

2023 Open Enrollment Benefits Overview

<https://myhmh.hmhn.org/en/Human-Resources/open-enrollment>



Hackensack
Meridian *Health*

Open Enrollment Overview

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Open Enrollment Overview

Welcome.....

What is Open Enrollment?

An open enrollment period is a window of time that happens once a year when you can enroll, adjust your current plan or cancel your plan for the upcoming year, without a qualifying life event. You can make changes to your health insurance, Flexible Spending Accounts, Voluntary benefits, Life Insurances* and LTD Buy up* plan.

* may require Evidence of Insurability



Open Enrollment Overview

Open Enrollment for Hackensack Meridian *Health* Team Members (except Active Red Bank Team Members) is October 31st - November 18th, 2022.

- Most of your benefit elections will roll over for 2023 if no action is taken during this time.
- Flexible Spending Accounts such as Healthcare, Limited Purpose, and Dependent Care **DO NOT ROLL OVER! YOU MUST RE-ENROLL! (no exceptions)**
- Health Savings Account (attached to High Deductible plan)
If you are planning on enrolling in the Health Savings Account, you will need to Accept the Terms and Agreement (if enrolling for first time) and **elect** your annual pledge.
 - *You are able to update your Health Savings Account contribution at anytime during the year by completing the HSA Contribution Annual Limit pledge for 2023.*
- If you want to enroll or update your current elections, add or drop dependents, participate in a Health Care Flexible Spending Account or Dependent Care Flexible Account, **you MUST** complete the enrollment process by the end of day on November 18th.
- If you are not making any changes or your waiving your 2023 elections, it is still important to go through the enrollment process to review your current benefits are what you and your family need for 2023, ensure your beneficiaries are up-to-date and re-enroll in a Flexible Spending Account.

**FSA elections do NOT
roll over into 2023!
You must re-enroll
in all FSAs**

Open Enrollment Overview

What is New for 2023?

Medical

- In 2023, you will have the same plan options as this year;
 - OMNIA
 - Basic/High Deductible
 - Out-of-Area
- The plans are the same in 2023, however some minimal **full time** medical rate increases have been made for 2023.
- Remember...the Inner Circle Prime tier continues to offer you the best options, with no copays and no deductibles.

Dental

- In 2023, you will have the same plan options as this year;
 - Horizon PPO
 - Horizon HMO
 - HealthPlex HMO
- The plans are the same in 2023, however some minimal **full time** dental rate increases have been made for 2023.

Vision

- In 2023, you will have the same plan options as this year;
 - Basic - One Pair option
 - Buy Up - Two Pair option
- The plans are the same in 2023, however some minimal **full time** and **part time** vision rate increases have been made for 2023.

Other Benefit Plans

- Life insurances, Spending Accounts, Voluntary benefits are the same for 2023.
- If you increase your Employee Life and/or Spouse Life Insurance, you will need to complete an Evidence of Insurability.

Part time team member rates for medical and dental plans have not changed.

Open Enrollment Overview

Omnia Plan

- This medical plan option is a single plan that offers you the flexibility to access care through 4 tiers.
- Your out-of-pocket responsibility is based on the tier your provider participates in.
 - Inner Circle Prime – Consists of HMH owned physician practices and facilities
 - Inner Circle – Consists of HMH designated physician practices and facilities
 - Horizon Omnia Tier 1
 - Horizon Tier 2
- This plan has no out-of-network benefit, but does provide access to the [BlueCard network](#) for outside of NJ.

Open Enrollment Overview

Basic/High Deductible Health Plan

- The Basic Plan is a High Deductible Health plan that saves you money with careful management.
- It is a single plan that offers you flexibility to access care through 3 tiers.
- Annual deductible is higher and must be met prior to reimbursement of any prescription coverage.
- Participants are eligible to enroll in a *Health Savings Account* to assist with meeting the annual deductible and out of pocket costs for 2023.
- Your out-of-pocket responsibility is based on the tier your providers participates in.
 - Inner Circle – Consists of HMH designated physician practices and facilities
 - Horizon PPO
 - Out-of-network
- This plan has both in-network and out-of-network coverage along with access to the [BlueCard network](#) for outside of NJ.

Open Enrollment Overview

Out-of-Area Plan

- This medical plan is for those who live outside of NJ or in remote New Jersey counties
 - Atlantic
 - Burlington
 - Camden
 - Cape May
 - Cumberland
 - Gloucester
 - Hunterdon
 - Mercer
 - Sussex
 - Warren
- This medical plan option is a single plan that offers you the flexibility to access care through 2 tiers.
- Your out-of-pocket responsibility is based on the tier your provider participates in
 - Inner circle – Consists of HMM designated physician practices and facilities
 - Horizon managed care network
- This plan has **no out-of-network benefit**, but does provide access to the **BlueCard network** for outside of NJ.

Open Enrollment Overview

What's the difference between the Inner Circle Prime & Inner Circle tiers of the OMNIA plan?

- HMH Inner Circle Prime utilizes doctors, specialists and medical facilities that are owned by HMH.
 - This tier provides the greatest savings with no copays and 100% coverage.
- HMH Inner Circle is a network of doctors, specialists and medical facilities who participate in the clinically integrated network of HMH; and The Horizon Managed Care Network.
 - This tier provides the same high level of benefits, with low copays.

How do I know which providers are Inner Circle Prime and which are Inner Circle?

- You should always verify with Horizon Member Services (number is located on the back of your ID card) and your provider before your appointment, regarding their participation in the Inner Circle Prime or Inner Circle. Even if an Inner Circle provider refers a member to another provider, please verify.
- To see which providers are a part of which tier, you can use the [Horizon Blue app](#) or visit the [Horizon Blue Find a Doctor tool](#).

Remember....It's important to verify the tier of each of your individual providers prior to your appointment.

Open Enrollment Overview (no changes)

Plan Year 2023	OMNIA Plan				Basic/High Deductible Plan			Out-of-Area Plan	
	You can use all 4 tiers with the OMNIA Plan, as it is a single plan with multiple levels of care.				You can use all 3 tiers with the Basic/High Deductible Plan, as it is a single plan with multiple levels of care.			You can use both tiers with the Out-of-Area Plan, as it is a single plan with multiple levels of care.	
Plan Provisions	Hackensack Meridian Health Inner Circle Prime	Hackensack Meridian Health Inner Circle	OMNIA Tier 1	Tier 2 (BlueCard for Outside NJ)	Hackensack Meridian Health Inner Circle	Horizon PPO Network (BlueCard for Outside NJ)	Out-of-Network	Hackensack Meridian Health Inner Circle	Horizon Managed Care Network (BlueCard for Outside NJ)
Annual Deductible Individual/Family	\$0/\$0	\$0/\$0	\$1,500/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$0/\$0	\$1,500/\$3,000
Does Annual Deductible Cross Accumulate?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
	Cross Accumulation means deductible payments in one tier can help satisfy the deductible requirements in other tiers, helping to minimize member out-of-pocket costs.				Cross Accumulation means deductible payments in one tier can help satisfy the deductible requirements in other tiers, helping to minimize member out-of-pocket costs.			Cross Accumulation means deductible payments in one tier can help satisfy the deductible requirements in other tiers, helping to minimize member out-of-pocket costs.	
Coinsurance	Plan Pays 100%	Plan Pays 100%	Plan Pays 70%	Plan Pays 50%	Plan Pays 100%	Plan Pays 60%	Plan Pays 50%	Plan Pays 100%	Plan Pays 80%
Out-Of-Pocket Maximum Individual/Family	\$1,000/\$2,000 (Medical Only)	\$1,000/\$2,000 (Medical Only)	\$4,000/\$8,000 (Medical Only)	\$5,000/\$10,000 (Prescriptions will apply to this out-of-pocket maximum)	\$2,000/\$4,000 (Medical Only)	\$6,650/\$13,300 (Prescriptions will apply to this out-of-pocket maximum)	\$6,650/\$13,300 (Medical Only)	\$4,000/\$8,000 (Medical Only)	\$4,000/\$8,000 (Prescriptions will apply to this out-of-pocket maximum)
Does Annual Out-of-Pocket Maximum Cross Accumulate?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
	Cross Accumulation means payments toward OOP maximum in one tier can help satisfy the OOP maximum requirements in other tiers, helping to minimize member out-of-pocket costs.				Cross Accumulation means payments toward OOP maximum in one tier can help satisfy the OOP maximum requirements in other tiers, helping to minimize member out-of-pocket costs.			Cross Accumulation means payments toward OOP maximum in one tier can help satisfy the OOP maximum requirements in other tiers, helping to minimize member out-of-pocket costs.	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prequalification Requirements	\$400 Penalty Applies For Each Failure To Prequalify				\$400 Penalty Applies For Each Failure To Prequalify			\$400 Penalty Applies For Each Failure To Prequalify	



Open Enrollment Overview

What is the Blue Card Network?

The [BlueCard network](#) is a national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain health care services while traveling outside of HBCBS New Jersey's service area.

[BlueCard](#) allows members get care outside of New Jersey, Horizon's service area. Through [BlueCard](#), no matter where you are in the United States when you need care, you can take advantage of savings the local Blue Cross and/or Blue Shield plan has negotiated with its doctors and hospitals.

Locating participating [BlueCard](#) doctors and hospitals is easy. You will need your Horizon member ID card when you use any of these options:

- Visit the [National Doctor and Hospital Finder](#).
- Call BlueCard Access at 1-800-810-BLUE (2583).

The [BlueCard network](#) is included in all three plans!

Open Enrollment Overview

Frequently Asked Questions pertaining to the Blue Card Network

1. When traveling outside of NJ and if an emergency room visit lead to either observation care (considered outpatient) or inpatient admission, will it be covered at the inner circle prime or inner circle amount or does it fall under the tier 2/blue card coverage level?

Coverage will be Inner Circle Prime if it is a true medical emergency

2. When traveling outside of NJ and a medical provider visit is needed, will this be covered at Tier 2?

If in the OMNIA plan, coverage will be considered as Tier 2. If participating in the Direct Access or HDHP plans, the benefits will be paid in accordance with the benefits for the Horizon network

3. When traveling outside of NJ and a medical provider prescribes a medication for an acute condition, does it matter which retail pharmacy the provider submits to? **No**

Is there one preferred retail pharmacy that is covered at a higher benefit level? **No**

Open Enrollment Overview

Need Diagnostic X-Ray, Lab Services and Treatments?

If you need lab work, you can save the most on out-of-pocket expenses by using one of the Hackensack Meridian Health Inner Circle labs throughout New Jersey.

Inner Circle Prime Labs - **Paid at 100%**

Using one of the Inner Circle Prime or Inner Circle labs below will provide you with the least expensive option.

- Bayshore Community Hospital – Outpatient Services
- Jersey Shore University Medical Center – Outpatient Services
- JFK Medical Center – Outpatient Services
- Lacey Center for Health – Laboratory
- Little Egg Harbor Center for Health – Laboratory
- Meridian Health Laboratory at Ocean Care Center
- Meridian Health Village at Jackson – Laboratory Services
- Ocean Medical Center – Outpatient Services
- Palisade Medical Center – Outpatient Services
- Raritan Bay Medical Center Old Bridge & Perth Amboy – Outpatient Laboratory
- Riverview Medical Center – Outpatient Services
- Southern Ocean Medical Center – Laboratory Services
- TotalLabs (located at HUMC, Hackensack, Maywood & Teaneck)

Inner Circle Lab - **Paid at 100%**

- Quest Freestanding Locations

Tier 1 - **Cost Share will Apply**

- LabCorp Locations



X-Ray



CT Scan



MRI



Ultrasound

Open Enrollment Overview

Prescription Coverage - OptumRx

- Our prescription plan is included with your medical plan however is administered by OptumRx.
- Your out-of-pocket cost will depend upon the type of prescription you are filling (ie. Generic, Preferred Brand, Brand Name, Specialty) as well as where you fill your prescription (in-house, retail, mail order).

Reminder.....

- Maintenance prescriptions (ones that you refill regularly) must be filled at one of HMH's in-house pharmacies or through mail-order.
- Retail prescriptions for a 30-day supply of medication can be filled through retail or our in-house pharmacies.
- Specialty prescriptions can be filled at our in-house pharmacies or through BriovaRx (OptumRx's specialty pharmacy).
- Remember.....Using one of HMH's in-house pharmacies will provide the lower cost option.
- Home Delivery from Jersey Shore Medical Center
 - Team members can get prescriptions delivered via Fedex from JSUMC for free, at no additional cost.
 - To use this program, you will need to set up an account with the pharmacy at JSUMC by calling 732-776-4750.

Open Enrollment Overview

HMH's In-House Pharmacy Locations

Utilizing an In-House Pharmacy will provide the least expensive option for you prescription needs.

In addition to HMH's in-house pharmacies, you can also have a 30-day supply of your prescription filled at participating retail pharmacies (non maintenance medications) and you can save on co-pays by getting a 90-day supply filled via mail-order through Optum-Rx.

- ✓ Hackensack University Medical Center
- ✓ Jersey Shore University Medical Center
- ✓ JFK Medical Center
- ✓ John Theurer Cancer Center
- ✓ Meridian Village Pharmacy at Jackson
- ✓ Ocean Medical Center
- ✓ Palisades Medical Center
- ✓ Riverview Medical Center
- ✓ Southern Ocean Medical Center
- ✓ Raritan Bay Medical Center – Old Bridge
- ✓ HMH Specialty Pharmacy in Eatontown providing network level service

Coming Soon:
Medical School Campus



Open Enrollment Overview

Did you know?

When you are enrolled in one of our medical plans through Horizon BCBS, you will have the following included in your medical.

- Behavioral Health
- Experian IdentityWorks
- Horizon App



Open Enrollment Overview

Horizon Behavioral Health

Horizon Behavioral Health offers a full range of support and services to make sure you get all the care and support you need.

- To access behavioral health or substance abuse benefits, members can call Horizon Behavioral Health at the designated phone number on the back of their member ID cards or 1-800-626-2212.
- Covers Treatment for:
 - ADHD
 - Alcohol and Substance use disorder
 - Anxiety
 - Autism spectrum disorder
 - Depression
 - Eating disorders
 - Emotional health and wellness
 - Grieving after loss
 - Serious mental illness
 - Suicide prevention
 - And much more

Make your mental health a priority!



Open Enrollment Overview

Experian Identity WorksSM



You have access to Experian identity protection services as an added feature of your health plan. For additional protection at no cost to you, you may enroll in Experian IdentityWorks at any time while you are an eligible Horizon BCBSNJ member.

To access identity protection services, please visit <https://www.experianidworks.com/HorizonBlue>. You'll need to provide Activation Code: **HORIZON23**.

When you do, you'll have access to:

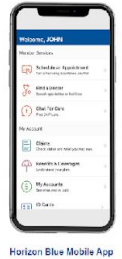
- Experian credit report at signup
- Credit monitoring
- Internet surveillance of your personal info
- Up to 1 million identify theft insurance
- Child monitoring
- Experian Identity Works Extend CARE™
- Be prepared to provide engagement number **B079583** as proof of eligibility

Open Enrollment Overview

Accessing your Information

For easy, on-the-go access, use the Horizon Blue app for:

- Benefits and coverage information
- Check your claim status
- ID Cards, view, print and request additional ID cards
- Locate your Doctors & Care
- To get the app, text GetApp to 422-272
- Download it from the App Store® or Google Play™



Open Enrollment Overview

HMH Care NOW

HMH Care Now offers no-cost urgent care video visits with doctors for all HMH team members currently enrolled in Hackensack Meridian *Health* benefits and their enrolled dependents

- HMH Care NOW still offers 24/7 Urgent Care video visit access to board-certified doctors in under 10 minutes from your smartphone, tablet or computer.
- Free of cost for all Hackensack Meridian *Health* team members enrolled in Hackensack Meridian *Health* benefits and their enrolled dependents
- For instructions on how to register, please visit:
<https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Telemedicine>

Open Enrollment Overview

Optum Employee Assistance Program (EAP)

Team members, their dependents, and other members of their household are eligible for EAP confidential support regardless of whether they or the team member is enrolled in an HMH Medical plan.

Counselors and other specialists can help you and your family members with the following:

- Child and eldercare support
- Parenting and family issues
- Workplace problems or conflicts
- Stress and anxiety
- Living with chronic conditions

Benefits for team members and members of their household include the following:

- Up to 5 sessions to see a face-to-face counselor
- Unlimited telephonic access to a master's level specialist
- Unlimited access to online information, articles and other tools through Liveandworkwell.com
- A free 30- to 60-minute financial consultation per issue
- A free 30-minute attorney consultation and a 25% discount on continuing service

Accessing EAP Services

- HMH's EAP services are available 24 hours a day, seven days a week.
- An Optum ID card is not needed to access the Optum EAP benefits.
- To get started, visit Liveandworkwell.com (access code: HMHNEAP)
- You can also call Optum at 1-866-407-5252. An EAP specialist will listen to your needs and connect you to the appropriate resources and/or experts.

Open Enrollment Overview

Dental Plans

There are three options for dental insurance to choose from.

- Horizon Dental Option Plan – PPO (administered through Horizon)
 - Access to more than 371,000 office locations nationwide.
 - Out-of-network benefits available
- Horizon Dental Choice Plan E – HMO (administered through Horizon)
 - Care must be coordinated through the in-network dentist you select as your primary care dentist
 - Covers 100% of all eligible preventive and basic services with no co-payments, maximums or deductibles
 - No Out-of-Network benefits
- Healthplex – HMO (administered through HealthPlex)
 - Care must be coordinated through the in-network dentist you select as your primary care dentist
 - No Out-of-Network benefits

For 2023 Dental plan rates, please visit <https://myhmh.hmhn.org/en/Human-Resources/Open-Enrollment>

Open Enrollment Overview

Vision Plans

There are two plans to choose from with in-network and out-of-network options.

- **Horizon Vision Plan - One Pair Option (Basic)**
 - The Base plan only offers an allowance for one or the other. 1 pair of glasses or 1 dispense of contacts.
- **Horizon Vision Plan - Two Pair Option (Buy-Up)**
 - The Buy-Up plan allows up to two pairs of eyeglasses, or one pair of eyeglasses and one dispense of contact lenses, or two dispenses of contact lenses per benefit period.

For 2023 Vision plan rates, please visit <https://myhmn.hmhn.org/en/Human-Resources/Open-Enrollment>



Open Enrollment Overview

Dependent Children enrolled in Dental and Vision plans

Team Members are able to enroll their dependent children in Dental and Vision, however coverage ceases for dependent children the actual day your dependent reaches age 19 or up to age 23 if full-time college student.

How do I provide proof of student status? (one of the following)

1. Copy of dependent's class registration reflecting full time enrollment
2. Copy of dependent's class schedule reflecting full time enrollment
3. Copy of dependent's school bill reflecting full time enrollment

Where do I send student documentation for my dependent child?

Student verification must be emailed to HMHBenefits@hmn.org prior to start of semester.

Team Member is responsible for submitting documentation prior to start of semester

Open Enrollment Overview

Dependent Children enrolled in Dental and Vision plans during Open Enrollment

During your Open Enrollment, Team Members will be allowed to enroll their full time dependent student without having to provide documentation at the time of enrollment.

However, an audit will be run after Open Enrollment closes to identify all dependent children over the age of 19 up to 23 who are enrolled in dental and/or vision who have not provided full time student status documentation.

The Benefits team will email the Team Members on this list requesting this documentation.

Team Member is responsible in responding to the email/audit and submitting documentation prior to 1/1/2023.

Open Enrollment Overview

Flexible Spending Accounts

Flexible spending accounts (FSAs) are tax-advantaged savings accounts in which funds are used for qualified medical expenses, including dental and vision expenses and dependent care.

How does it Work?

- You set aside a predetermined amount to be deducted from your paycheck pre-taxed, which is then deposited into your FSA(s) account with Baker Tilly (FSA Vendor).
- If you did not elect an FSA for 2022, you will receive a new debit card for your FSA account by the end of year.

Health Care FSAs

- A Health Care Flexible Spending Account (FSA) is a benefit plan designed to allow employees to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses such as co-pays, deductibles and other out of pocket expenses.
- **Please note:** If you enroll in the Basic/HDPL/HSA, you will only be allowed to enroll in the **Limited Purpose FSA** which will be used for Dental and Vision care expenses.
- 2023 HMH yearly maximum contribution is \$2,850. (IRS increased this amount to \$3050 after OE launched. You will receive an email after OE ends with the option to increase the amount from \$2,850 up to \$3,050)
- 2023 HMH yearly maximum carry-over limit is \$610 (2023 into 2024 = \$610) (2022 into 2023 = \$550)
- **Use it or Lose it Rule. Unused Health Care/Limited FSA funds are forfeited at the end of each plan year. Budget carefully!**

Dependent Care

- Dependent Care Accounts are used to reimburse expenses associated with the care of a dependent child or dependent adult while you work.
- Childcare costs are eligible for reimbursement for a child up to 13 years and an adult dependent and you claim the child/adult as a dependent on your federal income tax return.
- IRS yearly maximum contribution is **\$5,000**
- There is **NO** carryover of funds for Dependent Care.
- **Use it or Lose it Rule. Unused Dependent Care FSA funds are forfeited at the end of each plan year. Budget carefully!**

Open Enrollment Overview

Health Savings Account (HSA)

What is an HSA?

- You can only contribute to an HSA if you are enrolled in a High Deductible Health Plan (HDHP) such as the Hackensack Meridian *Health Basic Plan/High Deductible plan*.
- An HSA allows you to save pre-tax money to pay for qualified health care expenses.
- The idea is to lower your overall healthcare costs by using the HSA funds for such things as deductibles, co-payments, coinsurance, and other expenses.

What are the advantages of an HSA?

- HSA funds roll over from year-to-year
- There are tax benefits on contributions, earnings and distributions
- Long-term investment opportunities are available (over \$2,000)
- If you change your jobs your money is kept in the account to be used in the future Retirement
- Change your payroll contributions at any time (by completing a form)

What are the 2023 contribution limits for HSAs?

- Individual: \$3,850
- Family: \$7,750
- Catch Up Contribution for age 55 or older remains: \$1000

Does HMH contribute any funding towards the HSA?

- Yes, however that all depends as HSA funding varies by coverage tier and salary band
- Part-time team members are not eligible for any employer contributions towards the HSA
- For 2022 employer HSA contributions, please visit <https://myhmh.hmhn.org/en/Human-Resources/Open-Enrollment>

May I use a Limited Purpose FSA along with my Health Savings Account (HSA)?

- A Limited Purpose FSA is a Flexible Spending Account (FSA) that is compatible with a Health Savings Account (HSA).
- This pre-tax benefit account lets you take advantage of the savings power of an HSA and a Healthcare FSA simultaneously.
- A Limited Purpose FSA is referred as this because it is used to pay for eligible dental and vision care expenses only.

Open Enrollment Overview

Life Insurance - NY Life

Plan	Details
Employer Paid & Automatically Enrolled	
Basic Life	1.5x Basic Annual Earnings to \$500k max
Basic Accidental Death & Dismemberment Life (AD&D)	1.5x Basic Annual Earnings to \$500k max
Supplemental Life Plans	
Supplemental Life – Employee	1x-5x Basic Annual Earnings max up to a \$1M
<i>Any NEW election during OE 23 requires an Evidence of Insurability (EOI)</i>	
Supplemental Life AD&D – Employee	1x-5x Basic Annual Earnings max up to a \$1M
<i>No Evidence of Insurability (EOI) required</i>	
Supplemental Spouse Life*	Elect coverage in increments of \$5k to a max of \$250k
<i>Any NEW election during OE 23 requires an Evidence of Insurability (EOI)</i>	
Supplemental Dependent Child Life*	\$5k or \$10k options
<i>No Evidence of Insurability (EOI) required</i>	

* Must be enrolled in Supplemental Life-Employee to enroll in Spouse Life & Dependent Child Life

* Dependent Child Life eligibility is up to age 26

Open Enrollment Overview

Life Insurance - NY Life

Important Notes

- Your current Life Insurance elections will carry over into 2023.
- Open Enrollment is your only opportunity to make changes. (outside Qualified Life Event)
- Any new enrollment or increase to the Supplemental Employee Life Insurance plan and/or Spouse Life will require an Evidence Of Insurability (EOI) form to be completed.

New York Life will email team members at the HMH business account providing instructions on how to complete the Evidence of Insurability application. If no action is taken, a letter will be sent to your home address. The policy will not be active until EOI is completed and confirmed by the vendor. You have 30 days to complete the NY Life Evidence of Insurability application.

- Employee Life AD&D and Dependent Child Life do not require an Evidence of Insurability.
- Insurance will be effective on the later of January 1st following the annual enrollment period or the date the insurance company agrees in writing to insure a Team Member and/or spouse.

Open Enrollment Overview

Life Insurance - Beneficiaries

It's important to keep your beneficiary designations up-to-date as people move in and out of your life.

A beneficiary is the person or entity that would receive the death benefit from your life insurance coverage if you were to die. There are two types of beneficiaries: primary and contingent.

- A primary beneficiary is the person (or persons) first in line to receive the death benefit from your life insurance policy – typically your spouse, children or other family members.
- In the event your primary beneficiary dies before or at the same time as you, you are allowed to name at least one backup beneficiary, called a “secondary” or “contingent” beneficiary. If the primary beneficiaries are all deceased, the secondary beneficiaries receive the death benefit.

Open Enrollment Overview

Voluntary Benefits through the Farmington Company

- Offered in addition to all other benefits
- Employee paid through the convenience of post tax payroll deductions
- Portability - May be taken with you should you leave HMH
- Coverage available for you, your spouse and eligible family members
- Available without medical questions, up to stated limits
- Plans offered:
 - Metlife Legal
 - MetLife Critical Illness
 - MetLife Hospital Indemnity Insurance
 - Farmer's Home & Auto Insurance
 - Unum Accident Insurance
 - Unum Whole Life Insurance (with Long Term Care Rider)
 - Nationwide Pet Insurance

How to Learn More and Enroll

- Voluntary Benefits are not available through the MyWay Peoplesoft portal
- Offered through Farmington Company by calling 1-844-428-6688 (Mon-Fri, 8am – 5pm)

Open Enrollment Overview

Surcharge Certifications

Tobacco Surcharge

- In addition to regular medical plan premiums, all tobacco users enrolled in the Hackensack Meridian *Health's* medical program are required to pay an additional surcharge per pay period, per household.
 - Surcharge applies to team member and spouse - \$15 per pay (per household)
- Team members who fail to attest to their tobacco status during enrollment become subject to the Tobacco Surcharge as an enrollment default.
- Tobacco users can reverse their Tobacco Surcharges by completing a designated HMH approved smoking cessation program designed to educate and provide support to individuals trying to change tobacco-related habits.
- Please visit for additional information: <https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Wellbeing-Resilience>

Medical Spousal Surcharge

- If your spouse's employer offers medical coverage and you choose to provide him/her coverage under HMH's plan, you'll pay a \$25 per pay working medical spousal surcharge.
 - The surcharge is deducted from your paycheck on a pre-tax basis.
 - The surcharge does not apply to dental or vision plans, only medical.
 - To avoid paying the surcharge, your spouse can enroll in his or her employer's medical plan.
 - Spousal Surcharge is **NOT Applied...**
 - If you and your spouse are BOTH employed at HMH and are both covered under HMH's plan by you or spouse
 - If your spouse has NO access to health coverage
 - If your spouse is self-employed
 - If your spouse is covered under Medicare or Tricare

Open Enrollment Overview

Important Points to Remember

- If you are enrolling in any **new** Medical, Dental and Vision plan, ID cards will be mailed directly to your home listed in PeopleSoft. If you remain in the same plan for 2023, you may utilize the same 2022 ID cards.
- Temporary ID cards may be downloaded/printed through the mobile app or the Horizon website.
- Make sure you have date of birth and social security numbers for any new dependents adding on your health insurance plans.
- Make sure you review and add/update your beneficiaries for all life insurances.
- Please make sure to hit **SUBMIT** and **COMPLETE** when going through your Open enrollment event. Anytime you go back into the Open Enrollment event, you will need to complete this step. If you do not, you will receive an email from the benefits team asking you to go in and submit and complete your Open Enrollment event.
- **Make sure you review your Open Enrollment benefit confirmation statement via MyWay-PeopleSoft for accuracy. Please note your confirmation statement will be available 24 hours after you submit your enrollment. If you do not see your Open Enrollment benefit confirmation statement after 24 hours, please contact TMSC @ 551-996-2877 to create a case/ticket.**
- **Team Member is responsible for reviewing their elections and confirming accuracy.**
- For more in-depth information about HMMH's Open Enrollment 2023, please visit our MyHMMH website at <https://myhmmh.hmhn.org/en/Human-Resources/open-enrollment>.
- Direct link to the provider list. www.horizonblue.com/HMMH

Open Enrollment Overview

Questions regarding your Health Plans, etc?

Benefit programs are complex and can be difficult to understand. That's why we have engaged outside experts who specialize in understanding the technical nature of benefits and how to work with our benefit partners on your behalf.

- The [Benefit Advocate Center](#) can help you with the following:
 - **Insurance Contact Information**
 - Have you not received your insurance cards, need replacement cards or need to get in touch with an insurance carrier?
 - **Explanation of Benefits**
 - Is it unclear to you what your insurance covered on a particular claim and what your responsibility is?
 - **Prescription/Pharmacy Issues**
 - Is the pharmacy telling you that your medication is not covered or charging you full price?
- **Contact the [Benefit Advocate Center](#)**
 - by calling Team Member Service Center (TMSC) at the number below and listen for the prompt for the direct connection to the Benefit Advocate Center.
 - [Team Member Service Center](#)
 - ✓ 551-996-2877 (Monday-Friday: 8am-6pm) or ✓ BAC.TEAMHMH@AJG.COM
- Julia Vega, Benefits Manager
julia.vega@hmhn.org

Open Enrollment Overview

Are you a New Hire?

- If you were hired on or after Monday, October 31, 2022, you will need to complete your “New Hire” event first before completing your “Open Enrollment” event for 2023!
- If you were hired prior to Monday, October 31, 2022, and have not yet submitted your “New Hire” event you will not see your “Open Enrollment” event until you submit your “New Hire” event.

For additional New Hire enrollment, please visit:

<https://myhmh.hmhn.org/en/Human-Resources/Open-Enrollment/New-Hires-ReHires-Newly-Benefit>



Open Enrollment Overview

Open Enrollment link

<https://myhmh.hmhn.org/en/Human-Resources/open-enrollment>



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Open Enrollment

Benefits and Coverage Information

Not sure which benefit plan to pick? [Check out our 2023 Benefits Decision Guide](#) or [\(View the Spanish Version\)](#)

Learn more about Benefits and Coverage by [attending a Webinar](#)

2023 OPEN ENROLLMENT BENEFITS	Benefits Overview Presentation - NEED DOCUMENT
ALL MEDICAL PLANS	Plan Comparison
OMNIA	Plan Overview Summary of Benefits
BASIC/HIGH DEDUCTIBLE	Plan Overview Summary of Benefits
OUT OF AREA	Plan Overview Summary of Benefit
OPEN ENROLLMENT GLOSSARY	Glossary of Key Terms Glosario en Español
PRESCRIPTION PLAN	Plan Overview



Hackensack
Meridian Health

Questions?



Hackensack
Meridian *Health*