

Plan Provisions	Premium	
	Hackensack Meridian Health Inner Circle	Horizon PPO Network
Annual Deductible Individual/Family	\$0/\$0	\$3,000/\$6,000
Coinsurance	Plan Pays 100%	Plan Pays 50%
Out-Of-Pocket Maximum Individual/Family	\$1,500/\$3,000 (Medical & Rx)	\$5,000/\$10,000 (Medical & Rx)
Lifetime Maximum	Unlimited	Unlimited
Precertification Requirements	\$400 Penalty Applies For Each Failure To Precert	
HMH Annual HSA Contribution	N/A	N/A
Maximum Team Member HSA Contributions	N/A	N/A
Inpatient Covered Services		
Hospital Copay Applied Before Deductible, Per Admission	None	None
Semi-Private Room	100%	50% After Deductible
Inpatient Physician	100%	50% After Deductible
Surgery Direct	100%	50% After Deductible
Outpatient Covered Services		
Primary Care Office Visit	100% After \$5 Copay	100% After \$50 Copay
Specialist Visit	100% After \$15 Copay	100% After \$100 Copay
Outpatient Surgery	100%	50% After Deductible
Preventive Care, Including Routine Physicals & Immunizations Frequency Limits May Apply	100%	100%
Chiropractic Care	100% After \$15 Copay	100% After \$100 Copay
	30 Visits Per Year	
Diagnostic X-Ray, Lab Services And Treatments	100%	50% After Deductible
Mental Health/Substance Abuse		
Inpatient Care	100%	50% After Deductible
Outpatient Mental Health/Substance Abuse	100% After \$15 Copay	100% After \$100 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
Ambulance Service (Medically Necessary)	100%	100%
Urgent Care	100% After \$15 Copay	100% After \$30 Copay
Other Services		
Physical, Occupational, Speech and Cognitive Therapy	Facility - 100% Office - 100% After \$15 Copay	Facility - 50% After Deductible Office - 100% After \$100 Copay
	60 Visits Per Year	
Radiation, Chemotherapy And Cardiac Therapy	100%	50% After Deductible
Dialysis	100% After \$15 Copay	50% After Deductible
Home Health Care	100%	50% After Deductible
	120 Visits Per Year	
Extended Care/Skilled Nursing	100%	50% After Deductible
	120 Visits Per Year	
Hospice Care	100%	50% After Deductible
Durable Medical Equipment	100%	50% After Deductible
Acupuncture Includes Coverage For Pain Management	100% After \$15 Copay	100% After \$100 Copay