Garden State Plan (GSP) - NJ Only

BENEFITS-AT-A-GLANCE

OUT OF STATE PROVIDERS ARE NOT COVERED

IN-NETWORK BENEFITS - STATE OF NJ ONLY	COVERAGE
Member Coinsurance	10%, applies only to Emergency Medical Transportation care and durable medical equipment but capped at $800 single / $2,000 family
Deductible	N/A
Out-of-Pocket Maximum[1]	$500 single / $1,000 family
Emergency Room	$125 copay
PCP Office Visit	$10 copay
Specialist Office Visit	$15 copay
Physical Therapy	$15 copay
Chiropractic Care	$15 copay
Durable Medical Equipment (DME)	10% coinsurance
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 Maximum[1]	$2,000 single / $5,000 family
PHARMACY[2]	
Out-of-Pocket Maximum[3]	$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 preferred treatment prior to progressing to alternate therapies

NOTE: Only providers in the State of NJ are covered under the GSP. All services subject to medical necessity. Benefits for Illustrative Purposes only.

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.