



Frequently Asked Questions for the Garden State Health Plan

1 message

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Garden State Health Plan (GSHP) and Aetna Whole Health NJ Network (AWHNJ)

1. What is the Garden State Health Plan (GSHP)?

The Garden State Health Plan is a new plan offering under Chapter 44. The plan offers coverage in New Jersey. It uses the Aetna Whole HealthSM — New Jersey network of providers.

2. What is Chapter 44?

Governor Murphy signed Chapter 44, which reduces health care contributions for certain school employees who sign up for the NJ Educators Health Plan (NJEHP) or the Garden State Health Plan (GSHP). Also, Chapter 44 calls for a change in payments for physical therapy, acupuncture, and chiropractic services by out-of-network health care professionals for all SEHBP plans as of August 1, 2020.

3. When is it effective?

The GSHP is effective July 1, 2022.

4. What is the Aetna Whole Health NJ network?

The Aetna Whole Health Network has preferred providers throughout New Jersey. It is offered in all 21 counties. It includes primary care physicians, specialists, urgent care centers and hospitals. The network includes only NJ providers and facilities.

5. What network do I search for the Garden State Health Plan?

You would select the Aetna Whole Health NJ - Choice POS11 network.

6. How do I find providers in AWH NJ network?

First, visit our website AetnaStateNJ.com. Then select "Medical," and then "Find a Doctor." Or under "Member Tools & Forms" and then "Find a Doctor." Our Aetna Concierge team to help you find a

network provider.

7. What is my premium for the plan?

You'll find plan premiums amounts on the Division of Pensions and Benefits website.

<https://www.state.nj.us/treasury/pensions/hb-active-sehbp.shtml>

Benefits and coverage

8. Does the Garden State Health Plan require referrals?

This plan does not require referrals.

9. Will I have a deductible?

There is no deductible when you use in network providers. When you use out-of-network providers, you'll have a \$350 deductible for a single coverage and a \$700 deductible for a family.

10. Will I have a copay?

In network, there is a \$10 copay for primary care provider visits and \$15 copay for specialists. When you use out-of-network providers, you'll pay 30 percent coinsurance after you meet your deductible.

11. Do I need to choose a primary care provider?

You do not have to choose a primary care provider. But we encourage you to do so. A primary care provider can help you navigate the plan and better manage your overall health.

12. What if I currently have a procedure or surgery scheduled?

You may qualify for Transition of Care Coverage (TOC). If you are in treatment, the procedure or service must be a covered benefit. Your doctor must also agree to accept the terms in the TOC request form. You and the provider need to complete the TOC form for review.

13. What is Transition of Care Coverage (TOC)?

TOC coverage is temporary coverage. You can receive TOC when you become a new member of an Aetna® medical benefits plan. Please complete the TOC form for review.

14. Do I have out-of-network coverage?

Yes, but in New Jersey only. If you see a New Jersey provider who

is not part of the Aetna Whole Health New Jersey Network, the service will apply to your out-of-network benefits. Coverage is in-state only, except for emergency services.

15. What if my provider is in New York or Pennsylvania?

Providers outside of New Jersey are not part of the plan network.

16. What if I travel outside of New Jersey or outside the United States?

You will only have coverage for emergency services.

17. What is the out-of-network reimbursement?

If you go out of network, services are based on 200 percent of CMS (Center for Medicare & Medicaid Services) fee schedule. Keep in mind your out of network deductible and coinsurance still apply. And the out-of-network provider can bill you for the difference between what we pay for a service and what they charge. We call this “balance billing.”

18. Why is my ID card gold?

The card is gold to help providers easily identify you as a member of the Aetna Whole Health Network/Garden StateHealth Plan.

Eligibility.

19. Who is eligible for the plan?

This plan is available to all SEHBP active members in New Jersey as well as under age 65 retirees.

20. What if I am a Medicare retiree and my dependents are under 65?

If you are over 65, you will enroll in the Aetna Medicare Advantage plan. Your dependents will enroll in the GSHP.

21. When is the special enrollment period?

The special enrollment for the GSHP is May 2 - May 20, 2022.

22. When is regular open enrollment?

Members who enroll in the Garden State Health Plan are eligible to join in the next annual enrollment for the SEHBP. Open enrollment runs October 1 – October 31, 2022, for the 2023 plan year.

23. How do I enroll?

SEHBP has a new eligibility and benefits portal through Benefitsolver. Go to my.njbenefitshub.nj.gov to enroll.

24. What if I enrolled and want to change plans?

You can only change plans at open enrollment in October.

25. What if I do not enroll for July 1, 2022?

You will be able to enroll in the GSHP in October open enrollment.

Extra programs**26. What kind of programs are available?**

- Healthy Lifestyle Coaching
- 24 Hour Nurse Line
- Teledoc®
- Aetna Back and Joint Care
- Aetna Enhanced Maternity
- Transform Diabetes Care
- Behavioral health
- AbleTo
- Work It
- Aetna Compassionate Care Program
- Aetna Discount Programs
 - GlobalFit for a discount on gym memberships
 - Vision hardware discounts

27. Do you have gym reimbursement?

No, we do not offer gym reimbursement. But you are eligible for discounts on gym memberships through GlobalFit.

28. Do you reimburse for glasses or contact lenses?

No, the Garden State Health Plan does not offer a vision hardware reimbursement. But you are eligible for discounts on vision hardware through the Aetna® discount program.

NJ Well**29. Who is eligible for NJ Well?**

NJ Well is for both active employees and a covered spouse or partner. Each can earn a \$250 reward for completing a biometric screening, health assessment and other wellness activities.

30. What do I need to do to get a reward?

Log on to the Aetna® member website to complete wellness activities. On your home page select “Health & Wellness.” Then “Discover a Healthier You”. Or under “Member Resources” choose “Wellbeing Resources.”

31. How long does the program run?

The initial program for Garden State Health Plan members will run from July 1 – October 31, 2022. The NJ Well program will then restart November 1, 2022, to align with the broader SEHBP NJ Well Program.

Questions**32. Who do I call at Aetna if I have questions?**

You can call our Aetna Concierge team at 1-877-StateNJ or 1-877-782-8365 (TTY: 711) Monday – Friday 8 AM to 6 PM ET.

33. How do I contact the New Jersey Division of Pensions and Benefits?

Visit their website and click on “Contact us” to email your questions. You can also reach them at 609-292-7524 or <https://www.state.nj.us/treasury/pensions/>.