Meadows Regional Medical Center Employee Healthcare Plan Enrollment Quick Reference Summary Effective January 1, 2015

Medical Benefit Yes	ar: Jan 1 t	throuah	Dec 31.	2015
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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		\$250				
+ Per Admission at Memorial /NH*	\$75	50 (\$250 if services unavailable a	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)						
OUT-OF-POCKET WAXIIVOW (Includes deduction	bie, coinsurance an	d copayments)				
In Network Per Individual	\$4,950	d copayments) \$5,400	\$5,850			
			\$5,850 \$11,700			
In Network Per Individual	\$4,950	\$5,400	·			
In Network Per Individual In Network Family	\$4,950 \$9,900 As a Non-Grandfar comply with all asp wellness expenses at 100% with no m	\$5,400 \$10,800	\$11,700 Reform it is our intent to herefore, ACA mandated ork physician, are payable benses incurred at a non-			
In Network Per Individual In Network Family Out of Network	\$4,950 \$9,900 As a Non-Grandfar comply with all asp wellness expenses at 100% with no mnetwork physician coinsurance. CHS requires that scheduled inpatient performed in an An Facility (Oncology of the content of th	\$5,400 \$10,800 Unlimited thered Plan under Health Care ect of the Wellness provisions T, when performed by an in-netwo ember cost share. Wellness exp	\$11,700 Reform it is our intent to Therefore, ACA mandated ork physician, are payable penses incurred at a non-of-network deductible and e-certification) for and all services icialized Treatment ENALTY FOR FAILURE			
In Network Per Individual In Network Family Out of Network WELLNESS BENEFITS	\$4,950 \$9,900 As a Non-Grandfa comply with all asp wellness expenses at 100% with no m network physician coinsurance. CHS requires that y scheduled inpatien performed in an An Facility (Oncology OF PRECERTIFIC. Benefits will not be	\$5,400 \$10,800 Unlimited thered Plan under Health Care ect of the Wellness provisions T, when performed by an in-netwo ember cost share. Wellness expoffice will be subject to the out-office will be subject to the out-office will advance approval (prest and outpatient hospital treatment bulatory Surgical Facility or Specenter, Dialysis Facility, etc.).	\$11,700 Reform it is our intent to Therefore, ACA mandated ork physician, are payable benses incurred at a non-of-network deductible and e-certification) for and all services cialized Treatment ENALTY FOR FAILURE AL OF CLAIM.			

^{*}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					
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.					

^{**}St. Joseph's/Candler Hospital (SJCHS)