Frequently Asked Questions:
Your 2018 Benefits

As of February 2018

Questions about...

- Medical, Dental, and Vision
- Prescription Drugs
- Flexible Spending Accounts
- My Deductions and Personal Information
- Resources

Medical, Dental, and Vision

Q: Who should I contact if I have questions about my medical, dental or vision benefits coverage?
A: Please call Horizon BCBSNJ Member Services at 1-844-383-2327. You can also access the Horizon web site at www.HorizonBlue.com/HMH.

Q: What is prior authorization and how do I find out if I need it? How do I get it?
A: Prior authorization is the review Horizon BCBSNJ provides before you receive certain services. Without prior authorization, also known as precertification, you may have greater out-of-pocket expenses. The review will also ensure that services are eligible under your health plan.

- **If you receive eligible services from an Inner Circle/in-network doctor, health care professional or facility**, they are responsible for obtaining prior authorization.
- **If you receive out-of-network services**, you are responsible for obtaining prior authorization.

For a list of services requiring prior authorization, please call your dedicated Horizon BCBSNJ Member Services number at 1-844-383-2327. Representatives are available to assist Hackensack Meridian Health team members Monday, Tuesday, Wednesday and Friday, between 8:00 a.m. and 6:00 p.m., Eastern Time (ET), and Thursday, between 9:00 a.m. and 6:00 p.m., ET.

Q: How do I find out if my doctor participates in the Horizon Blue Cross Blue Shield New Jersey plan?
A: Please log onto www.horizonblue.com/hmh for the Horizon Provider Directory. Inner Circle Providers will reflect a blue “Inner Circle” box under Attributes in the search.
Q: What if my doctor does not participate in Horizon—is there anything I can do?
A: HMH and Horizon’s recruitment efforts to enroll non-participating physicians in the network is an on-going process. You can also call Horizon BCBSNJ Member Services at 1-844-383-2327 to check on your doctor’s status.

Q: Am I covered if I travel out of state, or if I have dependents that do not live in New Jersey?
A: Through your plan, you and your covered dependents have access to the national BlueCard® PPO program. You can search for an in-network doctor or hospital by visiting the National Doctor and Hospital Finder (accessible from HorizonBlue.com/hmh).

You can also call your dedicated Member Services number at 1-844-383-2327 to find out-of-area doctors and hospitals. Representatives are available to assist Hackensack Meridian Health team members Monday, Tuesday, Wednesday and Friday, between 8:00 a.m. and 6:00 p.m., ET.

Q: Where should I go for my lab work?
A: You will receive the highest level of benefits at the lowest out-of-pocket costs when you use your Inner Circle for care, including laboratory services. In other words, using Hackensack Meridian Health laboratory services is the most cost-effective way to have your lab work done. Take a look at the list of Hackensack Meridian Health Inner Circle labs throughout New Jersey. If you need to use an independent lab, be aware that in New Jersey, LabCorp is the in-network provider for laboratory services (fees apply).

Q: How can I get my medical, dental and vision ID cards?
A: On the home page of www.horizonblue.com/hmh, you’ll see “I Want To” on the right-hand side of the page, with a list of options. Select “Print” or “Request an ID Card.”

Q: How many ID cards will I receive?
A: Depending on which coverage you selected, you may receive up to three categories of ID cards medical, dental and vision. For medical, if your coverage is only for yourself, you will receive one member ID card and one Prescription ID card. If you have covered dependents, you will receive two cards for medical and two cards for prescription coverage. Each medical member ID will have only the subscriber’s name on it, but the subscriber or any covered dependent can use them when receiving care.
Prescription Drugs

Q: Who should I contact if I have questions about prescription coverage?
A: Please call OptumRx Customer Service at 1-844-368-8767 or visit the OptumRx web site at www.optumrx.com.

Q: How can I get my pharmacy benefit card?
A: Please visit www.optumrx.com and register your account. Click on the Benefits and Claims tab, and then the “Print Card” option.

Q: How can I check to see if my prescription medication is covered by the OptumRx formulary?
A: Please visit TeamHMH.com to view the OptumRx formulary.

Q: What should I do if my prescription medication is not in the new OptumRx formulary?
A: You should have received a welcome letter from OptumRx with information about what to do if your medication is not included in the OptumRx formulary. For further assistance, please contact OptumRX, your physician or one of the HMH on-site pharmacies about which alternative medications would be appropriate for you, and the steps necessary to request an exception.

Q: Why am I paying for my prescription medication now that I never used to pay for before?
A. Each Pharmacy Administrator has a list of drugs, known as a formulary, that it covers under its plan. This formulary may differ from Administrator to Administrator and from plan to plan. The prescription drug you use may be considered a different tier drug (e.g., brand, generic) under OptumRx.

Flexible Spending Accounts

Q. How can a Flexible Spending Account (FSA) help to offset the cost of my health care and/or dependent care expenses?
A. Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health care or dependent care expenses. Because the money is deducted from your paycheck on a pre-tax basis, you can reduce the amount of your taxable income. You must actively re-enroll in either FSA each year – your previous year’s elections will not automatically carry over. For more details about the FSAs, administered by Baker Tilly, please visit https://www.myflexdollars.com or call 1-800-307-0230.
My Deductions and Personal Information

Q: Who should I call if I see an incorrect benefit deduction in my paycheck?
A: Meridian Health, Raritan Bay Medical Center, Palisades Medical Center and The Harborage team members should contact the Benefits Enrollment Center at 1-800-498-8812; Hackensack University Medical Center team members should contact Team Member Support Services at 551-996-2877.

Q: What deductions fall under Paylogix?
A: Voluntary Benefits you elected during Open Enrollment are identified on your paycheck as ‘Paylogix’; additional life insurance, legal, etc.

Q: Who should I contact if I have a payroll issue or incorrect personal information in my paycheck?
A: Contact information varies by site/location:

- **Raritan Bay Medical Center, Palisades Medical Center** and **The Harborage** team members should contact their site HR teams for assistance.
- **Meridian Health** team members should contact Team Member Support Services at 732-751-3553;
- **Hackensack University Medical Center** team members should contact Team Member Support Services at 551-996-2877.

Resources

Q: Where can I find more details about my benefits?
A: Take a look at the chart for where to find benefits details by location:

<table>
<thead>
<tr>
<th>Location</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td>Hackensack Meridian Health</td>
<td><a href="https://www.benefitsquest.com/hmh/">https://www.benefitsquest.com/hmh/</a></td>
</tr>
<tr>
<td>Nursing &amp; Rehab</td>
<td></td>
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<tr>
<td>Hackensack University Medical Center</td>
<td><a href="https://hackensackumcbenefits.com/login/">https://hackensackumcbenefits.com/login/</a></td>
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