

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 Maximum¹	\$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 Maximum¹	\$2,000 single / \$5,000 family
PHARMACY ²	
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 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.