

Benefit	New Jersey Educators Health Plan (NJEHP)		Garden State Health Plan (GSHP)	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Whole Health SM NJ (AWH NJ) – NJ only	
Deductible				
Individual	\$0	\$350	\$0	\$350
Family	\$0	\$700	\$0	\$700
Coinsurance	10% ¹	30%	10% ¹	30%
Maximum out-of-pocket limit				
Individual	\$500	\$2,000	\$500	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$10	30% after deductible	\$10	30% after deductible
Specialist office visit	\$15	30% after deductible	\$15	30% after deductible
Diagnostic procedures				
Freestanding lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Hospital care				
Inpatient admission	\$0	30% after deductible	\$0	30% after deductible
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible
Emergency care				
Emergency room	\$125	\$125	\$125	\$125
Ambulance	10%	30% after deductible	10%	30% after deductible
Urgent care	\$15	30% after deductible	\$15	30% after deductible
Other services				
Acupuncture	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
Chiropractic care	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum each per calendar year		30-visit maximum each per calendar year	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	200% of CMS		200% of CMS	

¹ INN cost = in-network cost

No coverage outside of NJ for the GSHP except for emergency services

²On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit NJ.gov/treasury/pensions/member-guidebooks.shtml for more information. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company (Aetna).