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.				Basic/High Deductible Plan			Out-of-Area Plan	
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	$500/$1,000 **Was $0/$0 in 2021*	$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.		N/A	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 90% **Was 100% in 2021*	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)	$2,000/$4,000 (Medical Only) **Was $1,000/$2,000 in 2021*	$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.		N/A	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
Precertification Requirements	$400 Penalty Applies For Each Failure To Precert				$400 Penalty Applies For Each Failure To Precert			$400 Penalty Applies For Each Failure To Precert	
HMH Annual HSA Contribution	N/A	N/A	N/A	N/A	HSA Funding Varies By Salary Band And Coverage Tier: Under $40K Team Member: $570 Team Member +Spouse: $1,140 Team Member +Child: $1,000 Team Member +Family: $1,570 $40K - $60K Team Member: $410 Team Member +Spouse: $810 Team Member +Child: $710 Team Member +Family: $1,120 $60K - $120K Team Member: $70 Team Member +Spouse: $130 Team Member +Child: $110 Team Member +Family: $180 Over $120K None			N/A	N/A
Maximum Team Member HSA Contributions	N/A	N/A	N/A	N/A	Your And HMH's Matching Contribution Cannot Exceed $3,650 (Individual) / $7,300 (Family) In 2022			N/A	N/A
Inpatient Covered Services									
Hospital Copay Applied Before Deductible, Per Admission	None	None	None	None	None	None	None	None	None
Semi-Private Room	100%	100% (Inner Circle Prime Facility)	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Inpatient Physician	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Surgery Direct	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Outpatient Covered Services									
Primary Care Office Visit	100%	100% After $5 Copay	100% After $50 Copay	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100% After $5 Copay	100% After $5 Copay
Specialist Visit	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100% After $15 Copay	100% After $15 Copay
Outpatient Surgery	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	Surgi-Center – Not Covered All Other Facilities - 50% After Deductible	100%	80% After Deductible
Preventive Care, Including Routine Physicals & Immunizations Frequency Limits May Apply	100%	100%	100%	100%	100%	100%	Not Covered	100%	100%
Chiropractic Care	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100% After $15 Copay	100% After $15 Copay
	30 Visits Per Year				30 Visits Per Year			30 Visits Per Year	
Diagnostic X-Ray, Lab Services And Treatments	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Mental Health/Substance Abuse									
Inpatient Care	100%	100%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Outpatient Mental Health/Substance Abuse	100%	100% After $5 Copay	100% After $50 Copay	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100% After $5 Copay	100% After $5 Copay
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	100% After Deductible	100% After Deductible	100% After Deductible	$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%	100% After Deductible	100% After Deductible	100% After Deductible	100%	Emergent 100% Non Emergent - 80% After Deductible
Urgent Care	100%	100% After $15 Copay	100% After $30 Copay	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100% After $15 Copay	100% After $15 Copay
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	100% After Deductible	60% After Deductible	50% After Deductible	Facility - 100% Office - 100% After $15 Copay	Facility - 80% After Deductible Office - 100% After $15 Copay
	60 Visits Per Year				60 Visits Per Year			60 Visits Per Year	
Radiation, Chemotherapy And Cardiac Therapy	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Dialysis	100%	100% After $15 Copay	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	Not Covered	100% After $15 Copay	80% After Deductible
Home Health Care	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
	120 Visits Per Year				120 Visits Per Year			120 Visits Per Year	
Extended Care/ Skilled Nursing	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
	120 Visits Per Year				120 Visits Per Year			120 Visits Per Year	
Hospice Care	100%	90% After Deductible **Was 100% in 2021*	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Durable Medical Equipment	100%	N/A	70% After Deductible	N/A	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Acupuncture Includes Coverage For Pain Management	100%	100% After $15 Copay	100% After $100 Copay	50% After Deductible	100% After Deductible	60% After Deductible	Not Covered	100% After $15 Copay	100% After $15 Copay