

2018 Benefits Guide



MEADOWS HEALTH

(Effective January 1, 2018, All Employees, All Locations)

INTRODUCTION



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Introduction

This guide provides a brief overview of your Meadows Health (MH) Benefits. The guide also contains important benefit resources and contact information. The plan documents contain additional details about your benefit plans.

MH offers a cafeteria plan which allows you to pick and choose insurance products that work for you and your family. Cafeteria plans are designed to utilize our Section 125 Flexible Spending Account which will allow for certain pre-tax premium options.

Pre-Tax Insurance Products

- CORE Medical, Dental & Vision
- Flexible Spending Accounts: Medical
- Flexible Spending Accounts: Dependent Care
- Allstate Group Cancer & Specific Disease Policy
- Allstate Group Supplemental Health Option Policy
- Allstate Group Accident Policy

Post-Tax Insurance Products

- Allstate Group Universal Life
- Allstate Group Term Life
- Allstate Group Critical Illness
- Hartford Long Term Disability
- Hartford Short Term Disability
- Hartford Physician Long Term Disability

Your Individual Benefits Plan

Insurance eligibility is defined by the Team Member's classification upon hire. Please see the MH HR Policy: Employee Classification for more details. This summary of benefits is provided to give you a general overview of the benefit choices you have as an eligible Team Member.

Meadows Health provides a self-insured health, dental & vision program. We commonly refer to this program as the CORE Health, Dental & Vision Program. With a self-insured health plan, all participating Team Members and their dependents share in the risk. Due to this fact, the plan design and its pricing is reviewed on an annual basis and subject to premium changes each open enrollment.

Please note that any election made for insurance products will remain in effect for the full calendar year which is January 1st through December 31st. You may only make changes during Open Enrollment for the upcoming year or in the event you experience a qualifying or life changing event. Life changing events include the birth or adoption of a dependent, death of a dependent, marriage, divorce or loss of other coverage. Our policy requires that employees notify Human Resources within 30 days of the qualified event. Open Enrollment is typically scheduled for the month of October and you will receive information on this event via company e-mail. Please note that Open Enrollment is mandatory for you to participate even if you decline all products.

BENEFITS LINGO

Here are some terms and definitions that will help you understand your overages.

Brand Name Medications: Drugs that are patented, manufactured and distributed by only one pharmaceutical manufacturer.

COBRA: The Consolidated Omnibus Budget Reconciliation Act allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage.

Coinsurance: The cost of a health or dental expense that is shared between you and the plan after you pay your deductible. For example, the MH plan's share of most expenses is 80% and your share (coinsurance amount) is 20%, if you use an In-network provider.

Copayment: A set dollar amount you pay toward an expense, such as an office visit or prescription drug. The remaining cost is covered by the plan. MH plan does not have a copayment structure for medical expense; however, prescription copayments do apply.

Deductible: The amount of money you must pay toward health, prescription drug or dental expenses for each family member each year before health, drug or dental benefits are reimbursable in most cases.

After you have paid your deductible, future expenses are covered at the coinsurance or copayment amount. Copayments do not count toward the deductible. You can submit claims for reimbursement of deductible, coinsurance and copayment amounts through a Health Care Spending Account (FSA).

Generic Medications: Drugs that are manufactured, distributed and available under a chemical name without patent protection. A generic drug must have the same active ingredient as its brand name counterpart. Generic drugs typically cost less than brand name drugs.

Network: A group of doctors, hospitals and other healthcare providers contracted to provide services to covered members. To minimize expenses, MH expects enrolled members to first attempt to use MH facility and providers. If MH does not offer a certain procedure or specialty, then members have two options for minimizing expenses and maximum their benefits: Memorial Health (Savannah) or Navicent (Macon.) These are the only three hospitals that are considered in the **Network**. In addition, when searching for a preferred in-network provider, the **Network** is called Memorial Health Partners (www.memorialhealth.com/mhp-about-us-providers.aspx). There are over 1,400 physicians in the Chatham County + 50-mile radius who participate in the PPO program. When making an appointment, each covered member is responsible for confirming with their MHP physician that 1) the physician is still currently participating in the MHP network; and 2) that the physician is credentialed to perform the surgery/procedure at one of the three in-network hospitals; MH, Memorial or Navicent.

Non-Preferred or Non-Formulary Drugs: Brand name medications that are not on the Preferred List because there are less expensive and effective alternatives are available. Non-Preferred medications require a higher copayment.

Out-of-pocket Maximum: Generally, the most you will have to spend each plan year for each covered family member is the annual deductible, and the copayments and coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% of most remaining expenses for you or the dependent for the rest of that plan year.

Preferred or Formulary Drugs: A list of drugs that are periodically reviewed and updated by a committee of physicians, pharmacist and other health professionals for effectiveness and cost effectiveness. Each plan has their, own Preferred Drug List. Often, brand drugs that have generics available will not be on the formulary list to encourage individuals to purchase the less expensive generic.

HOW MEDICAL COVERAGE WORKS



Under the MH plan, you may use any doctor, hospital or other provider and receive benefits. However, you receive higher benefits by using a network provider. You do not need a referral to see a primary care physician or a specialist. For other health care services, including stress tests, outpatient surgeries, emergency room visits and hospitalizations, you first pay an annual deductible, and then you and the plan share the remaining costs (coinsurance) until you meet your annual out-of-pocket maximum. After that, the plan pays 100% of remaining eligible expenses.

Meadows Health 2018 Example of Deductibles

Type of Coverage:	GOLD Example			Min Individual Deductible Possible	Annual Deductible Combination Max (Max Aggregate)	
Employee Only	Employee \$2,000			\$2,000	\$2,000	
Employee + Spouse	Employee \$2,000	Spouse \$2,000		\$2,000	\$4,000	
Employee + Child(ren)	Employee \$2,000	1 Child \$2,000		\$2,000	\$4,000	
	Employee \$2,000	1 Child \$2,000	2nd Child \$2,000	\$2,000	\$4,000	
	Employee \$2,000	1 Child \$2,000	2nd Child \$2,000	\$2,000	\$4,000	
	Employee \$2,000	1 Child \$2,000	2nd Child \$2,000	3rd Child \$2,000	\$2,000	\$4,000
	Employee \$2,000	Spouse \$2,000	Child \$2,000		\$2,000	\$4,000

*Annual/Family Max Aggregate: A member must meet the \$2,000 "individual deductible" until the family (all members expense combined) has reached the \$4,000 max aggregate. At that time, no additional deductible must be met for the family.

Out-of-Pocket Maximum Illustration: Our co-insurance is paid on an 80/20 split with employees. We do not use "Co-pays." Employer pays 80 percent and employee pays 20% of the cost of the medical services provided, after the deductible has been met.

Co-Insurance Example			
Bill of Charges with In-network Provider	Co-Insurance paid by Insured	Insured Deductible Paid	Insured Total Responsibility
\$14,750	\$2,975	\$2,000	\$4,950

MEDICAL COVERAGE SUMMARY

Medical Plan Designs and Premiums

Benefit Year: January 1, 2018 through December 31, 2018



Benefits	Gold		Silver		Bronze	
	In	Out	In	Out	In	Out
Deductible (all charges are subject deductibles)						
Annual/Person	\$2,000		\$3,500		\$5,000	
Annual/Family	\$4,000		\$7,000		\$10,000	
Deductibles (other)						
+ Per Admission - MH	\$250	\$2,000	\$250	\$2,000	\$250	\$2,000
+ Per Admission - Memorial/MCNH ¹²	\$750	\$2,000	\$750	\$2,000	\$750	\$2,000
+ Emergency Room ³	\$250		\$250		\$250	
Out-of-Pocket Maximum (OOP)⁴						
Annual/Person	\$5,500	No Limit	\$6,000	No Limit	\$6,500	No Limit
Annual/Family	\$11,000	No Limit	\$12,000	No Limit	\$13,000	No Limit
Coinsurance (Plan Pays)						
MH Facility	80%	50%	80%	50%	80%	50%
MH Doctors	80%	50%	80%	50%	80%	50%
MHP Providers	80%	50%	80%	50%	80%	50%
Diagnostic X-Ray & Lab ⁵	80%	60%	80%	60%	80%	60%
Medical (Other)						
Urgent Care	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
PCP Visit	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
Specialist Visit	Coins. after deduct.		Coins. after deduct.		Coins. after deduct.	
Preventative Care	100%	Coins. after deduct.	100%	Coins. after deduct.	100%	Coins. after deduct.

Premiums (per pay period)	Gold	Silver	Bronze
Employee	\$41.20	\$27.81	\$19.57
Employee + Spouse ⁶	\$108.15	\$73.13	\$53.56
Employee + Child(ren)	\$97.00	\$64.89	\$49.44
Employee + Family ⁶	\$158.62	\$106.09	\$79.31

Prescription Co-Pays - all Plans (The greater of the flat-dollar copayment or coinsurance)	MH Pharmacy (30, 60, or 90-day supply)	Retail Pharmacy (30 Day supply only)	Mail Order (60 or 90-day supply)
GENERIC	\$5.00	\$10.00	\$20.00
PREFERRED	\$10.00 or 25%	\$20.00 or 25%	\$40.00 or 25%
NON-PREFERRED	\$20.00 or 50%	\$30.00 or 50%	\$60.00 or 50%

Pre-Certification is required for all scheduled inpatient, outpatient hospital treatment and all services performed in a Specialized Treatment Facility before services are rendered. Failure to obtain Pre-Certification will result in denial of claim benefits. Benefits will not be covered for the following excluded facilities: The Doctors Hospital of Tattnall and Women's Surgery Center in Statesboro.

¹ \$250 deductible if services are not available at MH

² Navicent Health (MCNH) formerly known as Medical Center of Central Georgia

³ Waived if admitted

⁴ Includes deductible, coinsurance and copayments for Medical and Prescription benefits

⁵ Coinsurance for these services will be 60% when not performed at MH

⁶ Spouses who have other primary health coverage or who are eligible for other primary health coverage are excluded from the MH Healthcare Plan

MEDICAL COVERAGE SUMMARY

MRMC PPO Employee Healthcare Plan Metal Options Pharmacy Benefits - All Locations Effective January 1, 2017

Medical Benefit Year: January 1 through December 31

PLAN OPTIONS

	<u>Gold Level</u>	<u>Silver Level</u>	<u>Bronze Level</u>
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PRESCRIPTION COPAYS FOR ALL THREE PLAN OPTIONS

	MRMC PHARMACY (30, 60, or 90 day supply)	RETAIL PHARMACY (30 day supply only)	MAIL ORDER (60, 90 day supply)
TIER 1 - GENERIC	\$5.00	\$10.00	\$20.00
TIER 2 - FORMULARY BRAND (GREATER OF)	\$10.00 or 25%	\$20.00 or 25%	\$40.00 or 25%
TIER 3 - NON-FORMULARY BRAND (GREATER OF)	\$20.00 or 50%	\$30.00 or 50%	\$60.00 or 50%
TIER 4 - BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay a 50% copay with a maximum copayment of \$100.		
TIER 5 - CONTRACEPTIVES	This plan has a zero copayment for all FDA approved contraceptives. However, if the contraceptive has a generic equivalent, only the generic equivalent will have the zero copayment.		

SPECIAL RULES FOR CHOLESTEROL LOWERING DRUGS (STATINS), HYPERTENSIVE, DIABETIC AND DIABETIC SUPPLIES

TIER 1 - GENERIC	\$0.00	SEE ABOVE	SEE ABOVE
TIER 2 - FORMULARY BRAND NO GENERIC	\$10 OR 25% WITH MAX COPAY OF \$25	SEE ABOVE	SEE ABOVE
TIER 3 - NON-FORMULARY BRAND NO GENERIC	\$20 OR 50% WITH MAX COPAY OF \$50	SEE ABOVE	SEE ABOVE
TIER 4 - BRAND WITH A GENERIC EQUIVALENT	If the member or physician chooses a brand name drug when there is a generic available, the member will pay a 50% copay with a maximum copayment of \$100.		
NARRATIVE	Only <u>generic</u> drugs in these three therapeutic drug classes, when purchased at the MRMC Pharmacy, are available without a member co-payment. If the brand name drug has no generic equivalent, the brand name copayment will be capped at \$25.00 or \$50 (formulary/non-formulary). No brand name Hypertensive or Diabetic drugs are available without a member copayment unless that member's annual prescription out-of-pocket maximum has been satisfied for their plan (see above prescription copay limit: gold, silver or bronze).		

Dental Coverage Summary



CORE
MANAGEMENT
RESOURCES

Meadows Health's **Dental Plan** is a self-insured plan, administrator by Core Management Resources Group. This Plan does not restrict participants to utilizing any specific dentists or facilities; you may choose your own dental providers.

Coverage Type	Employee Premium (Per Pay Period)
Employee Only	\$14.70
Employee + Spouse	\$29.40
Employee + Child(ren)	\$32.55
Employee + Family	\$46.20

Benefit Year:
January 1, 2018 through
December 31, 2018

Dental Summary of Benefits	Responsibility (per covered member)
Calendar Year Deductible (Type B & C Services)	\$50
Type A Services (exams, x-rays, cleanings)	Plan pays 100%
Type B Services (fillings, extractions)	Deductible + 20% coinsurance
Type C Services (crowns, root canals, general anesthesia)	Deductible + 50% coinsurance
Type D Services (Orthodontia Services)	50% coinsurance

Dental Services	Maximums (per covered member)
Calendar Year Maximum (Type A, B & C Services)	\$1,000
Orthodontia Lifetime Maximum (Type D)	\$1,000

Waiting Period For Late Enrollees	Time Frame
Type A Services (exams, x-rays, cleanings)	None
Type B Services (fillings, extractions)	One (1) Year Waiting Period
Type C Services (crowns, root canals, general anesthesia)	
Type D Services (Orthodontia Services)	



Above is a summary and does not provide a complete listing of services. All frequency limitations are not reflected in above summary. Please reference the Summary Plan Description (SPD) for additional details regarding description of covered services, age restrictions, and frequency limitations.

VISION COVERAGE SUMMARY

Meadows Health's **Vision Plan** is also a self-insured plan, administrator by Core Management Resources Group. This Plan does not restrict participants to utilizing any specific vision facilities; you may choose your own vision providers.

Coverage Type	Employee Premium (Per Pay Period)
Employee Only	\$3.16
Employee + Spouse	\$6.00
Employee + Child(ren)	\$6.29
Employee + Family	\$9.67



Covered Services ¹	Copayment	Maximum Allowance
Routine Vision Examination	\$10	\$65
Frames	\$25 ²	\$100
Lenses:³		
Single Vision	\$25 ²	\$40
Bifocal	\$25 ²	\$60
Trifocal	\$25 ²	\$80
Lenticular	\$25 ²	\$90
Contact Lenses: (in lieu of eyeglasses)		
Elective	\$25 ⁴	\$140
Medically Necessary (see note)	\$25 ⁴	\$210

Note: Prior authorization **REQUIRED**. Medically necessary contact lenses are determined at the providers' discretion for one or more of the following: following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with spectacles lenses; with certain conditions of anisometropia, with certain conditions of keratoconus. **See Plan Document for details.**

Covered Services	Frequency
Routine Vision Examination	Every 12 months
Frames	Every 24 months
Spectacle Lenses	Every 12 months
Contact Lenses	Every 12 months



¹ You are eligible to select only one of either eyeglasses (Eyeglass Lenses & or Eyeglass Frames) or Contact lenses. If you select more than one of these services, only one service will be covered.

² If you purchase Eyeglass lenses and Eyeglass Frames at the same time from your Provider, only one Copayment will apply to those Eyeglass Lenses and Eyeglass Frames together.

³ The following Optional Lens Extras are covered up to the maximum allowance of the lens: Standard scratch-resistant coating. You are responsible for charges of other lens options not listed.

⁴ The Contact Lens allowance includes the contact lens evaluation and fitting, two (2) follow-up visits (after copay), and the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$110 towards the purchase of contact lenses. If you choose disposable contacts, you may receive up to four (4) boxes of disposable contacts.

TOBACCO AFFIDAVIT



REGIONAL MEDICAL CENTER

For Life!

Employee's Name: _____

Social Security Number: _____

If you enroll in one of the medical plans, you must complete this Affidavit to indicate the use, or non-use, of tobacco products. * Meadows Health will charge the \$25 per pay period tobacco surcharge if you do not complete and return the Affidavit.

* Tobacco products include all forms of cigarettes, cigars, smoking tobacco, chewing tobacco, snuff, and any other product containing at least 50 percent tobacco regardless of the number of times, frequency or method of use.

This Affidavit must be completed and returned to Meadows Regional Human Resources by November 28, 2017.

Please initial one of the three statements:

_____ Neither I nor my covered dependents have ever used tobacco products.

_____ I or my covered dependents have used tobacco products but not within the past six months.

_____ I or my covered dependents currently use tobacco products.

Who uses tobacco: ☐ Employee
☐ Dependent (spouse and/or children)

I do hereby attest that the above information is true and correct to the best of my knowledge. I understand that Meadows Health may, at its discretion, conduct future testing to confirm compliance with non-tobacco use. I also understand that my department head will receive a list of all employees in my department who have submitted a signed Affidavit indicating Non-Tobacco use. I further acknowledge and understand that I may be subject to disciplinary action up to and including termination of employment, if I knowingly and willfully make a false or fraudulent statement or representation to Meadows Health regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

It is my responsibility to complete a new form within 30 days should this information change.

Employee Signature

Date

Please have your supervisor sign the form below confirming that he or she is aware that you are claiming this benefit.

Supervisor Signature

Supervisor's printed name

Department:	
Authorized Signature:	Date:

SPOUSE AFFIDAVIT



MEADOWS

REGIONAL MEDICAL CENTER

For Life!

This form must be completed and returned to Meadows Regional Human Resources by November 28, 2017.

Employee's Name: _____

Social Security Number: _____

To enroll your spouse in the medical plan, you must complete and return this Affidavit, along with the required documentation, to indicate that your spouse is not eligible for any other health coverage.

Your spouse will not be added to your medical plan until this Affidavit is completed and returned. For example, you will be enrolled as "Employee Only" before being changed to "Employee + Spouse" (or "Employee + Child" before being changed to "Employee + Family").

Check appropriate box, sign and date form, and submit required documentation to Human Resources.

- ☐ My spouse is employed but is not eligible for or not offered health benefits through his/her employer. A letter, on the employer's letterhead with an employer contact person's name and phone number, that states my spouse's name and that my spouse is not offered health benefits is attached.
- ☐ My spouse is self-employed and not covered under any other employer sponsored health coverage. A copy of the prior year's federal tax return (with financial information blocked out) showing self-employment status is attached. If recently self-employed, a signed, notarized statement is attached stating the name of my spouse, a statement attesting that my spouse is currently self-employed, the name of his/her business (or nature of business if no name), and not covered under any other health coverage.
- ☐ My spouse is unemployed and not covered under any other group health plan. A copy of the prior year's federal tax return (with financial information blocked out) showing unemployment status is attached. If recently unemployed, a signed, notarized statement is attached stating the name of my spouse and a statement attesting that my spouse is currently unemployed and not covered under any other health coverage plan. *Spouses who reach age 65 during the plan year will be eligible for Medicare (group health coverage plan) and therefore are non-eligible under the Lifestyles plan at such date.*

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to disciplinary action, up to and including termination of employment, if I knowingly and willfully make false or fraudulent statement or representation to Meadows Health regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Signature _____

Date _____

Any status change to your spouse's coverage with **their** employer must be **reported to your Meadows Health Human Resources Department within 30 days.**

Department:	
Authorized Signature:	Date:

FLEXIBLE SPENDING ACCOUNTS

The administrator for Meadows Health's Flexible Spending Accounts (FSAs) is **Flexible Benefit Administrators**.

There are two types of Flexible Spending Accounts (FSA's) available to you: Healthcare and Dependent care. Both Accounts allow you to pay for out-of-pocket costs with pre-tax dollars, saving you money.

Plan Year

January 1, 2018 through December 31, 2018

Eligibility Requirements

You are eligible to participate on the first day of the month once you have completed 30 days of services, have attained age 18 and have worked at least 25 hours per week. Enrollment for the FSAs must be completed each year during open enrollment period, or you will not be able to join until the next open enrollment plan year.

Healthcare Flexible Spending Account*

The healthcare spending account enables you to pay eligible out-of-pocket health care expenses with pre-tax dollars saving you 30% or more because you do not pay taxes on this money. You can contribute up to \$2,600 a year into a healthcare flexible spending account. Eligible health care FSA expenses include deductibles, copays, coinsurance, prescription drugs, over the counter drugs (prescription required), dental and vision expenses.

Dependent Care Flexible Spending Account*

The dependent care spending account enables you to pay for certain child and dependent care expenses using before-tax dollars.

Contribution Limits

- \$5,000 (\$2,500 if married filing separately)
- Your wages for the year or your spouse's if less
- Maximum is reduced by spouse's contribution to a Dependent Care FSA

Eligible dependent care expenses include day care/after-school program fees for children up to age 13 and certain adult day care expenses.

Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid without the need to pay first and then file the claim. You must use all of the funds in your account by the end of the plan year or the funds are forfeited. However, a recent IRS ruling now allows **Healthcare FSA** plan members to roll over up to \$500 of unused funds for use in the following year. The \$500 roll over option does not apply to the **Dependent Care FSA**. Your full annual contribution of your **Healthcare FSA** is available to you once your benefits are effective. For the **Dependent Care FSA**, the funds must be in your account to be available for reimbursement. IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to supply receipts as back up for almost all charges – keep them in a safe place and provide them promptly when they are requested.

See Internal Revenue Service Publication 502 at www.irs.gov for a complete list of eligible expenses. To learn more about FSAs, visit www.mywealthcareonline.com/fba



*Please note there's an annual \$18 fee associated with this program.

EMPLOYEE DISCOUNT PROGRAMS

Meadows Health has worked directly with local and national retailers to offer discounts on their products and services to all eligible employees can take advantage of these programs.

To take advantage of these programs list below and to see the full list of employee discount programs:

- Log into your MH Google E-mail Account
- Go to [Sites](#) then [MH Connect Intranet](#)
- Select [Employee HR Tools](#) then [Employee Forms & Benefits](#)

All programs are subject to change.

Meadows Health

Employees who incur charges from admissions or outpatient services with MH will receive the following discount:

- 60% Coinsurance discount, after deductible is met.

Provided employee pays the account balance in full or requests financing according to hospital guidelines. Please contact the Business Office for more details: 912.537.4986

Southeast Regional Primary Care Corp (SRPCC)

Employees who incur charges from services rendered by physicians in our SRPCC family will receive the following discount:

- 30% Co-Insurance discount, after deductible is met.

Provided employee pays the account balance in full or requests financing according to hospital guidelines. In addition, the employee is responsible for informing SRPCC personnel of their relationship at the time the payment and/or arrangement to receive the discount. Please contact the Business Office for more details: 912.537.4986

Pharmacy Prescription Discounts

Employees and their immediate family* can benefit from the MH Employee Prescription Discount Program.

- 10% above MH's cost +\$3 Dispensing Fee unless the employee is enrolled in our Health Insurance Plan. See Policy for details.

Refills should be requested three days in advance of being needed. Fax 912.535.5092 or Call 912.535.5872

Sleep Center

Employees and their immediate Family* will receive a 50% discount off the study total for Sleep Studies conducted at the Meadows Sleep Center. Call today to schedule your appointments: 912.538.5591

Alliance Home Medical

20% Discount to MH Employees and their immediate Family* on a variety of retail items such as Orthotics, Breast Prostheses, Diabetic Shoes & Inserts, lift chairs, CPAP, and Nursing Supplies, etc. Payroll deduction is available for approved items and can offer repayment terms up to 26 pay periods. Call for more details: 912.537.6930

Laboratory Discounts (Dates for these annual events will be announced through leadership communication.)

- Annual Lipid Screening - \$10
- Annual Prostate Screening (free)

Radiology Department Discounts

MH Scheduling: 912.535.5805, please call for appointment.

MH Radiology: 912.535.5466, please call for appointment.

Meadows Diagnostic Center of Dublin: 478.246.6358 or 6359

Free Mammogram Screening

Employees and Auxilians 35 years or older can qualify for a free** screening or diagnostic screening on an annual basis. Screening is available in three locations: MH Radiology Dept., Vidalia Women's Center or Meadows Diagnostic Center of Dublin.

CT Screening (320-Slice CT Scanner)

Employees receive a discount on the Full Body Screen: \$582. Also available are: Chest Scan: \$269; Abdomen/Pelvis: \$269 or Heart Scoring Test: \$269. Screenings include Radiologist reading**, a personal copy of your images and formal report being provided to your primary care physician, if applicable. No order is required.

Employee Health

Free Hepatitis B vaccination, annual flu shots, and tuberculin skin testing (TST). Employees and spouses who enrolled in the Lifestyles Health Plan can receive a Health Risk Assessment, free Lipid Panel & A1C at the time of your annual health screening.

*Immediate family is defined as dependent, spouse, children, or in some cases parent. See department responsible for the program for specific details.

**Employees who are not covered under the MH Health Insurance Plan will be responsible for a discounted radiology reading fee.



RETIREMENT

MEADOWS HEALTH INC.
403(B) MATCHING PLAN
Principal Life Insurance Company
Des Moines, IA 50306-9394

PLAN SUMMARY

Contract/Plan ID Number 5-20695

Am I eligible for MEADOWS HEALTH INC. 403(B) MATCHING PLAN?

You may begin making salary deferral contributions immediately.

For employer contributions, you may begin to participate in the plan if you:

- Are at least age 21
- Have completed 3 month(s) of service with the company

Once you meet the above requirements for employer contributions, you enter the plan on the next entry date.

From where do my contributions come from?

Contributions in general are from total pay from Meadows Health, Inc. including salary deferral contributions. Pay does not include bonuses.

Your benefits representative can provide more detailed information.

Are there limits to my contributions?

You may choose to contribute up to 100% of your total pay.

Your taxable income is reduced by the amount you contribute through salary deferral. This lets you reduce your taxable income. Your total salary deferral in 2015 may not be more than \$18,000.00. ***Please note the IRS has not released the salary deferral limit for the 2018 year at the time we published our 2018 Open Enrollment Benefits Guide.***

Your maximum contribution percentage and/or dollar amount may also be limited by internal Revenue Service Regulations.

If you have met the annual IRS deferral limit (or the specified plan limit for deferral(s) and are 50 years or older, or have met service requirements, you may be eligible to contribute a catch-up deferral. If you qualify and are interested in making catch-up contributions, please contact your plan administrator for more details.

Can I make after-tax, Roth salary deferral contributions?

Roth salary contributions are another option to designate your salary deferral contributions.

Roth salary deferral contributions are made in an after-tax basis. You may designate any amount of the available salary deferral limit for a plan calendar year as Roth salary deferral contributions.

Roth salary deferral contributions plus your pre-tax salary deferral contributions are counted toward the annual salary deferral contribution amount and salary deferral contribution percentage mentioned above.

Distributions from your Roth salary deferral contribution account will generally be tax-free if the distribution meets the qualified distribution requirements, death or disability and you have maintained the Roth salary deferral account for at least 5 taxable years.

Can I change my contributions to my employer's retirement plan?

You may stop making salary deferral contributions at any time. You may change your salary deferral amount daily. Changes will be implemented as soon as administratively feasible.

RETIREMENT CONTINUED

Employer contributions

Your employer will match 50% of the first 7% of the pay you contribute to the plan through salary deferral.

When a matching contribution is made to the plan, it will be calculated based on salary deferrals and pay as of the end of the pay period.

The conditions you must meet may include an hour's requirement and/or require you to be an active participant during or at the end of the plan year.

Your employer will make an additional contribution equal to 2.00% of your pay for the pay period if you are an active participant on the last day of the pay period.

You will receive contributions if you are an active participant on the last day of the plan year during the latest accrual service.

I have a retirement account with a previous employer. Can I combine the two?

You may be allowed to roll over into this plan all or a portion of the retirement funds you have outside this plan. You may then withdraw all or a portion of our rollover contributions. The number of withdrawals may be limited. Refer to your Summary Plan Description for more details.

To receive additional information, contact your Plan Administrator, visit us at principal.com or call 1-800-547-7754.

When am I vested in the retirement plan funds?

You are always 100% vested in the contributions YOU choose to defer. You cannot forfeit these contributions.

You are vested in employer contributions based on years of vesting service with your employer as shown below.

The vesting schedule is:

5.0 Years Graded Custom

<1.0 Years	0.00%
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1.0 Years	20.00%
-----------	--------

2.0 Years	40.00%
-----------	--------

3.0 Years	60.00%
-----------	--------

4.0 Years	80.00%
-----------	--------

5.0 Years	100.00%
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The vesting schedule applies to the following contribution(s):

Employer Match

Employer Additional

Investment options

You can direct the investment of the retirement account balance by choosing among several investment options.

In order for you to make informed investment decisions, it is important that you read the investment material (including prospectuses if applicable) available from your plan sponsor.

RETIREMENT CONTINUED

You may elect the investment direction of all contributions to the retirement plan. Please see the Summary Plan Description for details.

For detailed information about your investment options, please visit us at principal.com or contact us at 1-800-547-7754.

How often can I make changes to the Investment options in the retirement plan?

- Anytime

Note that when transferring existing balances from one investment option to another, redemption fees or restrictions on transfer frequency may apply. Refer to the redemption fee and transfer restriction policy at principal.com or contact your plan administrator.

Changes can be made through our automated system at 1-800-547-7754 or at principal.com.

How can I access my account information?

You may obtain account information through:

- <https://www.principal.com/> by access the account to view posted quarterly statements; or
- Call the automated phone system at 1-800-547-7754.

How are the fees for the retirement plan paid?

Plan administrative expenses are paid from the total investment expense of one or more of the plan's investment options.

When can I begin receiving benefits from the retirement plan?

Benefits are payable at:

- Retirement (age 65)
- Early retirement (age 55 and you have 5 years of vesting service) *
- Age 59-1/2 and still working
- Qualified reservist
- Death
- Disability*
- Termination of employment

Please refer to the participant notice or Summary Plan Description provided to you by your plan sponsor about withdrawal benefits.

*You must have ceased employment to receive this benefit.

Financial Hardship

You may withdraw all or part of your salary deferral contributions if you can prove financial hardship and are unable to meet your financial needs another way. If allowed to withdraw salary deferral contributions, withdrawal will not include earnings. Employer contributions may be available for the hardship withdrawal, please see your Summary Plan Description for more details.

RETIREMENT CONTINUED

The plan defines hardship as an “immediate and heavy financial need” along with establishing the allowable reasons to receive such a withdrawal. Please see your Summary Plan Description for more details regarding hardship withdrawals. Salary deferral contributions will generally be suspended for six months after your withdrawal.

If I need to take a loan from the plan, what are the guidelines?

You may borrow up to 50% of the vested account balance or \$50,000.00 (whichever is less).

The minimum loan amount is \$1,000.00.

Up to 2 loan(s) can be approved in a 12-month period. You may have 2 loan(s) outstanding at any time.

The interest rate will be determined when you apply for your loan. You pay back both the principal and interest directly to the account held for you in the plan through payroll deduction.

Loans must be repaid within a 5-year period. However, if the loan is for the purchase of your primary residence, the repayment period can be up to 30-year(s). See your loan administrator for additional details.

Refer to your Summary Plan Description for more details on contributions available for a plan loan.

Other Information

Your salary deferral contributions are included in the wages used to determine your Social Security tax.

This plan summary included a brief description of your employer’s retirement plan features. While this plan summary outlines many of the major provisions of your employer’s retirement plan, this summary does not provide you with every plan detail. The legal plan document, which governs this plan, provides full details. If there are any discrepancies between this plan summary and the legal plan document, the legal plan document will govern.

From time to time, your employer may elect to amend the retirement plan provisions. This plan summary may be updated to reflect proposed amendments to the plan document provisions. Until a plan amendment is adopted, however, the legal plan document will govern. Contact your plan sponsor if you would like more details regarding applicable retirement plan provisions.

Most withdrawals/distributions are subject to taxation and required withholding. Check with your financial/tax advisor on how this may affect you.

The Principal® is required by the IRS to withhold 20% of the portion of a distribution that is eligible for rollover if it is not directly rolled over to another eligible retirement plan, including an IRA, or used to purchase an annuity to be paid over a minimum period of the lesser of 10 years or the participant’s life expectancy. This withholding will offset a portion of federal income taxes you owe on the distribution.

The retirement account may be affected differently by individual state taxation rules. Contact your tax advisor with questions.

If you have questions about the retirement plan call 1-800-547-7754 Monday through Friday, 7 a.m. – 9 p.m. (Central time), to speak to a retirement specialist at The Principal®.

To learn more about The Principal®, visit principal.com

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®), Des Moines, IA 50392.

Voluntary Short Term Disability Insurance

Benefit Highlights Meadows Health



What is Voluntary Short Term Disability Insurance?	<p>Voluntary Short Term Disability Insurance pays you a portion of your Earnings if you miss time at work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Short Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.</p>
Am I eligible?	<p>You are eligible if you are an active full time employee who works at least 25 hours per week on a regularly scheduled basis.</p>
How much coverage would I have?	<p>You may purchase coverage that would pay you a benefit of 60% of your weekly Earnings. The maximum Voluntary Short Term Disability Insurance benefit you could receive is \$500 per week.</p> <p>Earnings are defined as in The Hartford's contract with your employer.</p>
When can I enroll?	<p>During your open enrollment period and if elected, insurance will begin on the first day of new calendar year. For new employees, enrollment is scheduled through Human Resources and is tied to the completion of your first 30 days of employment and coverage begins on the 1st day of the following month.</p>
When is it effective?	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p>
How long do I have to wait before I can receive my benefit?	<p>Once you are approved for coverage, you will be eligible to collect your Voluntary Short Term Disability Insurance benefit starting on the 15TH day after your injury or 15TH day of sickness. Your benefit could continue for up to 24 weeks.</p>
I already have disability coverage through my employer; do I have to do anything?	<p>If you take no action, your coverage will automatically continue with The Hartford subject to the terms of the contract.</p>
If I'm disabled, can the amount of my benefit be reduced?	<p>Yes. As described on the following page, your weekly short-term benefit may be reduced by other income you receive.</p>
Are there other limitations to enrollment?	<p>The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of insurability.</p> <p>You can elect coverage without providing evidence of insurability.</p>

Voluntary Short Term Disability Continued

Important Details

The following is an overview of your Voluntary Short Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Exclusions:

You cannot receive Voluntary Short Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- war or act of war (declared or not)
- the commission of, or attempt to commit a felony
- an intentionally self-inflicted injury
- any case where your being engaged in an illegal occupation was a contributing cause to your disability
- sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security disability insurance (please see next section for exceptions)
- workers' compensation
- other employer-based insurance coverage you may have
- unemployment benefits
- settlements or judgments for income loss
- retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your benefit payments will not be reduced by certain kinds of other income, such as:

- retirement benefits if you were already receiving them before you became disabled
- retirement benefits you start to receive that are funded by your after-tax contributions
- your personal savings, investments, IRAs or Keoghs
- profit-sharing
- personal disability policies
- Social Security increases

This benefit highlights sheet is an overview of the Voluntary Short Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.

Voluntary Long Term Disability Insurance

Benefit Highlights

Meadows Health



What is Voluntary Long Term Disability Insurance?	<p>Voluntary Long Term Disability Insurance pays you a portion of your Earnings if you miss time at work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Long Term Disability Insurance.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less than of your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 60% or less than of your pre-disability earnings.</p>
Am I eligible?	<p>You are eligible if you are an active full time employee who works at least 25 hours per week on a regularly scheduled basis.</p>
How much coverage would I have?	<p>You may purchase coverage that pays you a benefit of 60% of your Earnings to a maximum monthly benefit of \$6,000 per month. This plan includes a minimum benefit of the greater of: 10% of the benefit based on monthly income loss before the deduction of other income benefits or \$100 per month.</p> <p>Earnings are defined as in The Hartford's contract with your employer.</p>
When can I enroll?	<p>During your open enrollment period and if elected, insurance will begin on the first day of new calendar year. For new employees, enrollment is scheduled through Human Resources and is tied to the completion of your first 30 days of employment and coverage begins on the 1st day of the following month.</p>
When is it effective?	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p>
How long do I have to wait before I can receive my benefit?	<p>You must be disabled for at least 180 days before you can receive a Voluntary Long Term Disability Insurance benefit payment.</p>
Are there other limitations to enrollment?	<p>The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of insurability.</p> <p>You can elect coverage without providing evidence of insurability.</p>
I already have Voluntary Long Term Disability Insurance coverage through my employer; do I have to do anything?	<p>If you take no action, your coverage will automatically continue with The Hartford subject to the terms of the contract.</p>

Voluntary Long Term Disability Continued

Can the duration or amount of my benefit be reduced?	Yes. Your benefit duration may be reduced once you reach certain ages as specified in The Hartford's contract with your employer. In addition, as described below within the important details, your monthly long-term benefit may be reduced by other income you receive.
How long will my disability payments continue?	If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security normal retirement age. If your disability occurs at age 63 or above, the number of payments may reduce.

Important Details

The following is an overview of your Voluntary Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Exclusions:

You cannot receive Voluntary Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- war or act of war (declared or not)
- the commission of, or attempt to commit a felony
- an intentionally self-inflicted injury
- any case where you're being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for long-term disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

Pre-existing Conditions:

Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if:

- you have not received treatment for your condition for the length of time specified in the contract before the effective date of your insurance, or
- you have been insured under this coverage for the length of time specified in the contract prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- you have already satisfied the pre-existing condition requirement of your previous insurer.

Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security disability insurance (please see next section for exceptions)
- workers' compensation
- other employer-based insurance coverage you may have
- unemployment benefits
- settlements or judgments for income loss
- retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your benefit payments will not be reduced by certain kinds of other income, such as:

- retirement benefits if you were already receiving them before you became disabled
- retirement benefits that are funded by your after-tax contributions
- your personal savings, investments, IRAs or Keoghs
- profit-sharing

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.



OTHER BENEFITS



BENEFITS

Allstate benefits are designed to supplement primary insurance and offer flexibility, allowing consumers to make choices depending on their individual needs.

Benefits are paid in addition to any other coverage and can be used to help offset the non-medical costs associated with treatment.

The policies are individually owned and portable, even when payroll deducted.

Most health products also qualify under Section 125 of the Internal Revenue Code, meaning premiums can be paid pre-tax.

Group Supplemental Health Option*

Supplemental Health Insurance supplements other insurance and helps to offset additional expenses incurred due to the increasing costs health care and out of pocket expenses. This policy pays a benefit amount directly to you when you are confined to a hospital, regardless of the amount paid by our primary insurance.

Group Cancer and Specified Disease*

Provides cash benefits for cancer and specified diseases and can help cover the costs of specific treatments and expenses as they happen. With the wellness benefit, you receive reimbursement for the costs associated wellness exams, such as mammograms, pap smears, PSA tests and more.

Group Critical Illness*

Policy pays a lump-sum benefit if the insured is diagnosed with a covered critical illness in each of two categories. Category One includes benefits in the event of a heart attack, stroke, heart transplant, by-pass surgery, and others. Category Two includes benefits in the event of major organ transplant other than heart, end stage renal failure, multiple sclerosis, Alzheimer's disease, and paralysis not as a result of stroke. Policy continues in force until full benefits are paid in all categories, as long as premium payments continue. We will pay this benefit if the covered person is diagnosed for a second time with an initial critical illness for which a benefit was previously paid under the Initial Critical Illness Benefit.

Group Accident Coverage*

Provides on and off-the-job coverage. Benefits offered by the policy correspond with: loss of life or limb, dislocation or fracture, hospital confinement, ambulance, medical expenses and disability (primary insured only). Expanded benefits include coverage for the following: accident follow-up treatment; physical therapy; lacerations; tendon, ligament, rotator cuff, or knee cartilage surgery; ruptured disc; appliance; non-local transportation; family member lodging; brain injury diagnosis; eye surgery; burns; skin graft; initial hospital confinement; blood and plasma; hospital intensive care unit confinement; open abdominal or thoracic surgery; prosthesis; paralysis; and coma with respiratory assistance. Coverage is available for individuals and family.

Universal Life Insurance*

With premiums starting at \$5.00 a week, Universal Life is the Perfect supplement to your Group term Life benefit. Universal Life is a permanent and flexible life insurance option and offers competitive interest rates. Tax-deferred accumulation of fund value and potential for loans and partial withdrawal based on fund value are just a few highlights of the policies.

Term Life Insurance*

Term Life Insurance offers an economical method of owning life insurance to cover a specific need for a specific amount of time. Affordable premiums allow you to select the coverage that best fits your insurance needs. This plan allows you to convert a permanent insurance plan upon renewal. Horizon 20-year insurance is available with a \$10,000 minimum issue limit. Current premiums are guaranteed for 5 years.

*Please see your full policy or certificate for details and exclusions.

CONTACT INFORMATION



Important Contact Information

Change of Address or Claims for Supplemental Insurance Products

BenTec

(800) 735-0080

CustomerService@BenTecWorkplace.com

Medical/Dental/Vision and RX

Core Management Resources Group

(478) 741-3521 or (888) 741-2673

<http://www.corehealthbenefits.com/>

Flexible Spending Accounts

Flexible Benefit Administrators, Inc.

(757) 340-4567 or (800) 437-FLEX

<https://www.mywealthcareonline.com/fba/>

Meadows Health - Human Resources

Brittany Vinson, MH Human Resources Assistant

(912) 277-2170

bkvinson@meadowsregional.org

Retirement Plans

Principal Life Insurance Company

Bruce Vaughn, Advisor – (800) 967-0262

403-b Plan: (800) 547-7754

457 Plan: (800) 999-4031

<https://www.principal.com/>

– DISCLAIMER –

This guide is for informational purposes only. Any discrepancies between the information contained herein and the MH Plan Document shall be superseded by the plan's official documents.