

Aetna members age 18 and older covered under the medical plan can earn a fitness reimbursement every month. Stay active and log your physical activity to earn a monthly \$20 reward, up to \$240 per year.

## Aetna discounts

As an Aetna member, you'll enjoy healthy discounts that are automatically included as part of your medical plan. These discounts are in addition to your plan benefits and can help you save on products and services you use every day, including:

- ✓ Eyewear
- ✓ Hearing aids
- ✓ Natural products and services

## NJWELL — earn a \$250 reward\*

Of course, all of the Aetna plans include the NJWELL program to help you earn a \$250\* reward each year for taking healthy actions. Active employees and covered spouses can earn this reward.

Here's how the program works: There are two required activities — completing a health assessment and a biometric screening — that are worth 100 points each. Then you can earn 600 more points by completing your annual preventive care and participating in wellness activities. When you reach 800 points, you'll earn the \$250 reward.\*

This program runs annually from November 1–October 31.



\*For SHBP members, the reward is \$350 if enrolled in these plans: Freedom/Freedom 2019, CWA Unity Freedom/CWA Unity Freedom 2019, Aetna HMO, Aetna Liberty Plus and the HDHPs; the reward is \$250 for all other plans.



## We're here to help

Call us with any questions to get the personalized support and answers you need.



**Questions?** Call our Concierge team at **1-877-782-8365 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM ET.

If you want to make a plan change, log in to **mynjbenefitshub** between October 1 and October 31, 2024, through your myNewJersey account or via **mynjbenefitshub.nj.gov**.

### Once you're a member, here's how to stay connected:

#### Call

Call your Aetna Concierge Service Team at **1-877-StateNJ (1-877-782-8365) (TTY: 711)**, Monday through Friday, 8 AM to 6 PM ET.

They can help you better understand your benefits, find a provider, access resources, answer claims questions — and more.

#### Visit

Visit **AetnaStateNJ.com** to calculate your premium, use the provider search tool, get plan and program details, find forms — even link to your Aetna member website for personalized plan information.

#### Download

Scan the QR code to download the **Aetna Health<sup>SM</sup> app** and access all the great features of your Aetna member website from anywhere.



Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Discount vendors and providers are not agents of Aetna and are solely responsible for the products and services they provide. Discount offers are not guaranteed and may be ended at any time. Aetna may get a fee when you buy these discounted products and services. Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc. Refer to **Aetna.com** for more information about Aetna plans.