

Garden State Health Plan

AetnaStateNJ.com 1-877-782-8365

Effective 7/1/2022

ELIGIBILITY	SEHBP Active & Under 65 Retirees
IN NETWORK (IN):	Aetna Whole Health NJ Network
Service Area Available	AWH NJ Choice POS11 Network -NJ only
Specialist Referral	No referral required
Deductible	\$0
Coinsurance (on select services)	10%
Coinsurance Out of Pocket Maximum	
Individual	\$500
Family	\$1,000
Total Out of Pocket Maximum (Copay + Coinsurance)	
Individual	\$500
Family	\$1,000
HEALTH CARE SERVICES	
Physician Office Visits (PCP/Specialist)	\$10
Annual Routine Physical (In Network Only)	\$0
Direct Primary Care (DPC) Doctors Office	\$0
Teledoc (Telemedicine)	Copay may apply
Specialist Office Visit	\$15
Annual Routine Vision (In Network Only)	\$15
Chiropractic (30 combined IN and OON visits per calendar year)	\$15
Physician/Occupational/Speech Therapy	\$15
Diagnostic Laboratory/Radiology/Advanced Imaging	\$0
EMERGENCY/URGENT MEDICAL SERVICES	
Urgent Care	\$15
Emergency Room	\$125
Ambulance	10%
OTHER SERVICES	
Inpatient Facility	\$0
Outpatient Facility	\$0
Outpatient Behavioral Health	\$15
Durable Medical Equipment (DME)	10%
OUT OF NETWORK (OON):	
Deductible Individual	\$350
Deductible Family	\$700
Coinsurance after Deductible	30%
Out of Pocket Coinsurance Maximum Individual	\$2,000
Out of Pocket Coinsurance Maximum Family	\$5,000
Out of Network Fee Schedule*	200% CMS

****If you receive care outside of New Jersey you will only be covered for emergency services. Any non-emergency care will not be covered by the plan and you'll have out of pocket expenses.**

****There are specified dollar limits for out of network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).**

For self-funded plans, coverage is offered by your employer and administrative services are provided by Aetna Life Insurance Company (Aetna).