GARDEN STATE HEALTH PLAN

		GSP					
	NETWORK: New Jersey network ONLY - limited to NJ doctors and facilities						
IN-NETWORK	Deductible (Single/Family)	None					
	In-Network Coinsurance	10%					
	Primary Care Physician Copayment	\$10					
	Specialist Copayment	\$15					
	Emergency Room Copayment	\$125					
	Total In-Network Coinsurance and Copayment Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000					
	Inpatient Hospitalization	No charge					
OUT-OF- NETWORK	Deductible (Single/Family)	\$350/\$700					
	Out-of-Network Coinsurance	30%					
	Total Out-of-Network, Out-of-Pocket Maximum (Single/Family)	\$2,000/\$5,000					
	Inpatient Hospitalization	No charge					
	Maximum Provider Reimbursement (Reasonable and Customary)	200% of Medicare*					
PRESCRIPTION DRUG	Retail – Generic	\$5					
	Retail – Brand w/ No Generic Available	\$10					
	Retail – Brand w/ Generic Available	Member pays the difference**					
	Mail – Generic	\$10					
	Mail – Brand w/ No Generic Available	\$20					
	Mail – Brand w/ Generic Equivalent	Member pays the difference**					

^{*} Chiropractic: \$35/visitor 75% of the in-network cost per visit, whichever is less. Acupuncture \$60/visitor 75% of the in-network cost per visit, whichever is less. Physical therapy: in-network cost per visit. Currently \$52.

CONTRIBUTION SCHEDULE

BASE SALARY LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	Parent/child(ren)	I WO Adults	<u>Family</u>
Up to - \$40,000	1.5%	1.5%	1.5%	1.65%
\$40,001 - \$50,000	1.5%	1.5%	1.65%	1.95%
\$50,001 - \$60,000	1.5%	1.5%	1.95%	2.2%
\$60,001 - \$70,000	1.5%	1.5%	2.2%	2.5%
\$70,001 - \$80,000	1.5%	1.65%	2.5%	2.75%
\$80,001 - \$90,000	1.5%	1.8%	1.75%	3.0%
\$90,001 - \$100,000	1.65%	1.95%	3.0%	3.3%
\$100,001 - \$125,000	1.8%	2.2%	3.3%	3.6%

- 1. This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.
- 2. For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.

^{**} For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.