	26 Liberty		26 CWA Unity Freedom	
Benefit	**Tier 1**	**Tier 2 – Nationwide**	**In network**	**Out of network**
Medical network	**APCN+ Multi-Tier Open Access Aetna Select℠**		**Aetna Choice® POS II**	
Deductible				
Individual	None	$1,500	$110[1]	$750
Family	None	$3,000	$220[1]	$1,500
Coinsurance	0%	20%	10%	30%
Maximum out-of-pocket limit				
Individual	$2,500	$4,500	$8,480	$2,500
Family	$5,000	$9,000	$16,960	$6,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	$5	$20	$15	30% after deductible
Specialist office visit	$20	$35	$30	30% after deductible
Diagnostic procedures				
Freestanding lab	$0	$0	$0	30% after deductible
Freestanding radiology/ advanced imaging	$0	$0	$50	30% after deductible
Outpatient lab	$20	20% after deductible	$0	30% after deductible
Outpatient radiology/ advanced imaging	$20	20% after deductible	$50	30% after deductible
Hospital care				
Inpatient admission	$150 per admission[2]	20% after deductible[2]	$0[2]	$500/stay plus 30% after deductible[2]
Outpatient department services/surgery	$150[2]	20% after deductible[2]	$0[2]	30% after deductible[2]
Emergency care				
Emergency room	$100	$100	$150	$150
Ambulance	$0	$0	10%	30% after deductible
Urgent care	$35	$50	$45	30% after deductible
Other services				
Acupuncture	$20	20% after deductible	$30	30% after deductible; lesser of $60 visit or 75% of INN cost/visit
Short-term therapies: 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
PT/OT/SP limits	30-visit maximum each per calendar year		Based on medical necessity	PT 20 visit maximum
Chiropractic care	$20	$35	$30	30% after deductible; lesser of $35/visit or 75% of INN cost/visit
Chiropractic limits	25-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	$0	$0	10%	30% after deductible
Out-of-network reimbursement	**No out-of-network coverage**		**175% of CMS**	

[1]Deductible applies to all services which do not apply a copay.
[2]Services performed at a hospital when not medically necessary will be covered at 50% after deductible in and out of network.

- INN cost = in-network cost
- Retiree plan options are available at 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 for more information.

Benefit	26 Freedom In network	26 Freedom Out of network	26 Freedom 15 In network	26 Freedom 15 Out of network
Medical network	**Aetna Choice® POS II**		**Aetna Choice® POS II**	
Deductible				
Individual	$110[1]	$750	$110[1]	$750
Family	$220[1]	$1,500	$220[1]	$1,550
Coinsurance	10%	30%	10%	30%
Maximum out-of-pocket limit				
Individual	$8,480	$2,500	$8,480	$2,500
Family	$16,960	$6,000	$16,960	$6,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	$15	30% after deductible	$15	30% after deductible
Specialist office visit	$30	30% after deductible	$15	30% after deductible
Diagnostic procedures				
Freestanding lab	$0	30% after deductible	$0	30% after deductible
Freestanding radiology/ advanced imaging	$50	30% after deductible	$50	30% after deductible
Outpatient lab	$0	30% after deductible	$0	30% after deductible
Outpatient radiology/ advanced imaging	$50	30% after deductible	$50	30% after deductible
Hospital care				
Inpatient admission	$0[2]	$500/stay plus 30% after deductible[2]	$0[2]	$200/stay plus 30% after deductible[2]
Outpatient department services/surgery	$0[2]	30% after deductible[2]	$0[2]	30% after deductible[2]
Emergency care				
Emergency room	$150	$150	$100	$100
Ambulance	10%	30% after deductible	10%	30% after deductible
Urgent care	$45	30% after deductible	$15	30% after deductible
Other services				
Acupuncture	$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
Short-term therapies: 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
PT/OT/SP limits	Based on medical necessity	20 visit maximum	Based on medical necessity	PT 20 visit maximum
Chiropractic care	$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
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	**175% of CMS**		**90% of FAIR Health national**	

[1]Deductible applies to all services which do not apply a copay.
[2]Services performed at a hospital when not medically necessary will be covered at 50% after deductible in and out of network.
• INN cost = in-network cost

Benefit	26 Freedom 1525 In network	26 Freedom 1525 Out of network	26 Freedom 2030 In network	26 Freedom 2030 Out of network
Medical network	**Aetna Choice® POS II**		**Aetna Choice® POS II**	
Deductible				
Individual	$110[1]	$750	$110[1]	$750
Family	$220[1]	$1,500	$220[1]	$1,500
Coinsurance	10%[2]	30%	10%	30%
Maximum out-of-pocket limit				
Individual	$8,480	$2,500	$8,480	$5,000
Family	$16,960	$6,000	$16,960	$12,500
Doctors' office visits: primary care physician selection not required				
Primary care office visit	$15	30% after deductible	$20	30% after deductible
Specialist office visit	$25	30% after deductible	$30 adult/$20 child	30% after deductible
Diagnostic procedures				
Freestanding lab	$0	30% after deductible	$0	30% after deductible
Freestanding radiology/ advanced imaging	$50	30% after deductible	$50	30% after deductible
Outpatient lab	$0	30% after deductible	$0	30% after deductible
Outpatient radiology/ advanced imaging	$50	30% after deductible	$50	30% after deductible
Hospital care				
Inpatient admission	$0[2]	$200/stay plus 30% after deductible[2]	$0[2]	$500/stay plus 30% after deductible[2]
Outpatient department services/surgery	$0[2]	30% after deductible[2]	$0[2]	30% after deductible[2]
Emergency care				
Emergency room	$100	$100	$125	$125
Ambulance	10%	30% after deductible	10%	30% after deductible
Urgent care	$25	30% after deductible	$30 adult/$20 child	30% after deductible
Other services				
Acupuncture	$25	30% after deductible; lesser of $60/visit or 75% of INN cost/visit	$30 adult/$20 child	30% after deductible; lesser of $60/visit or 75% of INN cost/visit
Short-term therapies: 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	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	PT 20 visit maximum	Based on medical necessity	PT 20 visit maximum
Chiropractic care	$25	30% after deductible; lesser of $35/visit or 75% of INN cost/visit	$30 adult/$20 child	30% after deductible; lesser of $35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	**90% of FAIR Health national**		**90% of FAIR Health national**	

[1]Deductible applies to all services which do not apply a copay.
[2]Services performed at a hospital when not medically necessary will be covered at 50% after deductible in and out of network.
• INN cost = in-network cost

Benefit	26 Freedom 2035 In network	26 Freedom 2035 Out of network	26 Freedom HDLow In network	26 Freedom HDLow Out of network
Medical network	**Aetna Choice® POS II**		**Aetna Choice® POS II**	
Deductible				
Individual	$200[1]	$800	$1,700*	$1,700*
Family	$500[1]	$2,000	$3,400*	$3,400*
Coinsurance	20%	40%	20%	40%
Maximum out-of-pocket limit				
Individual	$8,840	$6,500	$2,700	$3,700
Family	$16,960	$13,000	$5,400	$7,400
Doctors' office visits: primary care physician selection not required				
Primary care office visit	$20	40% after deductible	20% after deductible	40% after deductible
Specialist office visit	$35	40% after deductible	20% after deductible	40% after deductible
Diagnostic procedures				
Freestanding lab/radiology/ advanced imaging	$0	40% after deductible	20% after deductible	40% after deductible
Freestanding lab/radiology/ advanced imaging	$50	40% after deductible	20% after deductible	40% after deductible
Outpatient lab/radiology/ advanced imaging	$0	40% after deductible	20% after deductible	40% after deductible
Outpatient lab/radiology/ advanced imaging	$50	40% after deductible	20% after deductible	40% after deductible
Hospital care				
Inpatient admission	20% after deductible[2]	$600/stay plus 40% after deductible[2]	20% after deductible[2]	40% after deductible[2]
Outpatient department services/surgery	20% after deductible[2]	40% after deductible[2]	20% after deductible[2]	40% after deductible[2]
Emergency care				
Emergency room	$300	$300	20% after deductible	40% after deductible
Ambulance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent care	$35	40% after deductible	20% after deductible	40% after deductible
Other services				
Acupuncture	$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
Short-term therapies: Physical, occupational, speech, respiratory	$35	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
PT/OT/SP limits	Based on medical necessity	PT 20 visit maximum	Based on medical necessity	PT 20 visit maximum
Chiropractic care	$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
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Out-of-network reimbursement	**90% of FAIR Health national**		**90% of FAIR Health national**	

*In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.
[1]Deductible applies to all services which do not apply a copay.
[2]Services performed at a hospital when not medically necessary will be covered at 50% after deductible in and out of network.
• INN cost = in-network cost

Benefit	26 Freedom HDHigh In network	26 Freedom HDHigh Out of network	26 HMO In network
Medical network	**Aetna Choice® POS II**		**Aetna Select℠**
Deductible			
Individual	$4,200*	$4,200*	None
Family	$8,400*	$8,400*	None
Coinsurance	20%	40%	0%
Maximum out-of-pocket limit			
Individual	$5,200	$6,200	$8,480
Family	$10,400	$12,400	$16,960
Doctors' office visits: primary care physician selection not required			**Required**
Primary care office visit	20% after deductible	40% after deductible	$15
Specialist office visit	20% after deductible	40% after deductible	$30
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[1]	40% after deductible[1]	$0[1]
Outpatient department services/surgery	20% after deductible[1]	40% after deductible[1]	$0[1]
Emergency care			
Emergency room	20% after deductible	40% after deductible	$100
Ambulance	20% after deductible	40% after deductible	$0
Urgent care	20% after deductible	40% after deductible	$45
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	$30
PT/OT/SP limits	Based on medical necessity	PT 20 visit maximum	60-visit maximum per calendar year
Chiropractic care	20% after deductible	40% after deductible; lesser of $35/visit or 75% of INN cost/visit	$30
Chiropractic limits	30-visit maximum per calendar year		PT 20 visit maximum
Durable medical equipment	20% after deductible	40% after deductible	$100 deductible
Out-of-network reimbursement	**90% of FAIR Health national**		**No out-of-network coverage**

*In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.
[1]Services performed at a hospital when not medically necessary will be covered at 50% after deductible in and out of network.