



Garden State Health Plan

AetnaStateNJ.com 1-877-782-8365 (TTY:711)

Effective January 1, 2024 - December 31, 2024

ELIGIBILITY	SEHBP Active & Under 65 Retirees
IN NETWORK (IN):	Aetna Whole HealthSM 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)	\$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 nonemergency 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).

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

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