Members HealthPlan NJ

Plan D: Facility High Deductible Plan

NO REFERRALS REQUIRED

BENEFIT FEATURES	AETNA - CHOICE POS II IN-NETWORK	OUT-OF-NETWORK
Deductible and Maximum Out-of-Pocket are combined between In-Network and Out-of-Network, if applicable. Maximum Out-of-Pocket includes any Deductible, Coinsurance, medical Copayments and prescription copay/Coinsurance but does not include non-covered amounts above the Plan's Allowable Charges, or Precertification penalties.		
Annual Deductible	Facility $2,500/Individual; $5,000/Family (Embedded) All other services, no In-Network Deductible	$2,500/Individual; $5,000/Family (Embedded)
Annual Maximum Out-of-Pocket	$6,850/Individual; $13,700/Family (Embedded)	$6,850/Individual; $13,700/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
Preventive Care screens		
Preventive Care (wellness office visit)	Plan pays 100%	Routine care not covered.
Preventive Care/screenings	Plan pays 100%	Routine care not covered.
Physician services		
Primary Care Provider	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Non - routine gynecological care	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Routine pre-natal care	You pay $15 copay (initial visit only)	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Specialist Physician	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Walk In clinic	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Telahealth services (TelaDoc)	General Medicine/Behavioral Health/ Dermatology: You pay $15 copay/visit	N/A
Hospital services		
Inpatient- Facility/Hospital charges(2)	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Ambulatory Surgery- Facility/Hospital charges(2)	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
All other Outpatient Care- Facility/Hospital charges	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Emergency care		
Urgent Care Center	You pay $15 copay/visit	You pay $15 copay/visit
Emergency admission	Plan pays 100% after Facility Deductible	Plan pays 100% after Facility Deductible
Emergency room services	$50 copay/visit (Copay waived if admitted)	$50 copay/visit (Copay waived if admitted)
Inpatient Mental Health and Substance Use Disorder(2)		
- Facility/Hospital based	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Physician/professional charges	Plan pays 100%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Mental Health and Substance Use Disorder		
- Office based	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- All other Outpatient (includes: Partial Hospitalization treatment, intensive outpatient program, skilled behavioral health services, electro-convulsive therapy (ECT), transcranial magnetic stimulation (TMS), psychological and neuropsychological testing, 23 hour observation, peer counseling support by a peer support specialist, outpatient and ambulatory detoxification)	Plan pays 100%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Laboratory services(2)		
- Facility/Hospital based	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based or free-standing lab	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Other Diagnostic Services (X-rays/MRIs/CT Scans/PET Scans/MRAs/mammography etc.)(2)		
- Facility/Hospital based	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based	Plan pays 100%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Therapy Services(2)		
- Facility/Hospital based	Plan pays 100% after Facility Deductible	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based or free-standing	You pay $15 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Plan notes/requirements:		

Embedded means you can satisfy the Family "Deductible" or the Family "Maximum Out-of-Pocket" with any combination of family members satisfying the amount. However, no one individual may meet more than the individual amount.

(1) For all Out-of-Network elective and Non-Emergent Services, the Plan will pay the Plan's Allowable Charges which will be based on 110% for Professional services and 140% for Facilities of current year Medicare/RBRVS. Refer to definition of Plan's Allowable Charges in Summary Plan Description.

(2) Some services listed may require Precertification. Network Providers should obtain Precertification for you. You are responsible for Precertification for all services by Out-of-Network Providers. A penalty of 50% of the Plan's allowable amount, to a maximum of $10,000 will be applied if Precertification is not obtained. See the Plan's website at www.membershealthplannj.com for a complete Precertification list.

Note: This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.