

Plan Year 2022	Basic/High Deductible Plan		
Plan Provisions	Hackensack Meridian Health Inner Circle	Horizon PPO Network (BlueCard for Outside NJ)	Out-of-Network
Annual Deductible Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Does Annual Deductible Cross Accumulate?	Yes	Yes	No
	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.		N/A
Coinsurance	Plan Pays 100%	Plan Pays 60%	Plan Pays 50%
Out-Of-Pocket Maximum Individual/Family	\$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)
Does Annual Out-of-Pocket Maximum Cross Accumulate?	Yes	Yes	No
	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.		N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Precertification Requirements	\$400 Penalty Applies For Each Failure To Precert		
HMH Annual HSA Contribution	HSA Funding Varies By Salary Band And Coverage Tier:		
	<u>Under \$40K</u> Team Member: \$570 Team Member +Spouse: \$1,140 Team Member +Child: \$1,000 Team Member +Family: \$1,570		<u>\$40K - \$60K</u> Team Member: \$410 Team Member +Spouse: \$810 Team Member +Child: \$710 Team Member +Family: \$1,120
	<u>\$60K - \$120K</u> Team Member: \$70 Team Member +Spouse: \$130 Team Member +Child: \$110 Team Member +Family: \$180		<u>Over \$120K</u> None
Maximum Team Member HSA Contributions	Your And HMH's Matching Contribution Cannot Exceed \$3,650 (Individual) / \$7,300 (Family) In 2022		
Inpatient Covered Services			
Hospital Copay Applied Before Deductible, Per Admission	None	None	None
Semi-Private Room	100% After Deductible	60% After Deductible	50% After Deductible
Inpatient Physician	100% After Deductible	60% After Deductible	50% After Deductible
Surgery Direct	100% After Deductible	60% After Deductible	50% After Deductible
Outpatient Covered Services			
Primary Care Office Visit	100% After Deductible	60% After Deductible	50% After Deductible
Specialist Visit	100% After Deductible	60% After Deductible	50% After Deductible
Outpatient Surgery	100% After Deductible	60% After Deductible	Surgi-Center – Not Covered All Other Facilities - 50% After Deductible
Preventive Care, Including Routine Physicals & Immunizations Frequency Limits May Apply	100%	100%	Not Covered
Chiropractic Care	100% After Deductible	60% After Deductible	50% After Deductible
	30 Visits Per Year		
Diagnostic X-Ray, Lab Services And Treatments	100% After Deductible	60% After Deductible	50% After Deductible
Mental Health/Substance Abuse			
Inpatient Care	100% After Deductible	60% After Deductible	50% After Deductible
Outpatient Mental Health/Substance Abuse	100% After Deductible	60% After Deductible	50% After Deductible
Emergency Services			
Emergency Room	100% After Deductible	100% After Deductible	100% After Deductible
Ambulance Service (Medically Necessary)	100% After Deductible	100% After Deductible	100% After Deductible
Urgent Care	100% After Deductible	60% After Deductible	50% After Deductible
Other Services			
Physical, Occupational, Speech and Cognitive Therapy	100% After Deductible	60% After Deductible	50% After Deductible
	60 Visits Per Year		
Radiation, Chemotherapy And Cardiac Therapy	100% After Deductible	60% After Deductible	50% After Deductible
Dialysis	100% After Deductible	60% After Deductible	Not Covered
Home Health Care	100% After Deductible	60% After Deductible	50% After Deductible
	120 Visits Per Year		
Extended Care/ Skilled Nursing	100% After Deductible	60% After Deductible	50% After Deductible
	120 Visits Per Year		
Hospice Care	100% After Deductible	60% After Deductible	50% After Deductible
Durable Medical Equipment	100% After Deductible	60% After Deductible	50% After Deductible
Acupuncture Includes Coverage For Pain Management	100% After Deductible	60% After Deductible	Not Covered