

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
Medical network	APCN+ Multi-Tier Open Access Aetna Select SM			Aetna Choice [®] POS II	
Deductible					
Individual	\$0		\$1,500	\$0	\$400
Family	\$0		\$3,000	\$0	\$1,000
Coinsurance	0%		20%	10% ¹	30%
Coinsurance maximum out of pocket					
Individual	n/a		n/a	\$800	\$2,000
Family	n/a		n/a	\$2,000	\$5,000
Total maximum out of pocket					
Individual	\$2,500		\$4,500	\$7,560	\$2,000
Family	\$5,000		\$9,000	\$15,120	\$5,000
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/radiology/advanced imaging	\$0		\$0	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$20		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 ²	\$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	
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	

• 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.

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

² Lower copayment applies to children under 19 and physician referrals.

Plan options: State CWA and Union Negotiated Members



	CWA Unity Freedom 2019 and Freedom 2019 – employees hired on or after 7/1/2019		Freedom HDLow	
Benefit	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	n/a	\$1,000	\$3,200*	\$3,200*
Coinsurance	10%¹	30%	20%	40%
Coinsurance maximum out of pocket				
Individual	\$800	\$2,000	\$1,000	\$3,600
Family	\$2,000	\$5,000	\$2,000	\$7,200
Total maximum out of pocket				
Individual	\$7,560	\$2,000	\$2,600	\$3,600
Family	\$15,120	\$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	\$30	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	\$150²	\$150	20% after deductible	40% after deductible
Ambulance	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Urgent care	\$45	30% after deductible	20% after deductible	40% after deductible
Other services				
Acupuncture	\$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
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	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	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 calendar year		30-visit maximum per calendar year	
Durable medical equipment	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Out-of-network reimbursement	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

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

² Lower copayment applies to children under 19 and physician referrals.

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	Freedom HDHigh		HMO
Benefit	In network	Out of network	In network
Medical network	Aetna Choice® POS II		Aetna Select SM
Deductible			
Individual	\$4,100*	\$4,100*	\$0
Family	\$8,200*	\$8,200*	\$0
Coinsurance	20%	40%	0%
Coinsurance maximum out of pocket			
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
Total maximum out of pocket			
Individual	\$5,100	\$6,100	\$7,560
Family	\$10,200	\$12,200	\$15,120
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	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	\$100 ¹
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		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		20-visit maximum per calendar year
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 Lower copayment applies to children under 19 and physician referrals.