

*Health Insurance
Summary Plan Description*

Name of Plan: Liberty Advantage Employee Benefit Program

Type of Plan: Self-Insured Welfare Plan providing health and prescription benefits.

Type of Administration: Contract Administration with the Third Party Administrator.

Address of the Plan: 462 Elma G Miles Pkwy, Hinesville, GA 31313

Plan Number: Plan A1 Platinum and Plan C Silver

Group Number: 501

Plan Sponsor: Liberty Regional Medical Center

Federal Tax ID#: 58-6025016

Plan Effective Date: December 1, 2016

Plan Renewal Date: December 1st

Plan Fiscal Year Ends: November 30th

Third Party Administrator: Core Administrative Services, Inc. (CAS)
P.O. Box 90
Macon, GA 31202-0090
(478) 741-3521
(888) 741-2673

Named Fiduciary: Liberty Regional Medical Center

Agent for Service of Legal Process: Liberty Regional Medical Center

Waiting Period: 30 days

Effective Date of Coverage: Coverage is effective on the first of the month following 30 days waiting period.

Termination Date of Coverage: The last day of the month of termination.

Contributions: Both Employer and Employee contribute towards coverage.

**EMPLOYEE HEALTH CARE PLAN
OF
Liberty Regional Medical Center**

ARTICLE I

Adoption Agreement and Elections

Section 1.01 The undersigned Employer hereby makes the elections below and adopts this Employee Health Care Plan for the benefit of Employees of the Employer. This Plan is intended to qualify as an Employees' health care plan and a group health plan under Sections 105 and 162 of the Internal Revenue Code of 1986 ("Code"), as amended, and the Regulations thereunder.

Section 1.02 Effective Date: The terms and conditions of this Plan shall be effective on and after December 1, 2016.

Section 1.03 Election Regarding Preferred Provider Agreement.

 x The Employer has entered into one or more Preferred Provider Agreements which are attached hereto to obtain discounts for medical supplies and services provided.

 The Employer has NOT entered into a Preferred Provider Agreement.

Participating Preferred Providers (hereinafter referred to as "Preferred Provider Organization" or "PPO") for this plan are:

1. Memorial Health Partners (MHP)
2. First Health Network

Signature 

Title CEO Date 11/11/16

Liberty Advantage Employee Health Plan			
Plan Name	Plan A1 Platinum		
Network	LRMC	Memorial Health Plan (MHP)	
Deductibles/Coins.	\$1,000 - 90%	\$1,000 - 80%/50%	
Prescription (Rx)	\$10/25/50		
	IN	IN	OUT
Calendar Year Deductible	\$1,000		\$2,000
Family Deductible	\$2,500		\$5,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	90%	80%	50%
Individual Out of Pocket Max	\$2,500		Unlimited
Family Out of Pocket Max	\$5,000		Unlimited
Preventive Care Services	No Cost	No cost	Deductible then 50%
Office Visits (labs/X-rays)	\$10 co-pay	\$25 co-pay	Deductible then 50%
Specialty Doctor Office Visits	\$30 co-pay	\$45 co-pay	Deductible then 50%
Surgery (physician office)	Deductible then 10%	Deductible then 20%	Deductible then 50%
Maternity (Prenatal/delivery)	Deductible then 10%	Deductible then 20%	Deductible then 50%
Emergency Room	\$150 copay, then 80%		
Non Emergency Use	Deductible then 10%	Not covered	
Inpatient Hospital (Co-pay & Coinsurance) Per admittance	Deductible then 10%	Deductible then \$200 co-pay & 20% coins.	Deductible then \$600 co-pay & 50%
Outpatient Labs & X-ray	No Cost	Deductible then 20%	Deductible then 50%
Therapy Services (Speech, PT) 25 visits max per calendar yr.	Deductible then 10%	Deductible then 20%	Deductible then 50%
Mental Health Substance Abuse	Deductible then 10%	Deductible then 20%	Deductible then 50%
Urgent Care Center	NA	\$75 co-pay	Deductible then \$75 co-pay, & 50%
Durable Medical Equip.	NA	Deductible then 20%	Deductible then 50%
Prescriptions Co-pays	Retail Pharmacy (30 day supply only)		
Generic	\$10		N/A
Preferred	\$25		N/A
Non-Preferred	\$50		N/A
Specialty Drugs	20% (\$250 copay max)		N/A
		MAIL ORDER (60, 90 day supply)	
Generic	\$25		N/A
Preferred	\$50		N/A
Non-Preferred	\$100		N/A
Specialty Drugs	20% (\$750 copay max per 30 day supply)		N/A

Liberty Advantage Employee Health Plan			
Plan Name	Plan C Silver		
Network	LRMC	Memorial Health Plan (MHP)	
Deductibles/Coins.	\$2,500 - 85%	\$2,500 - 75%/50%	
Prescription (Rx)	\$10/30/60		
	IN	IN	OUT
Calendar Year Deductible	\$2,500		\$5,000
Family Deductible	\$5,000		\$10,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	85%	75%	50%
Individual Out of Pocket Max	\$5,000		Unlimited
Family Out of Pocket Max	\$10,000		Unlimited
Preventive Care Services	No cost	No cost	Deductible then 50%
Office Visits (labs/X-rays)	\$35 co-pay	\$40 co-pay	Deductible then 50%
Specialty Doctor Office Visits	\$45 co-pay	\$60 co-pay	Deductible then 50%
Surgery (physician's office)	Deductible then 15%	Deductible then 25%	Deductible then 50%
Maternity (Prenatal/delivery)	Deductible then 15%	Deductible then 25%	Deductible then 50%
Emergency Room	\$150 copay, then 80%		
Non Emergency Use	Deductible then 15%	Not Covered	
Inpatient Hospital (Co-pay & Coinsurance) Per admittance	Deductible then 15%	Deductible then \$400 co-pay & 25% Coins.	Deductible then \$1200 Coins. & 50%
Outpatient Labs & X-ray	No Cost	Deductible then 25%	Deductible then 50%
Therapy Services (Speech, PT) 25 visits max per calendar yr.	NA	Deductible then 25%	Deductible then 50%
Mental Health Substance Abuse	Deductible then 15%	Deductible then 25%	Deductible then 50%
Urgent Care Center	NA	\$75 co-pay	Deductible then \$75 co-pay, & 50%
Durable Medical Equip.	NA	Deductible then 25%	Deductible then 50%
Prescriptions Co-pays	Retail Pharmacy (30 day supply only)		
Generic	\$10		N/A
Preferred	\$25		N/A
Non-Preferred	\$50		N/A
Specialty Drugs	20% (\$250 copay max.)		N/A
	MAIL ORDER (60, 90 day supply)		
Generic	\$25		N/A
Preferred	\$50		N/A
Non-Preferred	\$100		N/A
Specialty Drugs	20% (\$750 copay max per 30 day supply)		N/A