

Plan Year 2024	<h2 style="margin: 0;">Out-of-Area Plan</h2> <p style="font-size: 0.8em; margin: 0;">You can use both tiers with the Out-of-Area Plan, as it is a single plan with multiple levels of care.</p>	
<b>Plan Provisions</b>	<b>Hackensack Meridian Health Inner Circle</b>	<b>Horizon Managed Care Network (BlueCard for Outside NJ)</b>
<b>Annual Deductible Individual/Family</b>	\$0/\$0	\$1,500/\$3,000
<b>Does Annual Deductible Cross Accumulate?</b>	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.	
<b>Coinsurance</b>	Plan Pays 100%	Plan Pays 80%
<b>Out-Of-Pocket Maximum Individual/Family</b>	\$4,000/\$8,000 (Medical Only)	\$4,000/\$8,000 (Prescriptions will apply to this out-of-pocket maximum)
<b>Does Annual Out-of-Pocket Maximum Cross Accumulate?</b>	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.	
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Precertification Requirements</b>	\$400 Penalty Applies For Each Failure To Precert	
<b>HMH Annual HSA Contribution</b>	N/A	N/A
<b>Maximum Team Member HSA Contributions</b>	N/A	N/A
<b>Inpatient Covered Services</b>		
<b>Hospital Copay Applied Before Deductible, Per Admission</b>	None	None
<b>Semi-Private Room</b>	100%	80% After Deductible
<b>Inpatient Physician</b>	100%	80% After Deductible
<b>Surgery Direct</b>	100%	80% After Deductible
<b>Outpatient Covered Services</b>		
<b>Primary Care Office Visit</b>	100% After \$5 Copay	100% After \$5 Copay
<b>Specialist Visit</b>	100% After \$15 Copay	100% After \$15 Copay
<b>Outpatient Surgery</b>	100%	80% After Deductible
<b>Preventive Care, Including Routine Physicals &amp; Immunizations Frequency Limits May Apply</b>	100%	100%
<b>Chiropractic Care</b>	100% After \$15 Copay	100% After \$15 Copay
	30 Visits Per Year	
<b>Diagnostic X-Ray, Lab Services And Treatments</b>	100%	80% After Deductible
<b>Mental Health/Substance Abuse</b>		
<b>Inpatient Care</b>	100%	80% After Deductible
<b>Outpatient Mental Health/Substance Abuse</b>	100% After \$5 Copay	100% After \$5 Copay
<b>Emergency Services</b>		
<b>Emergency Room</b>	\$0 Copay For True Emergencies; \$200 Copay For Non-Emergencies	\$0 Copay For True Emergencies; \$200 Copay For Non-Emergencies
<b>Ambulance Service (Medically Necessary)</b>	100%	Emergent 100% Non Emergent - 80% After Deductible
<b>Urgent Care</b>	100% After \$15 Copay	100% After \$15 Copay
<b>Other Services</b>		
<b>Physical, Occupational, Speech and Cognitive Therapy</b>	Facility - 100% Office - 100% After \$15 Copay	Facility - 80% After Deductible Office - 100% After \$15 Copay
	60 Visits Per Year	
<b>Radiation, Chemotherapy And Cardiac Therapy</b>	100%	80% After Deductible
<b>Dialysis</b>	100% After \$15 Copay	80% After Deductible
<b>Home Health Care</b>	100%	80% After Deductible
	120 Visits Per Year	
<b>Extended Care/Skilled Nursing</b>	100%	80% After Deductible
	120 Visits Per Year	
<b>Hospice Care</b>	100%	80% After Deductible
<b>Durable Medical Equipment</b>	100%	80% After Deductible
<b>Acupuncture Includes Coverage For Pain Management</b>	100% After \$15 Copay	100% After \$15 Copay