



2026 Summary of Benefits

State of New Jersey Retiree Benefits

Sponsored by Open Access Aetna Medicare Plan (HMO)
Open Access HMO 10 SHBP

Keep in mind

This is just a summary. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage (EOC)*. You can request a copy of the SOC/EOC by contacting:

Member Services

1-866-234-3129 (TTY: 711)

Hours are 8 AM to 6 PM ET, Monday through Friday.



This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Are you eligible to enroll?

To join Open Access Aetna Medicare Plan (HMO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area



Service area: A complete list of service areas can be found in the *Evidence of Coverage (EOC)*.



What You Should Know

Plan costs & information	In-network
Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Deductible	<p>\$0</p> <p>This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.</p>
Annual Maximum Out-of-Pocket	<p>\$2,500</p> <p>The maximum out-of-pocket (MOOP) is the most you'll pay for the medical services we cover each year. It's in place to protect you. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.</p>

PRIMARY BENEFITS		Your costs for in-network care
Hospital Care*		
Inpatient Hospital Care		\$0 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay		Your cost share for Observation Care is based upon the services you receive.
Frequency		per stay
Outpatient Hospital Services and Surgery		\$0
Ambulatory Surgery Center		\$0
Physician Services		
Primary Care Provider Visits		\$10 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Physician Specialist Visits		\$10
Preventive Services		
Medicare-covered Preventive Services		\$0
		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavior therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy • Obesity behavior therapy

PRIMARY BENEFITS	Your costs for in-network care
Preventive Services (continued)	
<ul style="list-style-type: none"> Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Welcome to Medicare preventive visit 	
Immunizations	\$0
<ul style="list-style-type: none"> Flu Hepatitis B Pneumococcal 	
Additional Medicare Preventive Services	\$0
<ul style="list-style-type: none"> Diabetes self-management training Digital rectal exam EKG following welcome exam Glaucoma screening 	
Emergency and Urgent Medical Care	
Emergency Care	\$75 (waived if admitted immediately)
Emergency Care Worldwide	\$75 (waived if admitted)
Urgent Care	\$10
Urgent Care Worldwide	\$10
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	\$0
Diagnostic Radiology (other than CT scans)	\$0
Diagnostic Testing and Procedures	\$0
Lab Services	\$0
Outpatient X-rays	\$0
Hearing Services	
Hearing Exam (routine)	\$0
	Coverage: one exam every twelve months
Hearing Exam (Medicare-covered)	\$10
Dental Services*	

PRIMARY BENEFITS	Your costs for in-network care
Dental Services	\$10
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	\$0
	Coverage: one exam every year
Diabetic Eye Exam	\$0
Eye Exam (Medicare-covered)	\$10
Mental Health Services*	
Inpatient Mental Health Care	\$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	\$10 (individual sessions)
	\$10 (group sessions)
Partial Hospitalization Services	\$10
Intensive Outpatient Service	\$10
Inpatient Substance Use Disorder	\$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	\$10 (individual sessions)
	\$10 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-120
	Limited to 120 days per Medicare benefit period. See the <i>Schedule of Cost Sharing</i> for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	\$10
Physical and Speech Therapy Rehabilitation Services	\$10
Ambulance* and Transportation Services	
Ambulance Services	\$0

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PRIMARY BENEFITS	Your costs for in-network care
Ambulance* and Transportation Services (continued)	
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Not Covered
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	\$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in-network care
Acupuncture Services	\$10 Medicare-covered benefits only
Allergy Shots	\$0
Allergy Testing	\$10
Blood	\$0 All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$10
Chiropractic Services*	\$10 Medicare-covered benefits only
Diabetic Supplies*	\$0
Durable Medical Equipment (DME)*	\$0
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	\$10
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$10 Medicare-covered benefits only
Prosthetic Devices*	\$0
Pulmonary Rehabilitation Services	\$10
Supervised Exercise Therapy (SET) for PAD	\$10
Radiation Therapy*	\$10

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in-network care
Compression Stockings	\$0
Maximum	unlimited singles/pairs
Frequency	every year
Foot Orthotics*	\$0
Healthy Lifestyle Coaching Program	Offered through ASHCare™ to provide members with ongoing support and coaching to make positive changes in their health. Healthy Lifestyle Coaching includes coaching sessions, online tools and educational resources.
Private Duty Nursing*	\$0
Maximum	unlimited
Frequency	unlimited
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	\$0 A routine physical exam is offered once per calendar year.
Teladoc™	\$0 Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	\$10
Telehealth Specialist	\$10
Telehealth Occupational Therapy Service	\$10
Telehealth PT and ST Services	\$10
Telehealth Other Health Care Providers	\$10
Telehealth Individual Mental Health*	\$10
Telehealth Group Mental Health*	\$10
Telehealth Individual Psychiatric Services*	\$10
Telehealth Group Psychiatric Services*	\$10
Telehealth Individual Outpatient Substance Use Disorder*	\$10
Telehealth Group Outpatient Substance Use Disorder*	\$10
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$10
Telehealth Urgent Care	\$10

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in-network care
Wigs	\$0
Maximum	\$500
Frequency	every twenty four months

***These benefits may require prior authorization.**

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to [SONJ.AetnaMedicare.com](https://www.aetna.com) or call Member Services toll-free at [1-866-234-3129](tel:1-866-234-3129) (TTY: [711](tel:711)). Hours are 8 AM to 6 PM ET, Monday through Friday.

Not all HMO plans are available in all areas.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at [1-866-234-3129](tel:1-866-234-3129) (TTY: [711](tel:711)). Hours are 8 AM to 6 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services not performed by your Aetna Medicare network doctor, except in an emergency or urgent situation
- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

PLAN DISCLAIMERS

Aetna Medicare is a HMO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

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Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2026* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at SONJ.AetnaMedicare.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

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Notice of Availability (NOA)

TTY: [711](tel:711)

To access language services at no cost to you, call the number on this document. (English)

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무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

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ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian farsi)

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