

State of New Jersey

2026 State Health Benefits Program (SHBP) State and State University or College Employees



(%)

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 <u>1-877-782-8365 (TTY:771)</u>, Monday through Friday, 8 AM to 6 PM ET. If you want to make a plan change, log in to <u>mynjbenefitshub</u> between October 1 through October 31, 2025, through your myNewJersey account or via <u>mynjbenefitshub.nj.gov</u>.



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[™] 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**.



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	C Out of network	
Medical network	APCN+ Multi-Tier Op	oen Access Aetna Select ^{s™}	A	etna 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 p	ocket				
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	\$8,480	\$2,000	
Family	\$5,000	\$9,000	\$16,960	\$5,000	
Doctors' office visits: primary c	are physician selection no	t 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	Not covered	Not covered	\$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	n each per calendar year	ach per calendar year Based on medical necess		
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.
 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.
 On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).
 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
ledical network	Aetna	Choice® POS II	Aetna (Choice® POS II
eductible				
Individual	\$100	\$400	\$1,700*	\$1,700*
Family	n/a	\$1,000	\$3,400*	\$3,400*
Coinsurance	10%1	30%	20%	40%
oinsurance maximum out of p	ocket			
Individual	\$800	\$2,000	\$1,000	\$3,600
Family	\$2,000	\$5,000	\$2,000	\$7,200
otal maximum out of pocket				
Individual	\$8,480	\$2,000	\$2,700	\$3,700
Family	\$16,960	\$5,000	\$5,400	\$7,400
octors' office visits: primary c	are physician selection n	ot required		
rimary care office visit	\$15	30% after deductible	20% after deductible	40% after deductible
pecialist office visit	\$30	30% after deductible	20% after deductible	40% after deductible
iagnostic procedures				
reestanding lab/radiology/ dvanced imaging	\$0	30% after deductible	20% after deductible	40% after deductible
Outpatient lab/radiology/ dvanced imaging	\$0	30% after deductible	20% after deductible	40% after deductible
lospital care				
npatient admission	\$0	\$500/stay plus 30% after deductible	20% after deductible	40% after deductible
Outpatient department ervices/surgery	\$0	30% after deductible	20% after deductible	40% after deductible
mergency care				
mergency room	\$150 ²	\$150	20% after deductible	40% after deductible
mbulance	10% after deductible	30% after deductible	20% after deductible	40% after deductible
rgent care	\$45	30% after deductible	20% after deductible	40% after deductible
ther 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, peech, 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 maxir	num per calendar year	30-visit maxim	num per calendar year
Ourable medical equipment	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Out-of-network eimbursement	175	5% of CMS	90% of FA	IR Health national

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

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



	Freedom HDHigh		НМО	
Benefit	In network	In network		
Medical network		Choice® POS II	Aetna Select ^{sм}	
Deductible				
Individual	\$4,200*	\$4,200*	\$0	
Family	\$8,400*	\$8,400*	\$0	
Coinsurance	20%	40%	0%	
Coinsurance maximum out of p	ocket			
Individual	\$1,000	\$6,100	n/a	
Family	\$2,000	\$12,200	n/a	
Total maximum out of pocket				
Individual	\$5,200	\$6,200	\$8,480	
Family	\$10,400	\$12,400	\$16,960	
Doctors' office visits: primary c	are physician selection no	ot 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	\$1001	
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 maxim	num 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.





	Liberty Plus Tiered Network		Freedom – employees hired prior to 7/1/2019	
Benefit Senefit	Tier 1	Tier 2 – Nationwide	In network	Out of network
Medical network	APCN+ Multi-Tier (Dpen Access Aetna Select ^{s™}	Aetn	na Choice® POS II
eductible				
Individual	\$0	\$1,500	\$0	\$400
Family	\$0	\$3,000	\$0	\$1,000
coinsurance	0%	20%	10%1	30%
oinsurance maximum out of p	ocket			
Individual	n/a	n/a	\$800	\$2,000
Family	n/a	n/a	\$2,000	\$5,000
otal maximum out of pocket				
Individual	\$2,500	\$4,500	\$8,480	\$2,000
Family	\$5,000	\$9,000	\$16,960	\$5,000
octors' office visits: primary c	are physician selection r	ot required		
rimary care office visit	\$5	\$20	\$15	30% after deductible
pecialist office visit	\$20	\$35	\$30	30% after deductible
iagnostic procedures				
reestanding lab/radiology/ dvanced imaging	\$0	\$0	\$0	30% after deductible
Outpatient lab/radiology/ dvanced imaging	\$20	20% after deductible	\$0	30% after deductible
lospital care				
npatient admission	\$150 per admission	20% after deductible	\$0	\$500/stay plus 30% after deductible
Outpatient department ervices/surgery	\$150	20% after deductible	\$0	30% after deductible
mergency care				
mergency room	\$100	\$100	\$150 ²	\$150
mbulance	\$0	\$0	10%	30% after deductible
rgent care	\$35	\$50	\$45	30% after deductible
ther services				
Acupuncture	Not covered	Not covered	\$30	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
short-term therapies: Physical, occupational, peech, respiratory	\$20 offiice 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
T/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
hiropractic limits	25-visit maximum per calendar year		30-visit maximum per calendar year	
ourable medical equipment	\$0	\$0	10%	30% after deductible
out-of-network eimbursement	No out-of-	network coverage		175% of CMS

[•] INN cost = in-network cost

¹ Lower copayment applies to children under 19 and physician referrals.

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

Lower copayment applies to children under 19 and physician referrals.

Plan options: All other State Members



	Freedom 2019 – employees hired on or after 7/1/2019		Freedom 15		
Benefit	In network	Out of network	In network	Out of network	
Medical network	Aetna C	Choice® POS II	Aetna	Choice® POS II	
Deductible					
Individual	\$100	\$400	\$0	\$100	
Family	n/a	\$1,000	\$0	\$250	
Coinsurance	10%1	30%	10%1	30%	
Coinsurance maximum out of p	ocket				
Individual	\$800	\$2,000	\$400	\$2,000	
Family	\$2,000	\$5,000	\$1,000	\$5,000	
Total maximum out of pocket					
Individual	\$8,480	\$2,000	\$8,480	\$2,000	
Family		\$5,000	\$16,960	\$5,000	
Doctors' office visits: primary c	are physician selection no	ot 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/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					
npatient admission	\$0	\$500/stay plus 30% after deductible	\$0	\$200/stay plus 30% after deductible	
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible	
Emergency care					
Emergency room	\$15O ²	\$150	\$100 ²	\$100	
Ambulance	10% after deductible	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		Based on medical necessity		
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	25-visit maxim	num per calendar year	30-visit maximum per calendar year		
Durable medical equipment	10% after deductible	30% after deductible	10%	30% after deductible	
Out-of-network reimbursement	175% of CMS		90% of FA	90% of FAIR Health national	

[•] INN cost = in-network cost

Plan options: All other State Members



	Freedom 1525		Freedom 2030		
Benefit	In network	Out of network	In network	Out of network	
Medical network	Aetna Ch	oice® POS II	Aetna C	Choice® POS II	
Deductible	Φ0	4400	40	4000	
Individual	<u>'</u>	\$100	\$0	\$200	
Family	\$0	\$250	\$0	\$500	
Coinsurance	10%1	30%	10%1	30%	
Coinsurance maximum out of p		40.000	4000	45.000	
Individual	<u>'</u>	\$2,000	\$800	\$5,000	
•	\$1,000	\$5,000	\$2,000	\$12,500	
otal maximum out of pocket					
Individual	\$8,480	\$2,000	\$8,480	\$5,000	
	\$16,960	\$5,000	\$16,960	\$12,500	
Ooctors' office visits: primary c	are physician selection not				
Primary care office visit	\$15	30% after deductible	\$20	30% after deductible	
Specialist office visit	\$25	30% after deductible	\$30 adult/\$20 child ³	30% after deductible	
Diagnostic procedures					
reestanding 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	
lospital care					
npatient admission	\$0	\$200/stay plus 30% after deductible	\$0	\$500/stay plus 30% after deductible	
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible	
mergency care					
Emergency room	\$100 ²	\$100	\$125	\$125	
Ambulance	10%	30% after deductible	10%	30% after deductible	
Jrgent care	\$25	30% after deductible	\$30 adult/\$20 child ³	30% after deductible	
Other services					
Acupuncture	\$25	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$30 adult/\$20 child ³	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 ³	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	\$25	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30 adult/\$20 child ³	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 FA	90% of FAIR Health national	

[•] 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.

In reference (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).
 Lower copayment applies to children under 19 and physician referrals.
 Dependent children under 26.

Plan options: All other State Members



	Freedom 2035		Freedom HDLow	
Benefit	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna C	Choice® POS II
Deductible				
Individual	\$200	\$800	\$1,700*	\$1,700*
Family	\$5001	\$2,000	\$3,400*	\$3,400*
Coinsurance	20%	40%	20%	40%
Coinsurance maximum out of p	ocket			
Individual	\$2,000	\$6,500	\$1,000	\$3,600
Family	\$5,000	\$13,000	\$2,000	\$7,200
otal maximum out of pocket				
Individual	\$8,480	\$6,500	\$2,700	\$3,700
Family	\$16,960	\$13,000	\$5,400	\$7,400
octors' office visits: primary c	are 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
Piagnostic procedures				
reestanding lab/radiology/ advanced imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient lab/radiology/ advanced imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible
lospital care				
npatient admission	20% after deductible	\$600/stay plus 40% after deductible	20% after deductible	40% after deductible
Outpatient department services/surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
mergency care				
Emergency room	\$300	\$300	20% after deductible	40% after deductible
Ambulance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Jrgent 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 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
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
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 maximu	m 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 FAI	R Health national

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





	Freed	НМО	
Benefit	In network	In network	
Medical network	Aetna C	Aetna Select ^{sм}	
Deductible			
Individual	\$4,200*	\$4,200*	None
Family	\$8,400*	\$8,400*	None
Coinsurance	20%	40%	0%
Coinsurance maximum out of p	ocket		
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
Total maximum out of pocket			
Individual	\$5,200	\$6,200	\$8,480
Family	\$10,400	\$12,400	\$16,960
Doctors' office visits: primary c	are physician selection no	t 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	\$1001
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.

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[•] INN cost = in-network cost.

¹ Only applies to services that don't require a copay.

Care management/Behavioral health





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^{sм}

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.

Care management/Behavioral health



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





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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



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^{*}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 <u>1-877-782-8365 (TTY: 711)</u>, 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, 2025, 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 <u>AetnaStateNJ.com</u> 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**sM **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.



