

Meadows Regional Medical Center Employee Healthcare Plan

Open Enrollment Quick Reference Summary

Effective January 1, 2012

Medical Benefit Year: Jan 1 through Dec 31, 2012

| Lifetime Maximum Benefit | | Unlimited | |
|---|--|---|-----------------------------------|
| PREMIUMS (per pay period) | | HRA is <u>REQUIRED</u> in order to qualify for deductible credits | |
| Employee | | \$34.14 | |
| Employee + Spouse ¹ | | \$91.05 | |
| Employee + Child(ren) | | \$82.50 | |
| Employee + Family ¹ | | \$133.71 | |
| DEDUCTIBLES | | | |
| Annual/Person | | \$2,250.00 | |
| Annual/Family | | \$4,250.00 | |
| Per Admission at MRMC | | \$250.00 | |
| Per Admission at Memorial | | \$750.00 | |
| | | ** \$250.00 per admission deductible if services are Unavailable at MRMC ** | |
| Per Admission Out of Network | | \$2,000.00 | |
| | | \$250.00 | |
| Emergency Room @ visit | | ** Waived if an accident, admitted within 24 hours, or true emergency per HCPCS/CPT E&M code levels 4 or 5 ** | |
| COINSURANCE: | | | |
| MRMC FACILITY | | 80% | |
| MRMC DOCTORS | | 80% | |
| MHP Providers | | 80% | |
| Diagnostic X-Ray and Lab | | 60% (when not performed at MRMC) | |
| Out of Network | | 50% | |
| OUT-OF-POCKET MAXIMUM (Includes coinsurance; <u>EXCLUDES</u> deductible) | | | |
| In Network Per Individual | | \$4,500.00 | |
| In Network Family | | \$9,000.00 | |
| Out of Network | | Unlimited | |
| PRESCRIPTION CO-PAYS (The greater of the flat-dollar copayment or coinsurance) | MRMC PHARMACY (30, 60, or 90 day supply) | RETAIL PHARMACY (30 day supply only) | MAIL ORDER (60, 90 day supply) |
| | Retail & Mail Order allowed if MRMC pharmacy cannot fill prescription or by patient choice. | | |
| 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% |
| SPECIFIC BENEFITS | • Annual mammograms for all females and PSAs for males 40 years of age or older when the services are performed at MRMC are payable at 100%. The annual deductible does not apply. • Annual routine physical exams, pap smears and any other related laboratory and x-ray expenses when performed by an in-network physician are payable at 100% with no member cost share. As a Non-Grandfathered Plan under Health Care Reform it is our intent to comply with all aspect of the Wellness provisions. Expenses incurred at a non-network physician office will be subject to the out-of-network deductible and coinsurance. | | |
| PRE-CERTIFICATION | This Plan covers only charges that are Medically Necessary for the care and treatment of disease or injury. To determine Medical Necessity, CHS requires that you obtain advance approval (pre-certification) for scheduled inpatient and outpatient hospital treatment and all services performed in an Ambulatory Surgical Facility or Specialized Treatment Facility (Oncology Center, Dialysis Facility, etc.). Please call CHS to see if your Outpatient Procedure requires Pre-certification. • Maternity (see separate Maternity Admissions) also requires notification. • Emergency services no longer require precertification (see separate Emergency or Urgent Inpatient or Outpatient Admissions). PENALTY FOR FAILURE OF PRECERTIFICATION WILL RESULT IN DENIAL OF CLAIM. | | |
| EXCLUDED FACILITIES | Benefits will not be covered for the following excluded facilities: The Doctors Hospital of Tattnall, Women's Surgery Center in Statesboro, GA and Lower Oconee Community Hospitals. | | |
| EXCLUSIONS | ¹ Spouses who have other primary health coverage or who are eligible for other primary health coverage (e.g., through their employer) are excluded from the MRMC Healthcare Plan. | | |