

Benefit	Liberty Plus Tiered Network		Freedom – new hires prior to 7/1/2019		
	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	\$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% 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 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	30% after deductible
Outpatient lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% 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 \$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	

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

Benefit	Liberty Plus Tiered Network		CWA Unity Freedom and Freedom – new hires prior to 7/1/2019	
	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	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	\$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% 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	CWA Unity Freedom 2019 and Freedom 2019 – new hires after 7/1/2019		Freedom HDLow	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$100	\$400	\$1,600*	\$1,600*
Family	None	\$1,000	\$3,200*	\$3,200*
Coinsurance	10%	30%	20%	40%
Coinsurance maximum out-of-pocket limit				
Individual	\$800	\$2,000	None	None
Family	\$2,000	\$5,000	None	None
Maximum out-of-pocket limit				
Individual	\$8,099	\$2,000	\$2,600	\$3,600
Family	\$16,198	\$5,000	\$5,200	\$7,200
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$15	30% after deductible	20% after deductible	40% after deductible
Specialist office visit	\$15	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	\$150	\$150	20% after deductible	40% after deductible
Ambulance	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Urgent care	\$15	30% after deductible	20% after deductible	40% after deductible
Other services				
Acupuncture	\$15	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	\$15	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	\$15	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% after deductible	30% after deductible	20% after deductible	40% after deductible
Out-of-network reimbursement	175% of CMS		90% FAIR Health National	

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

• INN cost = in-network cost

Benefit	Freedom HDHigh		HMO
	In network	Out of network	In network
Medical network	Aetna Choice® POS II		Aetna SelectSM
Deductible			
Individual	\$4,100*	\$4,100*	None
Family	\$8,200*	\$8,200*	None
Coinsurance	20%	40%	0%
Coinsurance maximum out-of-pocket limit			
Individual	None	None	N/A
Family	None	None	N/A
Maximum out-of-pocket limit			
Individual	\$5,100	\$6,100	\$8,099
Family	\$10,200	\$12,200	\$16,198
Doctors' office visits: primary care physician selection not required			Required
Primary care office visit	20% after deductible	40% after deductible	\$10
Specialist office visit	20% after deductible	40% after deductible	\$10
Diagnostic procedures			
Freestanding lab/radiology/advanced imaging	20% after deductible	40% after deductible	\$0
Outpatient lab/radiology/advanced imaging	20% after deductible	40% after deductible	\$0
Hospital care			
Inpatient admission	20% after deductible	40% after deductible	\$0
Outpatient department services/surgery	20% after deductible	40% after deductible	\$0
Emergency care			
Emergency room	20% after deductible	40% after deductible	\$85
Ambulance	20% after deductible	40% after deductible	\$0
Urgent care	20% after deductible	40% after deductible	\$10
Other services			
Acupuncture	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	Not covered
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	\$10
PT/OT/SP limits	Based on medical necessity		60-visit maximum per calendar year
Chiropractic care	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$10
Chiropractic limits	30-visit maximum per benefits period		20-visit maximum per benefits period
Durable medical equipment	20% after deductible	40% after deductible	\$100 deductible
Out-of-network reimbursement	90% FAIR Health National		No out-of-network coverage

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

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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