The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-609-292-7524 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0 – Deductible does not apply</td>
<td>First day, first dollar coverage. You do not have to meet a deductible amount before this plan begins to pay for covered services you use. See the chart starting on page 2 for how much you pay for covered services.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. All eligible services.</td>
<td>This plan covers items and services that do not require a deductible to be met.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>Yes. For in-network and out-of-network providers $400 out of pocket maximum. This is a combined annual maximum for in-network and out-of-network services.</td>
<td>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billed charge for a Medicare provider who does not accept Medicare Assignment, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes, but not required as long as the provider accepts Medicare. For a list of in-network providers, see <a href="http://www.aetnamedicare.com/group/group_plans_intro.jsp">http://www.aetnamedicare.com/group/group_plans_intro.jsp</a> or call 1-866-234-3129.</td>
<td>In and out-of-network benefits do not apply to the Medicare PPO ESA plan. However, members need to use a licensed provider with Medicare.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>
### Summary of Benefits and Coverage:

**What this Plan Covers & What You Pay For Covered Services**

**Coverage Period:** 01/01/2019 – 12/31/2019

**New Jersey School Employees' Health Benefits Program: Aetna Medicare Advantage PPO ESA 10 (SEHBP)**

**Coverage for:** All Coverage Types | **Plan Type:** PPO

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**Common Medical Event** | **Services You May Need** | **What You Will Pay** | **Limitations, Exceptions, & Other Important Information**
---|---|---|---
**If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | **Network Provider (You will pay the least):** $10 copay/visit | Unlimited visits for chiropractic services for subluxation of the spine. Other services within the scope of the chiropractor's license, have a 30 visit limit per year.
| Specialist visit | $10 copay/visit | $10 copay/visit |
| Preventive care/screening/ immunization | No Charge | Not Covered | One routine physical per calendar year.

**If you have a test** | Diagnostic test (x-ray, blood work) | No Charge | None |
| Imaging (CT/PET scans, MRIs) | No Charge | No Charge |

**If you need drugs to treat your illness or condition**

More information about prescription drug coverage is available at www.[insert].com

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic drugs</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>None</td>
</tr>
<tr>
<td>Preferred brand drugs</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>None</td>
</tr>
<tr>
<td>Non-preferred brand drugs</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>None</td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>See separate Prescription Drug Plan SBC</td>
<td>None</td>
</tr>
</tbody>
</table>

**If you have outpatient surgery**

<table>
<thead>
<tr>
<th>Service</th>
<th>Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No Charge</td>
<td>No Charge</td>
<td>None</td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>No Charge</td>
<td></td>
</tr>
</tbody>
</table>

**If you need immediate care**

<table>
<thead>
<tr>
<th>Service</th>
<th>Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
</table>
| Emergency room care | $25 copay/visit | $25 copay/visit | Payment at the in-network level applies only to true Medical Emergencies &

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[* For more information about limitations and exceptions, see the plan or policy document at [www.state.nj.us/treasury/pensions/health-benefits.shtml](http://www.state.nj.us/treasury/pensions/health-benefits.shtml) or by calling 1-609-292-7524.]*
### Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

**New Jersey School Employees’ Health Benefits Program: Aetna Medicare Advantage PPO ESA 10 (SEHBP)**

**Coverage for: All Coverage Types | Plan Type: PPO**

**Coverage Period: 01/01/2019 – 12/31/2019**

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td>medical attention</td>
<td>Emergency medical transportation</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$10 copay/visit</td>
<td>$10 copay/visit</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>$10 copay/visit</td>
<td>$10 copay/visit</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>$10 copay/visit</td>
<td>$10 copay/visit</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$10 copay/visit</td>
<td>$10 copay/visit</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>$10 copay/visit</td>
<td>$10 copay/visit</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

[* For more information about limitations and exceptions, see the plan or policy document at www.state.nj.us/treasury/pensions/health-benefits.shtml or by calling 1-609-292-7524.]*
Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

New Jersey School Employees’ Health Benefits Program: Aetna Medicare Advantage PPO ESA 10 (SEHBP) Coverage for: All Coverage Types | Plan Type: PPO

Coverage Period: 01/01/2019 – 12/31/2019

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care (Adult)
- Long term care
- Private Duty Nursing (Inpatient)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)

- Acupuncture (Pain Management Only)
- Prosthetic devices
- Routine eye care (Adult)
- Bariatric Surgery (requires pre-approval)
- Infertility treatment (requires pre-approval)
- Non-emergency care when traveling outside of the U.S. (subject to deductible/coinsurance and balance billing)
- Chiropractic Care

Your Rights to Continue Coverage:
If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-877-STATENJ (1-877-782-8365). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Aetna at 1-877-782-8365. You may also contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebda/healthreform.

Does this plan provide Minimum Essential Coverage? Yes
If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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[* For more information about limitations and exceptions, see the plan or policy document at www.state.nj.us/treasury/pensions/health-benefits.shtml or by calling 1-609-292-7524.]
The plan would be responsible for the other costs of these EXAMPLE covered services.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)
- **The plan’s overall deductible**: $0
- **Specialist copayment**: $10
- **Hospital (facility) coinsurance**: 0%
- **Other coinsurance**: 0%

**This EXAMPLE event includes services like:**
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Total Example Cost**: $12,731

**In this example, Peg would pay:**
- Deductibles: $0
- Copayments: $60
- Coinsurance: $0
- **What isn’t covered (limits or exclusions)**: $60
- **The total Peg would pay is**: $120

### Managing Joe’s type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)
- **The plan’s overall deductible**: $0
- **Specialist copayment**: $10
- **Hospital (facility) coinsurance**: 0%
- **Other coinsurance**: 0%

**This EXAMPLE event includes services like:**
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

**Total Example Cost**: $7,389

**In this example, Joe would pay:**
- Deductibles: $0
- Copayments: $683
- Coinsurance: $0
- **What isn’t covered (limits or exclusions)**: $55
- **The total Joe would pay is**: $738

### Mia’s Simple Fracture
(in-network emergency room visit and follow up care)
- **The plan’s overall deductible**: $0
- **Specialist copayment**: $10
- **Hospital (facility) coinsurance**: 0%
- **Other coinsurance**: 0%

**This EXAMPLE event includes services like:**
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

**Total Example Cost**: $1,925

**In this example, Mia would pay:**
- Deductibles: $0
- Copayments: $70
- Coinsurance: $0
- **What isn’t covered (limits or exclusions)**: $0
- **The total Mia would pay is**: $70

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**About these Coverage Examples:**

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.