

Plan Provisions	Basic		
	Hackensack Meridian Health Inner Circle	Horizon PPO Network	Out-of-Network
Annual Deductible Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	Plan Pays 100%	Plan Pays 60%	Plan Pays 50%
Out-Of-Pocket Maximum Individual/Family	\$2,000/\$4,000 (Medical & Rx)	\$6,650/\$13,300 (Medical & Rx)	\$6,650/\$13,300
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 \$3,550 (Individual) / \$7,100 (Family) In 2020		
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