



**LOCAL EDUCATION RETIRED GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2022
NEW JERSEY EDUCATORS HEALTH PLAN AND
GARDEN STATE HEALTH PLAN*
MEDICAL COST SHARING**

NEW JERSEY EDUCATORS HEALTH PLAN AND GARDEN STATE HEALTH PLAN			
Medical Cost Sharing		Prescription Drug Copayments	
Primary Care Copayment	\$10	Retail: Generic Copayments	\$5
Specialist Care Copayment	\$15	Retail: Preferred Brand Copayments	\$10
Emergency Room Copayment	\$125	Retail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic
In-Network Deductible (Individual/Family)		Mail: Generic Copayments	\$10
In-Network Coinsurance ¹	10%	Mail: Preferred Brand Copayments	\$20
In-Network Coinsurance Maximum (Individual/Family)		Mail: Non-Preferred Brand Copayments	Member pays difference between generic copayment listed plus cost difference between brand and generic
In-Network Out-of-Pocket Maximum (Individual/Family)	\$500/\$1,000	Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,600/\$3,200
Out-of-Network Deductible (Individual/Family)	\$350/\$700		
Out-of-Network Coinsurance	30%**		
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000		
Out-of-Network Chiropractic Services	Lesser of \$35/visit or 75% of In-Network cost/visit		
Out-of-Network Acupuncture Services	Lesser of \$60/visit or 75% of In-Network cost/visit		
Out-of-Network Physical Therapy Services	75% of In-Network cost/visit		

*Garden State Health Plan effective 7/1/2022

**Out of Network cost basis is 200% of CMS fee schedule

Note: Medicare-eligible retirees and/or Medicare eligible spouses of retirees will be enrolled in a corresponding plan. Medicare enrollees can review the Medicare Advantage plan designs on Aetna's website: www.aetnastatenj.com

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