New Hire Overview

Hackensack Meridian Health

Benefits Connection Cafe

https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical



- Welcome to HMH
- Eligibility
- Benefit Plans
 - Medical/Pharmacy
 - Dental
 - Vision
 - Flexible Spending Accounts
 - Health Savings Account
 - Life Insurances
 - Voluntary Benefits
- Surcharge Certifications
- Benefit Advocate Center (BAC)
- My HMH web page
- Questions?



WHEN DO MY BENEFITS START?

- Medical, dental and vision benefits are effective on date of hire.
- All other benefits are effective on the first day of the month following date of hire.
 - Spending Accounts,
 - Life Insurances,
 - Voluntary Benefits

WHO IS ELIGIBLE TO ENROLL IN HMH's BENEFIT PLANS?

- Full Time Team Members
- Part Time Team Members
- Team Member's eligible dependents

WHO IS CONSIDERED AN ELIGIBLE DEPENDENT?

- Legal spouse
- Children (includes stepchildren, adopted children, guardianship)
 - Medical: are covered until the end of the month in which they turn 26 regardless of student status.
 - Dental and Vision: are covered until their 19th birthday. If dependent child is a full time student, child may be covered till their 23rd birthday. Proof of full-time status will be needed for every semester.



Dependent Children enrolled in Dental and Vision plans

Team Members are able to enroll their dependent children in Dental and Vision, however coverage ceases for dependent children the actual day your dependent reaches age 19 or up to age 23 if full-time college student.

How do I provide proof of student status? (one of the following)

- 1. Copy of dependent's class registration reflecting full time enrollment
- 2. Copy of dependent's class schedule reflecting full time enrollment
- 3. Copy of dependent's school bill reflecting full time enrollment

Where do I send student documentation for my dependent child?

Student verification must be emailed to HMHBenefits@hmhn.org prior to start of semester.

Team Member is responsible for submitting documentation prior to start of semester



HOW LONG DO I HAVE TO ENROLL IN MY HMH BENEFITS?

- You have 31 days from date of hire to enroll in benefits through MyWay Peoplesoft.
 This is very important and there will be no exceptions.
- You will receive an email notification with instructions on how to enroll through MyWay Peoplesoft. This is typically within your first week as a new hire/newly benefit eligible Team Member. (Single Sign-On)
- You may make your elections as many times as needed during your New Hire open event. Please click on every benefit tile, review the benefit information and submit your elections. You will need to click the SUBMIT and COMPLETE for your new hire elections to go through successfully.
- Anytime you go back into your New Hire event (you have 31 days to make a decision), you will need to click the SUBMIT and
 COMPLETE buttons. Please remember to hit that Submit button every single time you go in.
- Make sure you review your New Hire Enrollment benefit confirmation statement via MyWay-PeopleSoft for accuracy. Please note your confirmation statement will be available 24 hours after you submit your enrollment. If you do not see your New Hire benefit confirmation statement after 24 hours, please contact TMSC @ 551-996-2877 to create a case/ticket. Team Member is responsible for reviewing their elections and confirming accuracy.

Waiving Coverage?

Even if you are waiving coverage, you will still need to complete the benefits enrollment process as the process includes
enrollment in Company-provided benefits such as Basic Life and Basic AD&D where you will need to enter your beneficiary
information.



HEALTH PLANS AT A GLANCE

Benefit	Vendor	Effective
Medical	Horizon BC/BS	Date of Hire
Dental	Horizon BC/BS and Eastern Dental, DSO	Date of Hire
Vision	Horizon BC/BS through Davis Vision	Date of Hire
Spending Accounts	Baker Tilly	First of the month following Date of Hire
Life Insurance	New York Life	First of the month following Date of Hire
Voluntary Benefits	The Farmington Company	First of the month following Date of Hire

WHAT IF I DO NOT ENROLL WITHIN 31 DAYS OF DATE OF HIRE?

- If you do not make your benefit elections within your first 31 days of date of hire, you will
 not have any health, dental, vision, spending accounts, additional life insurances and
 voluntary benefits for the remainder of the year.
- The next opportunity you will have the option to enroll in benefits will be during the Annual Enrollment period for coverage year 2025, with coverage effective January 1, 2025, OR within 31 days of a qualifying life event.

When is Annual Enrollment?

- Annual Enrollment is at the end of the current year where Team Members will have the option to make changes to their health plans for the upcoming calendar year.
- Benefits coverage at HMH is based on the calendar year. (January 1 December 31)



WHAT IS A QUALIFYING LIFE EVENT?

A qualifying life event, also known as a QLE, is a life change that may allow you to enroll in coverage outside of the new hire event and annual enrollment period. You have 31 days from your qualifying life event date to update your benefit enrollment.

This is very important and there will be no exceptions.

Examples of a qualifying life event are:

- Birth
- Adoption
- Marriage
- Divorce
- Dependent loses or gains insurance eligibility elsewhere
- Change in your employment status (ex: full time to part time or part time to full time)
- Becoming newly benefit eligible (Per Diem to FT or PT)

All dependents added to the Hackensack Meridian Health plan could be subject to verification.



HEALTH PLANS AT A GLANCE

Medical Plans	Dental Plans	Vision Plans	
OMNIA 4-Tier Plan	Dental Option Plan (Dental PPO) - Horizon	One-Pair Option/Basic - Horizon	
Basic / High Deductible Plan	Dental Choice Plan E (Dental HMO) - Horizon	Two-Pair Option/Buy-Up - Horizon	
Out of Area / Out of NJ Plan*	Eastern Dental, DSO (Dental HMO)		

^{*} Out of Area/Out of NJ Plan is only available to Team Members who reside outside of the State of New Jersey and a few remote counties in NJ.



Omnia Plan

- This medical plan option is a single plan that offers you the flexibility to access care through 4 tiers.
- Your out-of-pocket responsibility is based on the tier your provider participates in.
 - Inner Circle Prime Consists of HMH owned physician practices and facilities
 - Inner Circle Consists of HMH designated physician practices and facilities
 - Horizon Omnia Tier 1
 - Horizon Tier 2
- This plan has no out-of-network benefit, but does provide access to the BlueCard network for outside of NJ.

For 2024 Medical plan information & rates, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical



Basic/High Deductible Health Plan

- The Basic Plan is a High Deductible Health plan that saves you money with careful management.
- It is a single plan that offers you flexibility to access care through 3 tiers.
- Annual deductible is higher and must be met prior to reimbursement of any prescription coverage.
- Participants are eligible to enroll in a Health Savings Account to assist with meeting the annual deductible and out of pocket costs for 2024.
- Your out-of-pocket responsibility is based on the tier your providers participates in.
 - Inner Circle Consists of HMH designated physician practices and facilities
 - Horizon PPO
 - Out-of-network
- This plan has both in-network and out-of-network coverage along with access to the BlueCard network for outside of NJ.

For 2024 Medical plan information & rates, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical



Out-of-Area Plan

- This medical plan is for those who live outside of NJ or in remote New Jersey counties
 - Atlantic Gloucester
 - Burlington Hunterdon
 - Camden Mercer
 - Cape May Sussex
 - Cumberland Warren
- This medical plan option is a single plan that offers you the flexibility to access care through 2 tiers.
- Your out-of-pocket responsibility is based on the tier your provider participates in
 - Inner circle Consists of HMH designated physician practices and facilities
 - Horizon managed care network
- This plan has no out-of-network benefit, but does provide access to the BlueCard network for outside of NJ.

For 2024 Medical plan information & rates, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical



What's the difference between the Inner Circle Prime & Inner Circle tiers of the OMNIA plan?

- HMH Inner Circle Prime utilizes doctors, specialists and medical facilities that are owned by HMH.
 - This tier provides the greatest savings with no copays and 100% coverage.
- **HMH Inner Circle** is a network of doctors, specialists and medical facilities who participate in the clinically integrated network of HMH; and The Horizon Managed Care Network.
 - This tier provides the same high level of benefits, with low copays.

How do I know which providers are Inner Circle Prime and which are Inner Circle?

- You should always verify with Horizon Member Services (number is located on the back of your ID card) and your provider before your appointment, regarding their participation in the Inner Circle Prime or Inner Circle. Even if an Inner Circle provider refers a member to another provider, please verify.
- To see which providers are a part of which tier, you can use the <u>Horizon Blue app</u> or visit the <u>Horizon Blue Find a</u>
 <u>Doctor tool</u>.

Remember.....It's important to verify the tier of each of your individual providers prior to your appointment.



Plan Year 2024	You can use all 4 tie	OMNIA		Itiple levels of care.	Basic/High Deductible* Plan You can use all 3 tiers with the Basic/High Deductible Plan, as it is a single plan with multiple levels of care.			Out-of-Area Plan You can use both tiers with the Out-of-Area Plan, as it is a single plan with multiple levels of care.		
Plan Provisions	Hackensack Meridian <i>Health</i> Inner Circle Prime	Hackensack Meridian <i>Health</i> 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	\$0/\$0	\$1,500/\$3,000	\$2,000/\$4,000	\$1,600/\$3,200*	\$1,600/\$3,200*	\$3,000/\$6,000	\$0/\$0	\$1,500/\$3,000	
	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	
Does Annual Deductible Cross Accumulate?	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 me- in one tier can help satis requirements in other tie member out-of-pocket o	rs, helping to minimize	N/A	one tier can help satisfy the	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%	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)	\$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)	\$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)	
	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	
Does Annual Out-of-Pocket Maximum Cross Accumulate?	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.		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	Team Member: \$570 Te Team Member +Spouse: \$1,140 Team Member Team Member +Child: \$1,000 Team			N/A	N/A	
Maximum Team Member HSA Contributions	N/A	N/A	N/A	N/A	Your and HIMH's Matching Contribution cannot exceed \$4,150 (individual)/\$8,300 (family) in 2024. Please note: Catch-up contribution is \$1,000 (age 55 or older)		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%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Inpatient Physician	100%	100%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Surgery Direct	100%	100%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Outpatient Cover	red 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%	100%	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%
	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
Chiropractic Care		30 Visits	Per Year		30 Visits Per Year			30 Visits Per Year	
Diagnostic X-Ray, Lab Services And	100%	100%	70% After Deductible	50% After Deductible					
Treatments		HMH Labs = Inner Circ Quest Freestanding Labs : LabCorp = OMNIA Tier	= Inner Circle = 100% Paid		100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Mental Health/S	ubstance 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

).		h.		
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 Serv	ices								
Emergency Room	\$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					N			,	
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
Cognitive Therapy	60 Visits Per Year				60 Visits Per Year			60 Visits Per Year	
Radiation, Chemotherapy And Cardiac Therapy	100%	100%	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
	100%	100%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Home Health Care	120 Visits Per Year				120 Visits Per Year			120 Visits Per Year	
Extended Care/	100%	100%	70% After Deductible	50% After Deductible	100% After Deductible	60% After Deductible	50% After Deductible	100%	80% After Deductible
Skilled Nursing				120 Visits Per Year			120 Visits Per Year		
Hospice Care	100%	100%	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

What is the Blue Card Network?

The **BlueCard network** is a national program that enables members of one **Blue Cross** and **Blue Shield** (**BCBS**) plan to obtain health care services while traveling outside of **HBCBS** New Jersey's service area.

BlueCard allows members get care outside of New Jersey, Horizon's service area. Through BlueCard, no matter where you are in the United States when you need care, you can take advantage of savings the local Blue Cross and/or Blue Shield plan has negotiated with its doctors and hospitals.

Locating participating BlueCard doctors and hospitals is easy. You will need your Horizon member ID card when you use any of these options:

- Visit the <u>National Doctor and Hospital Finder</u>.
- Call BlueCard Access at 1-800-810-BLUE (2583).

The **BlueCard network** is included in all three plans!



Prescription Coverage - OptumRx

- Our prescription plan is included with your medical plan however is administered by OptumRx.
- Your out-of-pocket cost will depend upon the type of prescription you are filling (ie. Generic, Preferred Brand, Brand Name, Specialty) as well as where you fill your prescription (in-house, retail, mail order).

Important Information

- Maintenance prescriptions (ones that you refill regularly) must be filled at one of HMH"s in-house pharmacies or through mail-order.
- Retail prescriptions for a 30-day supply of medication can be filled through retail or our in-house pharmacies.
- Specialty prescriptions can be filled at our in-house pharmacies or through BriovaRx (OptumRx's specialty pharmacy).
- Using one of HMH's in-house pharmacies will provide the lower cost option.
- Home Delivery from Jersey Shore Medical Center
 - Team members can get prescriptions delivered via Fedex from JSUMC for free, at no additional cost.
 - \circ To use this program, you will need to set up an account with the pharmacy at JSUMC by calling 732-776-4750.

For Prescription information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Rx-and-Pharmacy



WHEN WILL I RECEIVE MY INSURANCE CARD(S)?

- You will receive a member ID card from Horizon BCBS and/or Eastern Dental, DSO typically within 10 - 15 business days from the date you enrolled.
 - Please note that you will not show in Horizon's/Eastern Dental, DSO system until the following Friday after benefits have been submitted.
- You will also receive a separate member prescription card from Optum Rx for your pharmacy benefits
 - Prescription coverage is included with all of our medical plans



HMH's In-House Pharmacy Locations

Utilizing an In-House Pharmacy will provide the least expensive option for your prescription needs.

In addition to HMH's in-house pharmacies, you can also have a 30-day supply of your prescription filled at participating retail pharmacies (non maintenance medications) and you can save on co-pays by getting a 90-day supply filled via mail-order through Optum-Rx.

- ✔ Hackensack University Medical Center
- ✓ Jersey Shore University Medical Center
- ✓ JFK Medical Center
- ✓ John Theurer Cancer Center
- ✓ Meridian Village Pharmacy at Jackson
- Ocean Medical Center
- ✔ Palisades Medical Center
- ✔ Riverview Medical Center
- ✓ Southern Ocean Medical Center
- ✔ Raritan Bay Medical Center Old Bridge
- ✔ HMH Specialty Pharmacy in Eatontown providing network level service





Need Diagnostic X-Ray, Lab Services and Treatments?

If you need lab work, you can save the most on out-of-pocket expenses by using one of the Hackensack Meridian Health Inner Circle labs throughout New Jersey.

Inner Circle Prime Labs - Paid at 100%

Using one of the Inner Circle Prime or Inner Circle labs below will provide you with the least expensive option.

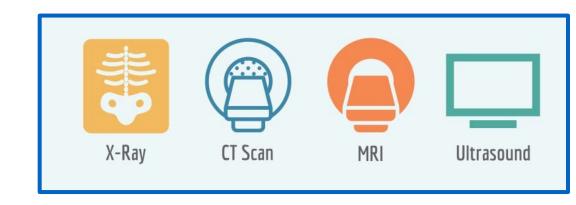
- Bayshore Community Hospital Outpatient Services
- Jersey Shore University Medical Center Outpatient Services
- JFK Medical Center Outpatient Services
- Lacey Center for Health Laboratory
- Little Egg Harbor Center for Health Laboratory
- Meridian Health Laboratory at Ocean Care Center
- Meridian Health Village at Jackson Laboratory Services
- Ocean Medical Center Outpatient Services
- Palisade Medical Center Outpatient Services
- Raritan Bay Medical Center Old Bridge & Perth Amboy Outpatient Laboratory
- Riverview Medical Center Outpatient Services
- Southern Ocean Medical Center Laboratory Services
- TotalLabs (located at HUMC, Hackensack, Maywood & Teaneck)

Inner Circle Lab - Paid at 100%

Quest Freestanding Locations

Tier 1 - **Cost Share will Apply**

LabCorp Locations



When you are enrolled in one of our medical plans through Horizon BCBS, you will have the following included in your medical.

- Behavioral Health
- Experian IdentityWorks
- Horizon App

Horizon Behavioral Health

Horizon Behavioral Health offers a full range of support and services to make sure you get all the care and support you need.

- To access behavioral health or substance abuse benefits, members can call Horizon Behavioral Health at the designated phone number on the back of their member ID cards or 1-800-626-2212.
- Covers Treatment for:
 - o ADHD
 - Alcohol and Substance use disorder
 - Anxiety
 - Autism spectrum disorder
 - Depression
 - Eating disorders
 - Emotional health and wellness
 - Grieving after loss
 - Serious mental illness
 - Suicide prevention
 - And much more

Make your mental health a priority!

For Horizon Behavioral Health information, please visit <a href="https://www.horizonblue.com/hackensackmeridianhealth/health-programs/horizon-behavioral-hea



Experian Identity WorksSM



You have access to Experian identity protection services as an added feature of your health plan. For additional protection at no cost to you, you may enroll in Experian IdentityWorks at any time while you are an eligible Horizon BCBSNJ member.

To access identity protection services, please visit https://www.experianidworks.com/HorizonBlue. You'll need to provide Activation Code: **HORIZON24**.

When you do, you'll have access to:

- Experian credit report at signup
- Credit monitoring
- Internet surveillance of your personal info
- Up to 1 million in identity theft insurance
- Child monitoring
- Experian Identity Works Extend CARE™
- Be prepared to provide engagement number **B079583** as proof of eligibility

For Horizon Experian Identity Works information, please visit https://www.horizonblue.com/hackensackmeridianhealth/tools-services/id-protection-services



Accessing your Information

For easy, on-the-go access, use the Horizon Blue app for:

- Benefits and coverage information
- Check your claim status
- ID Cards, view, download and request additional ID cards
- Locate your Doctors & Care
- To get the app, text GetApp to 422-272
- Download it from the App Store[®] or Google Play™





For Horizon Blue App information, please visit https://www.horizonblue.com/hackensackmeridianhealth/tools-services/horizon-blue-app

HMH Care NOW

HMH Care Now is Hackensack Meridian *Health's* Telemedicine. HMH Care Now offers no-cost urgent care video visits with doctors for **all HMH team members currently enrolled in Hackensack Meridian** *Health* **benefits and their enrolled dependents.**

- HMH Care NOW offers 24/7 Urgent Care video visit access to board-certified doctors in under 10 minutes from your smartphone, tablet or computer.
- Free of cost for all Hackensack Meridian Health team members enrolled in Hackensack Meridian Health benefits and their enrolled dependents
- For instructions on how to register, please visit:
 https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Telemedicine

For HMH Care NOW Telemedicine information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Telemedicine



Emotional Wellbeing Solutions - Employee Assistance Program (EAP)

Team members, their dependents, and other members of their household are eligible for EAP confidential support regardless of whether they or the team member is enrolled in an HMH Medical plan.

Counselors and other specialists can help you and your family members with the following:

- Child and eldercare support
- Parenting and family issues
- Workplace problems or conflicts
- Stress and anxiety
- Living with chronic conditions

Benefits for team members and members of their household include the following:

- Up to 5 sessions to see a face-to-face counselor
- Unlimited telephonic access to a master's level specialist
- Unlimited access to online information, articles and other tools through Liveandworkwell.com
- A free 30- to 60-minute financial consultation per issue
- A free 30-minute attorney consultation and a 25% discount on continuing service

Accessing EAP Services

- HMH's EAP services are available 24 hours a day, seven days a week.
- To get started, visit Liveandworkwell.com (access code: HMHNEAP)
- You can also call 1-866-407-5252. An EAP specialist will listen to your needs and connect you to the appropriate resources and/or experts.

For Emotional Wellbeing Solutions Employee Assistance Program information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Telemedicine



Flexible Spending Accounts

Flexible spending accounts (FSAs) are tax-advantaged savings accounts in which funds are used for qualified medical expenses, including dental and vision expenses and dependent care.

How does it Work?

You set aside a predetermined amount to be deducted from your paycheck pre-taxed, which is then deposited into your FSA(s) account with Baker Tilly (FSA Vendor).

Health Care FSA

- A Health Care Flexible Spending Account (FSA) is a benefit plan designed to allow employees to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses such as co-pays, deductibles and other out of pocket health expenses.
- Please note: If you enroll in the Basic/HDPL/HSA, you are not eligible to enroll in a healthcare FSA. However, you will be eligible to enroll in the Limited Purpose FSA. A Limited Purpose FSA will be used for Dental and Vision care expenses and your HSA will be used for Medical
- 2024 IRS yearly maximum contribution is \$3,200
- 2024 IRS yearly maximum carry-over limit is \$640
- Use it or Lose it Rule. Unused Health Care/Limited FSA funds are forfeited at the end of each plan year. (Over carry-over limit) Budget carefully!

Dependent Care FSA

- Dependent Care Accounts are used to reimburse expenses associated with the care of a dependent child or dependent adult while you work.
- Childcare costs are eligible for reimbursement for a child up to 13 years and an adult dependent (who is not able to care for themself) and you claim the child/adult as a
 dependent on your federal income tax return.
- IRS yearly maximum contribution is \$5,000
- There is NO carryover of funds for Dependent Care.
- Use it or Lose it Rule. Unused Dependent Care FSA funds are forfeited at the end of each plan year. Budget carefully!

For Flexible Spending Account information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical



Health Savings Account (HSA)

What is an HSA?

- You can only contribute to an HSA if you are in enrolled in a High Deductible Health Plan (HDHP) such as the Hackensack Meridian Health Basic Plan/High Deductible plan.
- An HSA allows you to save pre-tax money to pay for qualified health care expenses.
- The idea is to lower your overall healthcare costs by using the HSA funds for such things as deductibles, co-payments, coinsurance, and other expenses.

What are the advantages of an HSA?

- HSA funds roll over from year-to-year
- There are tax benefits on contributions, earnings and distributions
- Long-term investment opportunities are available (over \$2,000)
- If you change jobs your money is kept in the account to be used in the future Retirement
- Change your payroll contributions at any time (by completing the <u>HSA Change Contribution form</u>)

What are the 2024 IRS contribution limits for HSAs?

- Individual: \$4,150
- Family: \$8,300
- Catch Up Contribution for age 55 or older remains: \$1000

Does HMH contribute any funding towards the HSA?

- Yes, however that all depends as HSA funding varies by coverage tier and salary band
- Part-time team members are not eligible for any employer contributions towards the HSA
- For 2024 employer HSA contributions, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical

May I use a Limited Purpose FSA along with my Health Savings Account (HSA)?

- A Limited Purpose FSA is a Flexible Spending Account (FSA) that is compatible with a Health Savings Account (HSA).
- This pre-tax benefit account lets you take advantage of the savings power of an HSA and a Healthcare FSA simultaneously.
- A Limited Purpose FSA is referred as this because it is used to pay for eligible dental and vision care expenses only.

For Heatlh Savings Account information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Medical

Dental Plans

There are three options for dental insurance to choose from.

- Horizon Dental Option Plan PPO (administered through Horizon)
 - Access to more than 371,000 office locations nationwide.
 - Out-of-network benefits available
- Horizon Dental Choice Plan E HMO (administered through Horizon)
 - Care must be coordinated through the in-network dentist you select as your primary care dentist
 - Covers 100% of all eligible preventive and basic services with no co-payments, maximums or deductibles
 - No Out-of-Network benefits
- Eastern Dental, DSO HMO (administered through Eastern Dental)

 Care must be coordinated through the in-network dentist you select as your primary care dentist
 - No Out-of-Network benefits

For 2024 Dental plan information & rates, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Dental



Vision Plans

There are two plans to choose from with in-network and out-of-network options.

- Horizon Vision Plan One Pair Option (Basic)
 - The Base plan allows up to one pair of glasses or one set of contacts per benefit period.
- Horizon Vision Plan Two Pair Option (Buy-Up)
 - The Buy-Up plan allows up to two pairs of eyeglasses, or one pair of eyeglasses and one set of contact lenses, or two sets of contact lenses per benefit period.

For 2024 Vision plan information & rates, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Vision



Life Insurance - NY Life

Plan	Details					
EMPLOYER PAID & AUTOMATICALLY ENROLLED						
Basic Life*	1.5x Basic Annual Earnings to \$500k max					
Basic Accidental Death & Dismemberment Life (AD&D)	1.5x Basic Annual Earnings to \$500k max					
SUPPLEMENTAL LIFE PLANS						
Supplemental Life – Employee	1x-5x Basic Annual Earnings max up to a \$1M					
Guaranteed Issue Amount (GI) is lesser of \$200k or 2x BAE Supplemental (If elected within 31 days of initial eligibility)						
Supplemental Life AD&D – Employee	1x-5x Basic Annual Earnings max up to a \$1M					
No Guaranteed Issue Amount (GI) therefore No Evidence of Insurability (EOI) required						
Supplemental Spouse Life*	Elect coverage in increments of \$5k to a max of \$250k					
Guaranteed Issue Amount (GI) is \$30,000 (If elected within 31 days of initial eligibility)						
Supplemental Dependent Child Life*	\$5k or \$10k options					
No Guaranteed Issue Amount (GI) therefore No Evidence of Insurability (EOI) required						

For Life Insurance plan information, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Life-Insurance

^{*} Basic Life: :The Internal Revenue Service requires you to pay income tax on the value of any amount exceeding \$50,000.

^{*} Spouse Life & Dependent Child Life: Team Member must be enrolled in Supplemental Life-Employee to enroll in Spouse Life & Dependent Child Life

^{*} Dependent Child Life eligibility is up to age 26

VOLUNTARY BENEFITS - THE FARMINGTON COMPANY

Voluntary benefits are offered in addition to all other benefits

- Employee paid through the convenience of post tax payroll deductions
- Portability May be taken with you should you leave HMH
- Coverage available for you, your spouse and eligible family members
- Available without medical questions, up to stated limits

Plans offered:

- Metlife Legal
- MetLife Critical Illness
- MetLife Hospital Indemnity Insurance
- Farmer's Home & Auto Insurance
- Unum Accident Insurance
- Unum Whole Life Insurance (with Long Term Care Rider)
- Nationwide Pet Insurance

How to Learn More and Enroll

- Voluntary Benefits are not available through MyWay PeopleSoft
- Offered through Farmington Company by calling 1-844-428-6688 (Mon-Fri, 8am 5pm)

For additional information on Voluntary Benefits, please visit https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Voluntary-Benefits



Surcharge Certifications

Tobacco Surcharge

- In addition to regular medical plan premiums, all tobacco users enrolled in the Hackensack Meridian Health's medical program are required
 to pay an additional surcharge per pay period, per household.
 - Surcharge applies to team member and spouse \$15 per pay (per household)
- Tobacco users can reverse their Tobacco Surcharges by completing a designated HMH approved smoking cessation program designed to
 educate and provide support to individuals trying to change tobacco-related habits.
- For additional information regarding the smoking cessation program, please visit:
 https://myhmh.hmhn.org/en/Human-Resources/Benefits/Health-and-Wellbeing/Wellbeing-Resilience

Medical Spousal Surcharge

- If your spouse's employer offers medical coverage and you choose to provide your spouse coverage under HMH's plan, you'll have to pay a \$25 per pay working spousal medical surcharge.
 - The surcharge is deducted from your paycheck on a pre-tax basis.
 - The surcharge does not apply to dental or vision plans, only medical.
 - To avoid paying the surcharge, your spouse can enroll in his or her employer's medical plan.
 - Spousal Surcharge is NOT Applied...
 - If you and your spouse are BOTH employed at HMH and are covered under HMH's medical plan by either you or your spouse
 - If your spouse has NO access to health coverage
 - If your spouse is self-employed
 - If your spouse is covered under Medicare or Tricare



Questions regarding your Health Plans, etc?

Benefit programs are complex and can be difficult to understand. That's why we have engaged outside experts who specialize in understanding the technical nature of benefits and how to work with our benefit partners on your behalf.

- The **Benefit Advocate Center** can help you with the following:
 - Insurance Contact Information
 - Have you not received your insurance cards, need replacement cards or need to get in touch with an insurance carrier?
 - Explanation of Benefits
 - Is it unclear to you what your insurance covered on a particular claim and what your responsibility is?
 - Prescription/Pharmacy Issues
 - Is the pharmacy telling you that your medication is not covered or charging you full price?
- Contact the <u>Benefit Advocate Center</u>
 - by calling Team Member Service Center (TMSC) at the number below and listen for the prompt for the direct connection to the Benefit Advocate Center.
 - Team Member Service Center
 - ✓ 551-996-2877 (Monday-Friday: 8am-6pm) or ✓ BAC.TEAMHMH@AJG.COM

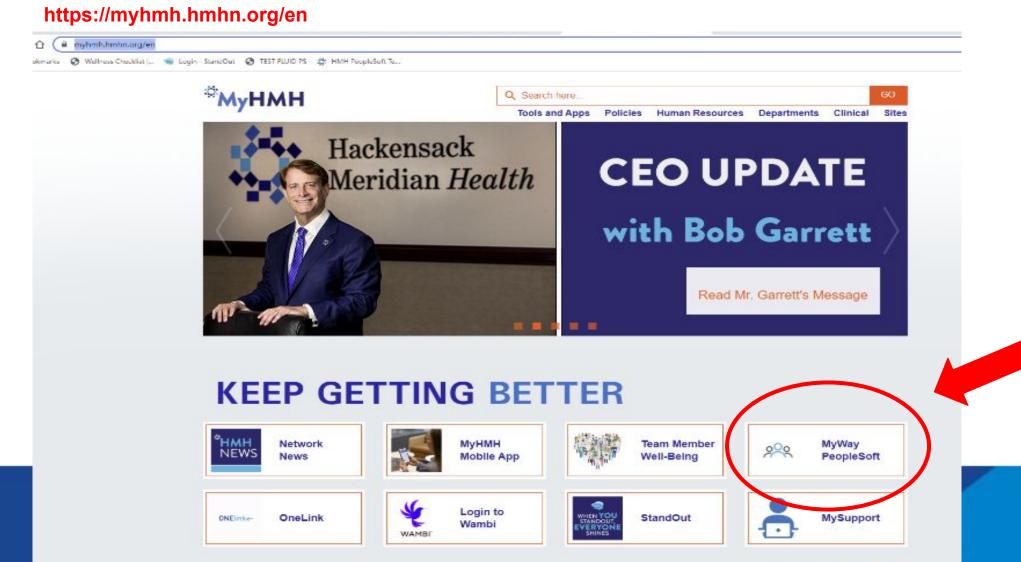


Who to call?

For Help With	Contact	Number / Site / Email
Payroll and Benefits	Team Member Service Center	1-551-996-2877, Choose the option for the TMSC or open a ticket on MyWay PeopleSoft
Understanding benefit plans	Benefit Advocate Center Monday-Friday 8am-6pm	1-551-996-2877, Choose the option for the BAC BAC.TEAMHMH@AJG.COM
401(k), Retirement and Savings	TIAA	866-999-3844 www.TIAA.org/HMH
Voluntary Benefits	The Farmington Company	844-428-6688
HMH Network / Access / DUO	IT Service Desk	North: 551-996-4357 Central: 848-237-3333 South: 732-776-3333 ITServiceDesk@HMHN.org

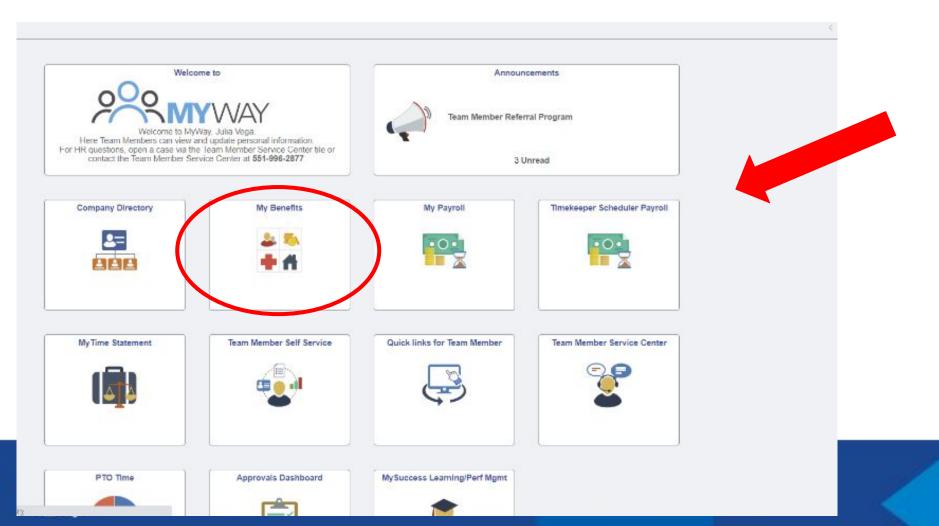


Where do I enroll for my benefits?



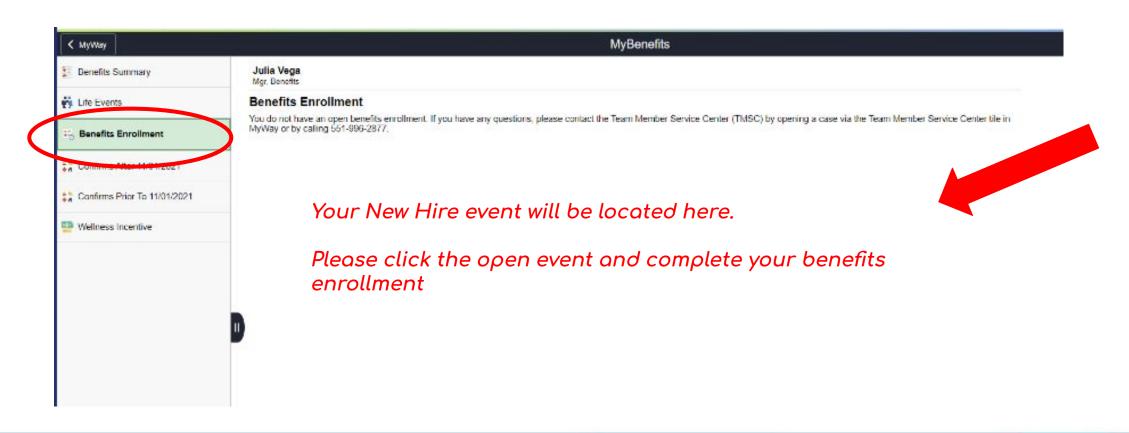
Where do I enroll for my benefits?

https://myhmh.hmhn.org/en



Where do I enroll for my benefits?

https://myhmh.hmhn.org/en





Where do I enroll for my benefits?

https://myhmh.hmhn.org/en

