Members HealthPlan[NJ]

Plan R: HDHP-HSA Compatible

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	$2,500/Individual; $5,000/Family (Aggregating)	$2,500/Individual; $5,000/Family (Aggregating)
Annual Maximum Out-of-Pocket	$6,550/Individual; $13,100/Family (Embedded)	$13,100/Individual; $26,200/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	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Non - routine gynecological care	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Routine pre-natal care	After Deductible, $25 copay (initial visit only)	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Specialist Physician	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Walk In clinic	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Telahealth services (TelaDoc)	General Medicine/Behavioral Health/ Dermatology: After Deductible, $25 copay/visit	N/A
Hospital services		
Inpatient- Facility/Hospital charges(2)	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Outpatient Ambulatory Surgery- Facility/Hospital charges(2)	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
All other Outpatient Care- Facility/Hospital charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Emergency care		
Urgent Care Center	After Deductible, $25 copay/visit	After Deductible, $25 copay/visit
Emergency admission	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Emergency room services	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Inpatient Mental Health and Substance Use Disorder(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Physician/professional charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Outpatient Mental Health and Substance Use Disorder		
- Office based	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% 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)	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Laboratory services(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based or free-standing lab	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Other Diagnostic Services (X-rays/MRIs/CT Scans/PET Scans/MRAs/mammography etc.)(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Outpatient Therapy Services(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based or free-standing	After Deductible, $25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Plan notes/requirements:		
Aggregating Deductible means that the entire Family "Deductible" must be met either by one person or any combination of members in the family before benefits are paid. Embedded "Maximum Out-of-Pocket" means the individual amount for any one (1) covered family member must be met and then any combination of family members may satisfy the remaining 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.		