

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	None	\$350	None	\$350
Family	None	\$700	None	\$700
Coinsurance	10%	30%	10%	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	30-visit maximum each per calendar year		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	

- INN cost = in-network cost
- No coverage outside of NJ for the GSHP except for emergency services

This is not a complete list of all covered services. Some exclusions and limitations may apply. Visit AetnaStateNJ.com or call 1-877-782-8365 (TTY:711).

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