Plan Year 2022

OMNIA Plan

You can use all 4 tiers with the OMNIA Plan, as it is a single plan with multiple levels of care.

Updated as of January 24, 2022 to reflect and maintain 2021 plan design.

Plan Provisions	Hackensack Meridian *Health* Inner Circle Prime	Hackensack Meridian *Health* Inner Circle Updates were made only to this tier to reflect and maintain 2021 plan design.	OMNIA Tier 1	Tier 2 (BlueCard for Outside NJ)
Annual Deductible Individual/Family	$0/$0	$0/$0	$1,500/$3,000	$2,000/$4,000
Does Annual Deductible Cross Accumulate?	Yes	Yes	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.			
Coinsurance	Plan Pays 100%	Plan Pays 100%	Plan Pays 70%	Plan Pays 50%
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)
Does Annual Out-of-Pocket Maximum Cross Accumulate?	Yes	Yes	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.			
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Precertification Requirements	$400 Penalty Applies For Each Failure To Precert			
HMH Annual HSA Contribution	N/A	N/A	N/A	N/A
Maximum Team Member HSA Contributions	N/A	N/A	N/A	N/A
Inpatient Covered Services				
Hospital Copay Applied Before Deductible, Per Admission	None	None	None	None
Semi-Private Room	100%	100%	70% After Deductible	50% After Deductible
Inpatient Physician	100%	100%	70% After Deductible	50% After Deductible
Surgery Direct	100%	100%	70% After Deductible	50% After Deductible
Outpatient Covered Services				
Primary Care Office Visit	100%	100% After $5 Copay	100% After $50 Copay	50% After Deductible
Specialist Visit	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible
Outpatient Surgery	100%	100%	70% After Deductible	50% After Deductible
Preventive Care, Including Routine Physicals & Immunizations Frequency Limits May Apply	100%	100%	100%	100%
Chiropractic Care	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible
	30 Visits Per Year			
Diagnostic X-Ray, Lab Services And Treatments	100%	100%	70% After Deductible	50% After Deductible
Mental Health/Substance Abuse				
Inpatient Care	100%	100%	70% After Deductible	50% After Deductible
Outpatient Mental Health/Substance Abuse	100%	100% After $5 Copay	100% After $50 Copay	50% After Deductible
Emergency Services				
Emergency Room	$0 Copay For True Emergencies. $200 Copay For Non-Emergencies	$0 Copay For True Emergencies. $200 Copay For Non-Emergencies	$0 Copay For True Emergencies. $200 Copay For Non-Emergencies	$0 Copay For True Emergencies. $200 Copay For Non-Emergencies
Ambulance Service (Medically Necessary)	100%	100%	100%	100%
Urgent Care	100%	100% After $15 Copay	100% After $30 Copay	50% After Deductible
Other Services				
Physical, Occupational, Speech and Cognitive Therapy	Facility - 100% Office - 100%	Facility - 100% Office - 100% After $15 Copay	Facility - 70% After Deductible Office - 100% After $100 Copay	50% After Deductible
	60 Visits Per Year			
Radiation, Chemotherapy And Cardiac Therapy	100%	100%	70% After Deductible	50% After Deductible
Dialysis	100%	100% After $15 Copay	70% After Deductible	50% After Deductible
Home Health Care	100%	100%	70% After Deductible	50% After Deductible
	120 Visits Per Year			
Extended Care/ Skilled Nursing	100%	100%	70% After Deductible	50% After Deductible
	120 Visits Per Year			
Hospice Care	100%	100%	70% After Deductible	50% After Deductible
Durable Medical Equipment	100%	N/A	70% After Deductible	N/A
Acupuncture Includes Coverage For Pain Management	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible