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Important Change in Your Retiree Medical Coverage Effective January 1, 2009

Dear Retiree:

This letter is to inform you of a change to your State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) retiree medical coverage with Aetna. In September, the Commissions governing the SHBP and SEHBP voted to change the retiree medical coverage of Medicare eligible retirees and Medicare eligible spouses/partners from the Aetna Select HMO plan to the Aetna Medicare Open Private Fee for Service Medicare Advantage plan. We are pleased to inform you that this change will offer you a health plan that is specifically designed for Medicare-eligible retirees' coverage needs, reducing paperwork and helping to minimize health care costs. If either you or your spouse is not yet Medicare eligible, the non-Medicare eligible member will continue to be covered under Aetna Select HMO in the same manner as they are currently covered.

The Aetna Medicare OpenSM Plan is a Medicare Advantage Private Fee for Service (PFFS) plan. Medicare-eligible retirees and their spouses/partners in most areas, who are currently enrolled in Aetna's HMO plan, will have this new plan that provides even more benefits and access than the existing HMO program offers today.

Here is a summary of the important points you need to know about this change:

- If you pay for your health coverage in retirement, 2009 rates are available on-line at the Division of Pensions and Benefits website:
<http://www.state.nj.us/treasury/pensions/shbp> If you do not pay for your coverage, you will not pay for the new plan.
- Provides retirees with greater national access to physicians and facilities than the Aetna HMO (Select) network utilized today.
- Includes zero-dollar co-payments for certain preventive services.
- Includes benefits that generally meet or exceed the current Aetna HMO level of benefits (see attached comparison chart.)

Continued

- Provides access to any licensed provider that is eligible to receive payment from Medicare, agrees to provide covered services, has reasonable access, and agrees to the plan's terms and conditions of participation.
- Provides easier claims processing – there is no longer a need to coordinate payments between Original Medicare and the Aetna HMO.
- Includes the same prescription drug plan that you have today as modified by the Commissions governing the SHBP and SEHBP for 2009. To see more details on the changes to the prescription drug plan for 2009, go to the Division's website at <http://www.state.nj.us/treasury/pensions/shbp>
- Provides a wellness coach to talk with by phone up to once per week, at no additional cost. Your coach will work with you to develop a personalized plan to achieve specific goals such as eating better, exercising, quitting smoking and more. In addition, once you participate in six calls, you'll receive a home pack gift kit with a cookbook, exercise bands, nutrition bars, a stress management CD and booklet, pedometer and measurement tape.
- Includes a Personal Health Record, at no cost, that is automatically populated with your health information
- Provides automatic enrollment if you are already enrolled in the Aetna HMO option.

What will happen next?

Over the next few weeks, you will receive additional information from Aetna on this new plan including a summary of benefits. Aetna will also be hosting a series of informational meetings in November. You will receive the meeting details in the next mailing. In the meantime if you have any questions, please call Aetna at 866 234-3129.

Yours in Good Health,

The NJ Division of Pension and Benefits



PLAN DESIGN COMPARISON

	Aetna Select - Current Plan	Aetna Medicare Open PFFS Plan
PLAN FEATURES		
	Cost Share	Cost Share
Deductible (per calendar year)	None	None
Member Coinsurance	None	None
Payment Limit (per calendar year)	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Required	Not Applicable
Referral Requirements	Required for all non-emergency, non-urgent and non-Primary Care physician services, except direct access services.	None
PREVENTIVE CARE		
	Cost Share	Cost Share
Routine Physical Exams/Immunizations	\$10 copay. (Age and frequency schedules apply.)	Covered 100% (One annual exam including Pneumonia, Flu, Hepatitis B)
Well Child Exams/Immunizations	\$10 copay (Age and frequency schedules apply.)	Covered 100% (One annual exam including Pneumonia, Flu, Hepatitis B)
Routine Gynecological Care Exams	\$10 copay (Includes routine tests and related lab fees.)	Covered 100% (One Routine GYN visit and pap smear every 365 days.)
Routine Mammograms (One baseline mammogram for females age 35-39; and one annual mammogram for females age 40 and over.)	Covered 100%	Covered 100%
Routine Digital Rectal Exams / Prostate Specific Antigen Test For males age 40 and over.	Member cost sharing based on the type of service performed and the place of service where it is rendered.	Covered 100%
Colorectal Cancer Screening For all members 50 and over.	Member cost sharing based on the type of service performed and the place of service where it is rendered. (Frequency schedule applies.)	Covered 100%
Bone Density Testing	Subject to applicable service type member cost sharing.	Covered 100%
Routine Eye Exam (One exam per 12 months.)	\$10 copay	Covered 100%.
Routine Hearing Screening	\$10 copay	Covered 100%. (One exam per 12 months.)
Hearing Aid Reimbursement	Discounts where available	Discounts where available
PHYSICIAN SERVICES		
	Cost Share	Cost Share
Primary Care Physician Visits (Office Hours)	\$10 copay	\$10 copay
(After Office Hours)	\$10 copay	\$10 copay
Specialist Office Visits	\$10 copay	\$10 copay
Maternity OB Visits	\$10 copay; for initial visit only, thereafter covered 100%	\$10 copay; for initial visit only, thereafter covered 100%
Allergy Testing/Treatment	\$10 copay	\$10 copay (For initial testing by a specialist; with or without physician encounter.)
DIAGNOSTIC PROCEDURES		
	Cost Share	Cost Share
Diagnostic Laboratory and X-Ray	Covered 100%	Covered 100%
EMERGENCY MEDICAL CARE		
	Cost Share	Cost Share



PLAN DESIGN COMPARISON

Aetna Select - Current Plan		Aetna Medicare Open PFFS Plan
PLAN FEATURES	Cost Share	Cost Share
Urgent Care Provider	\$35 copay	\$35 copay
Non-Urgent Use of Urgent Care Provider	Not covered	\$35 copay
Emergency Room; Worldwide (waived if admitted)	\$35 copay	\$35 copay
Non-Emergency Care in an Emergency Room	Not covered	Not covered (Note: Medicare Advantage member visits are rarely deemed as non-emergency.)
Ambulance	Covered 100%	Covered 100%
HOSPITAL CARE		Cost Share
Inpatient Coverage	Covered 100%	Covered 100%
Inpatient Maternity Coverage	Covered 100%	Covered 100%
Bariatric Surgery	Covered same as any other expense	Covered same as any other expense
Outpatient Surgery	Covered 100%	Covered 100%
MENTAL HEALTH SERVICES		Cost Share
Inpatient Mental Illness	Covered 100% (Biologically Based and Non-Biologically Based are covered at 100%; however, Non-Biologically Based is limited to 35 days per calendar year.)	Covered 100%. 190 lifetime day limit when in a Medicare certified psychiatric facility. (Does not apply to inpatient psychiatric wards at acute facilities. Combined with Inpatient Substance Abuse.)
Outpatient Mental Illness	\$10 copay (Biologically Based and Non-Biologically Based are covered with \$10 copay per visit; however, Non-Biologically Based is limited to 30 days per calendar year.)	\$10 copay
ALCOHOL/DRUG ABUSE SERVICES		Cost Share
Inpatient Substance Abuse (Detox and Rehab)	Covered 100% (Inpatient rehabilitation is limited to 28 days per calendar year.)	Covered 100% (190 lifetime day limit. Combined with Inpatient Mental Health.)
Outpatient Substance Abuse (Detox and Rehab)	Covered 100% (Outpatient rehabilitation is limited to 60 visits per calendar year.)	Covered 100%
OTHER SERVICES		Cost Share
Skilled Nursing Facility	Covered 100% (120 visits per Calendar year.)	Covered 100% (Covered for Days 1-100.)
Home Health Care	Covered 100% (No limit.)	Covered 100%
Hospice Care	Covered 100% (Inpatient and Outpatient.)	Covered by Medicare at a Medicare certified hospice
Private Duty Nursing	Not covered inpatient. Covered as part of HHC.	Not covered inpatient. Covered as part of HHC.
Outpatient Short-Term Therapy (speech, physical, cardiac and occupational)	\$10 copay, 60 visits per condition per calendar year.	\$10 copay
Chiropractic Care	\$10 copay. (20 visit maximum per Calendar year.)	\$10 copay
Durable Medical Equipment/Prosthetic Devices	\$100 deductible per year, then covered 100%	Covered 100%
Oral Surgery	Removal of Bony Impacted Wisdom Teeth Covered in Full.	Not Covered
Transplants	Covered 100%. Coverage is provided at an Institute of Excellence contracted facility only.	Covered 100%. Handled via Aetna's National Medical Excellence Unit.
FAMILY PLANNING		Cost Share
Infertility	Follows State of New Jersey Infertility Mandate.	Covered for underlying cause of infertility only. Subject to applicable service type member cost sharing. (Two infertility riders are available: ART and Comprehensive.)



PLAN DESIGN COMPARISON

PLAN FEATURES	Aetna Select - Current Plan	Aetna Medicare Open PFFS Plan
	Cost Share	Cost Share
Voluntary Sterilization	Subject to applicable service type member cost sharing.	Not Covered.
Podiatry	\$10 copay	\$10 copay. Limited to Medicare covered benefits only.
Outpatient Complex Radiology: CAT /PET /MRI	Covered 100%	Covered 100%
Radiation Therapy	Covered 100%	\$10 copay
Outpatient Dialysis	\$10 copay	\$10 copay
Vision Eyewear Allowance	Lens Discounts	Lens Discounts
Chemotherapy (not on plan designs)	Covered 100%	\$10 copay