Members HealthPlan NJJ

Plan B: Open Access POS Network 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 plan has Out-of-Network benefits. 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	$500/Individual; $1,000/Family (Embedded)	$1,500/Individual; $3,000/Family (Embedded)
Annual Maximum Out-of-Pocket	$8,550/Individual; $17,100/Family (Embedded)	$17,100/Individual; $34,200/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
Preventive Care/screenings		
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 $30 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Non - routine gynecological care	You pay $50 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Routine pre-natal care	You pay $30 copay (initial visit only)	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Specialist Physician	You pay $50 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Walk In clinic	You pay $30 copay/visit	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Telehealth services (TelaDoc)	General Medicine/Behavioral Health: You pay $30 Copay/visit Dermatology: You pay $50 Copay/visit	N/A
Hospital services		
Inpatient- Facility/Hospital charges(2)	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Ambulatory Surgery- Facility/Hospital charges(2)	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
All other Outpatient Care- Facility/Hospital charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Emergency Care		
Urgent Care Center	You pay $50 copay/visit	You pay $50 copay/visit
Emergency admission	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Emergency room services	After Deductible and $100 copay/visit, Plan pays 90% (Copay waived if admitted)	After Deductible and $100 copay/visit, Plan pays 90% (Copay waived if admitted)
Inpatient Mental Health and Substance Use Disorders(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Physician/professional charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Mental Health and Substance Use Disorders		
- Office based	You pay $30 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)	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Laboratory services(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based or free-standing lab	You pay $30 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	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
Outpatient Therapy Services(2)		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70% of Plan's Allowable Charges (1)
- Office based or free-standing	You pay $50 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 below may require precertification. In-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.membershealthplanni.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.