

Meadows Regional Medical Center Employee Healthcare Plan Enrollment Quick Reference Summary

Effective January 1, 2015

Medical Benefit Year: Jan 1 through Dec 31, 2015

Lifetime Maximum Benefit	UNLIMITED		
PREMIUMS (per pay period)	<u>Gold Level</u>	<u>Silver Level</u>	<u>Bronze Level</u>
Employee	\$37	\$25	\$18
Employee + Spouse ¹	\$98	\$66	\$49
Employee + Child(ren)	\$89	\$59	\$45
Employee + Family ¹	\$144	\$96	\$72
DEDUCTIBLES			
Annual/Person	\$2,000	\$3,500	\$5,000
Annual/Family	\$4,000	\$7,000	\$10,000
+ Per Admission at MRMC	\$250		
+ Per Admission at Memorial /NH*	\$750 (\$250 if services unavailable at MRMC)		
+ Per Admission Out of Network	\$2,000		
+ Emergency Room	\$250 (waived if admitted)		
COINSURANCE:			
MRMC Facility	80%		
MRMC DOCTORS	80%		
MHP Providers	80%		
Diagnostic X-Ray and Lab	60% (when not performed at MRMC, Quest, Doctor's Lab or LabCorp)		
Out of Network	50%		
OUT-OF-POCKET MAXIMUM (Includes deductible, coinsurance and copayments)			
In Network Per Individual	\$4,950	\$5,400	\$5,850
In Network Family	\$9,900	\$10,800	\$11,700
Out of Network	Unlimited		
WELLNESS BENEFITS	As a Non-Grandfathered Plan under Health Care Reform it is our intent to comply with all aspect of the Wellness provisions. Therefore, ACA mandated wellness expenses, when performed by an in-network physician, are payable at 100% with no member cost share. Wellness expenses incurred at a non-network physician office will be subject to the out-of-network deductible and coinsurance.		
PRE-CERTIFICATION	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.). 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 and Women's Surgery Center in Statesboro, GA Hospitals.		
EXCLUSIONS	¹ Spouses who have other primary health coverage or who are eligible for other primary health coverage are excluded from the MRMC Healthcare Plan.		

*Navicent Health (NH) - formerly known as Medical Center of Central Georgia

Meadows Regional Medical Center Employee Healthcare Plan Open Enrollment Quick Reference Summary For Savannah

Effective January 1, 2015

Medical Benefit Year: Jan 1 through Dec 31, 2015

Lifetime Maximum Benefit	UNLIMITED		
PREMIUMS (per pay period)	Gold Level	Silver Level	Bronze Level
Employee	\$37	\$25	\$18
Employee + Spouse ¹	\$98	\$66	\$49
Employee + Child(ren)	\$89	\$59	\$45
Employee + Family ¹	\$144	\$96	\$72
DEDUCTIBLES			
Annual/Person	\$2,000	\$3,500	\$5,000
Annual/Family	\$4,000	\$7,000	\$10,000
+ Per Admission at MRMC/SJCHS**	\$250		
+ Per Admission Out of Network	\$2,000		
+ Emergency Room	\$250 (waived if admitted)		
COINSURANCE:			
MRMC/SJCHS Facility	80%		
MRMC DOCTORS	80%		
The Care Network Providers (TCN)	80%		
Diagnostic X-Ray and Lab	60% (when not performed at MRMC, Quest, Doctor's Lab or LabCorp)		
Out of Network	50%		
OUT-OF-POCKET MAXIMUM (Includes deductible, coinsurance and copayments)			
In Network Per Individual	\$4,950	\$5,400	\$5,850
In Network Family	\$9,900	\$10,800	\$11,700
Out of Network	Unlimited		
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**St. Joseph's/Candler Hospital (SJCHS)