Garden State Plan (GSP) - NJ Only

BENEFITS-AT-A-GLANCE

OUT OF STATE PROVIDERS ARE NOT COVERED

Member Coinsurance 10%, applies only to Emergency Medical Transportation care, Outpatient Private Duty Nursing and Durable Medical Equipment Deductible N/A Out-of-Pocket Maximum¹ \$500 single / \$1,000 family Emergency Room \$125 copay¹ (Covered In-Network, Out-of-Network and out of State) PCP Office Visit \$10 copay Specialist Office Visit \$15 copay Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-of-NETWORK BENEFITS - STATE OUT-OF-NETWORK BENEFITS - STATE OPHOLITION ONLY \$30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious preferred treatment	IN-NETWORK BENEFITS - AETNA WHOLE HEALTH NEW JERSEY NETWORK	COVERAGE
Out-of-Pocket Maximum¹ \$500 single / \$1,000 family Emergency Room \$125 copay⁴ (Covered In-Network, Out-of-Network and out of State) PCP Office Visit \$10 copay Specialist Office Visit \$15 copay Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Member must use the most cost-effective, clinically efficacious	Member Coinsurance	
Emergency Room \$125 copay* (Covered In-Network, Out-of-Network and out of State) PCP Office Visit \$10 copay Specialist Office Visit \$15 copay Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Deductible	N/A
PCP Office Visit \$10 copay Specialist Office Visit \$15 copay Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Out-of-Pocket Maximum ¹	\$500 single / \$1,000 family
Specialist Office Visit \$15 copay Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Emergency Room	\$125 copay ⁴ (Covered In-Network, Out-of-Network and out of State)
Physical Therapy \$15 copay Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Sten Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	PCP Office Visit	\$10 copay
Chiropractic Care \$15 copay (Limited to 30 visits/year) Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Mandatory Generic Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Sten Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Specialist Office Visit	\$15 copay
Inpatient Stay Covered 100% Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Physical Therapy	\$15 copay
Acupuncture \$15 copay OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Sten Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Chiropractic Care	\$15 copay (Limited to 30 visits/year)
OUT-OF-NETWORK BENEFITS - STATE OF NJ ONLY Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Mandatory Generic Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Inpatient Stay	Covered 100%
Member Coinsurance 30% of the out-of-network fee schedule Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Mandatory Generic Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Acupuncture	\$15 copay
Deductible \$350 single / \$700 family Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious		
Out-of-Pocket Maximum¹ \$2,000 single / \$5,000 family PHARMACY² Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Member Coinsurance	30% of the out-of-network fee schedule
Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Deductible	\$350 single / \$700 family
Out-of-Pocket Maximum³ \$1,600 single / \$3,200 family Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Out-of-Pocket Maximum ¹	\$2,000 single / \$5,000 family
Generic Drugs \$5 copay retail (30 day supply) / \$10 copay mail (90 day supply) Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	PHARMACY ²	
Brand Name Drugs \$10 copay retail (30 day supply) / \$20 copay mail (90 day supply) Mandatory Generic Member pays difference in cost between generic and brand, plus brand copayment Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Out-of-Pocket Maximum ³	\$1,600 single / \$3,200 family
Mandatory Generic Member pays difference in cost between generic and brand, plus brand copayment PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Generic Drugs	\$5 copay retail (30 day supply) / \$10 copay mail (90 day supply)
Formulary PBM's closed formulary Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Brand Name Drugs	\$10 copay retail (30 day supply) / \$20 copay mail (90 day supply)
Step Therapy (non-grandfathered) Member must use the most cost-effective, clinically efficacious	Mandatory Generic	
Step Inerapy (non-grandtathered)	Formulary	PBM's closed formulary
	Step Therapy (non-grandfathered)	· · · · · · · · · · · · · · · · · · ·

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.

- ¹ In-network out-of-pocket maximum includes all medical plan copayments. Out-of-network out-of-pocket maximum includes deductible and coinsurance.
- ² The GSP include these prescription drug benefits which will be provided through your current Pharmacy Benefit Manager.
- ³ Pharmacy benefit out-of-pocket maximum is separate from medical plan out-of-pocket maximum.
- ⁴ Use of the Emergency Room for services rendered that do not meet Prudent Layperson Standard are not covered.

