

# Garden State Plan (GSP) - NJ Only

**BENEFITS-AT-A-GLANCE**  
**OUT OF STATE PROVIDERS  
ARE NOT COVERED**

IN-NETWORK BENEFITS - AETNA WHOLE HEALTH NEW JERSEY NETWORK		COVERAGE
<b>Member Coinsurance</b>		10%, applies only to Emergency Medical Transportation care, Outpatient Private Duty Nursing and Durable Medical Equipment
<b>Deductible</b>		N/A
<b>Out-of-Pocket Maximum<sup>1</sup></b>		\$500 single / \$1,000 family
<b>Emergency Room</b>		\$125 copay <sup>4</sup> (Covered In-Network, Out-of-Network and out of State)
<b>PCP Office Visit</b>		\$10 copay
<b>Specialist Office Visit</b>		\$15 copay
<b>Physical Therapy</b>		\$15 copay
<b>Chiropractic Care</b>		\$15 copay (Limited to 30 visits/year)
<b>Inpatient Stay</b>		Covered 100%
<b>Acupuncture</b>		\$15 copay
OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY		
<b>Member Coinsurance</b>		30% of the out-of-network fee schedule
<b>Deductible</b>		\$350 single / \$700 family
<b>Out-of-Pocket Maximum<sup>1</sup></b>		\$2,000 single / \$5,000 family
PHARMACY <sup>2</sup>		
<b>Out-of-Pocket Maximum<sup>3</sup></b>		\$1,600 single / \$3,200 family
<b>Generic Drugs</b>		\$5 copay retail (30 day supply) / \$10 copay mail (90 day supply)
<b>Brand Name Drugs</b>		\$10 copay retail (30 day supply) / \$20 copay mail (90 day supply)
<b>Mandatory Generic</b>		Member pays difference in cost between generic and brand, plus brand copayment
<b>Formulary</b>		PBM's closed formulary
<b>Step Therapy (non-grandfathered)</b>		Member must use the most cost-effective, clinically efficacious preferred treatment prior to progressing to alternate therapies

NOTE: With the exception of emergency room care, only providers in the State of NJ are covered under the GSP. All services subject to medical necessity. Benefits for Illustrative Purposes only. GSP utilizes the Aetna Whole Health New Jersey Network.

<sup>1</sup> In-network out-of-pocket maximum includes all medical plan copayments. Out-of-network out-of-pocket maximum includes deductible and coinsurance.

<sup>2</sup> The GSP include these prescription drug benefits which will be provided through your current Pharmacy Benefit Manager.

<sup>3</sup> Pharmacy benefit out-of-pocket maximum is separate from medical plan out-of-pocket maximum.

<sup>4</sup> Use of the Emergency Room for services rendered that do not meet Prudent Layperson Standard are not covered.

