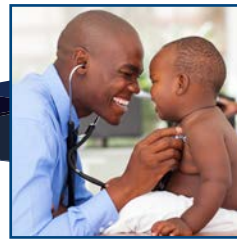


2017 Flexible Benefits Guide

A Partnership "TOTAL REWARDS" Program



Open Enrollment 2017

Open Enrollment is your opportunity to make your health and welfare benefit plan selections for the 2017 plan year. It's also a good time to review and update your personal, dependent and beneficiary information.

Open Enrollment is being held October 31 – November 18, 2016.

For specific enrollment instructions, please visit www.benefitsquest.com/HMH and click on "How to Enroll" under the Enrollment tab.

This enrollment guide provides highlights of each of the benefit plans available to you. All elections made during this year's Open Enrollment period become effective January 1, 2017.

You are strongly encouraged to participate in this year's Open Enrollment. Even if you do not wish to enroll in Legacy Meridian Health benefits, we ask that you complete the enrollment process to record your waiver of coverage, confirm the accuracy of your personal, dependent and beneficiary information and to enroll or re-enroll in a Flexible Spending Account (FSA).

Legacy Meridian Health provides a full range of benefits that address your needs, now and in the future.

- | | |
|--------------------------------|-------------------------------------|
| • Medical/Prescription Drug | • Flexible Spending Accounts |
| • Hospital Indemnity Insurance | • Life Insurance |
| • Cancer Insurance | • Permanent Life Insurance |
| • Critical Illness Insurance | • Disability |
| • Accident Insurance | • Legal |
| • Dental | • Health Advocate |
| • Vision | • EAP (Employee Assistance Program) |
| | • TeamMeridian Teladoc |

Eligibility

All Raritan Bay Medical Center team members (scheduled to work 20 hours per week or more) are eligible for Medical (including Prescription), Dental and Vision benefits, Flexible Spending Accounts, Basic Life and Accidental Death and Dismemberment (AD&D) Insurance, Supplemental Life Insurance and Group Legal benefits on the first of the month following date of hire.

In addition, all full-time team members (working 36 hours or more per week) will be eligible for Long-Term Disability coverage on the first of the month following date of hire. Team members who are hired on the first day of a month will have immediate coverage under these benefits.

Dependent Coverage

In addition to electing coverage for yourself, you can elect to cover your eligible dependents. The following are considered your dependents and are eligible for coverage under the Raritan Bay Medical Center Benefits Program:

- Your spouse;
- Your domestic partner (with valid state certification);
- Children to the age of 26 regardless of student status, marital status, residence or financial dependence;
- Unmarried children of any age who are physically and/or mentally disabled.

Same Sex Domestic Partner Coverage

Same sex domestic partners are eligible for coverage under Raritan Bay Medical Center's Medical (including Prescription), Dental and Vision benefit plans. In order for the same sex domestic partner to receive coverage the following criteria must be met:

- Applicants must provide a copy of a valid Certificate of Domestic Partnership to the Employee Benefits Center. Note: The Certificate of Domestic Partnership is obtained by legally registering the domestic partnership with your state of residence.
- Both partners must be at least 18 years of age and mentally competent to consent to contract.
- The partners are not related by blood closer than permissible by the law for legal marriage in the state in which they reside.
- The partners are jointly responsible for each other's common welfare and financial obligations.
- Neither partner is married under the laws of the state in which they reside.
- Each partner is the other's sole domestic partner and intends to remain so indefinitely.
- Neither partner has terminated another domestic partnership within the last 180 days. Note: This prohibition shall not apply when the previous partnership ended due to the death of the other partner.

Medical Benefits

Your medical options are designed to provide you and your family with access to quality, affordable health care. All of the medical options cover a broad range of health care services and supplies. They differ in how they share costs with you and how they provide access to care. You have two plans to choose from, and both plans are administered by QualCare and include prescription drug coverage.

MEDICAL BENEFITS					
Plan Provisions	QualCare HMO		QualCare PPO		
	Inner Circle	In-Network	Inner Circle	In-Network	Out-of-Network
Annual Deductible (individual/family)	None/None	None/None	None/None	\$850/\$1,700	\$1,500/\$3,000
Coinsurance (what the plan pays)	100%	80%	90%	75%	60%
Coinsurance Maximum (individual/family)	\$6,600/\$13,200	\$6,600/\$13,200	\$1,000/\$2,000	\$5,600/\$11,200	\$8,000/\$16,000
Preventive Care	100%	100%	100%	100%	60% of fee schedule
Primary Care Office Visit	\$20 copay	\$30 copay	\$30 copay	\$40 copay	60% of fee schedule
Specialist Office Visit	\$30 copay	\$40 copay	\$40 copay	\$50 copay	60% of fee schedule
Emergency Room - Facility (waived if admitted)	\$50 copay/visit	\$50 copay/visit	100%	100%	100%



Prescription Benefits

Prescription drug coverage is automatically provided to you when you enroll in either medical plan option. The Raritan Bay Medical Center prescription program is provided through Caremark. Prescription benefits available are built around different pricing structures or "tiers" that enable you to control cost based on the types of medications you select (see Generic vs. Single-Source Brand vs. Multi-Source Brand section below). The copays you will be responsible for paying are indicated in following table:

CAREMARK PRESCRIPTION PLAN	
Retail Pharmacy Program – Limited to a 30-day supply	
Retail Pharmacy Copays	You Pay
Generic	\$10
Single-Source Brands	\$45
Multi-Source Brands	\$65
Mail Order Program – Limited to a 90-day supply	
Mail Order Copays	You Pay
Generic	\$25
Single-Source Brands	\$112.50
Multi-Source Brands	\$162.50

The Caremark website - www.caremark.com - can help you manage your prescription drug program. The site includes tools that enable participants to locate a pharmacy, place mail order refills, track mail service orders and much more.

Generic vs. Single-Source Brand vs. Multi-Source Brand

When you obtain your medications at a pharmacy or through the Mail Order Program, you will be responsible for satisfying a copay that is built around different prices. In all instances, your copay amount is the lowest when you select a generic version of a prescription.

You are required to select a generic version of a prescription unless you have a dispense-as-written (DAW) prescription from your doctor or no generic equivalent is available. If you select a brand drug over a generic drug when a generic equivalent is available you will be required to pay the generic drug copay amount plus the difference in cost between the brand drug and the generic drug.

Single-Source Brand prescriptions are brand name drugs that can be obtained when a generic alternative is not available.

Multi-Source Brand prescriptions are brand name drugs that can be obtained regardless of whether a generic alternative is or is not available.

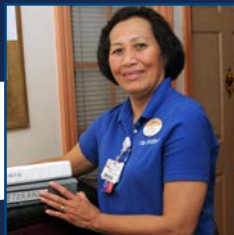
Please note that Specialty Drugs are not reflected in the copays above. Please contact Caremark directly for Specialty Drug pricing.

Mail Order Program

Participants who use the mail order program obtain valuable savings when ordering 90-day supplies of maintenance medications. Under this program, you receive 90-day supplies of maintenance medications at a lower copay amount than if you were to purchase the same amount of these drugs at a retail facility. Please refer to the table above for option-specific copay amounts.

IMPORTANT:

You may fill maintenance prescriptions three times at a retail pharmacy. After the third refill and beyond, mail order use is required or you will pay 100% of the cost of the drug.



Voluntary Benefits

Health insurance isn't always enough to cover all of the expenses associated with a serious illness or injury. The following voluntary benefits are available as complements to your medical coverage. They are designed to protect your finances and secure a comfortable future by paying benefits directly to you, or to your beneficiaries. The benefits can be used to help offset out-of-pocket expenses.

Hospital Indemnity Insurance

The bills that result from a hospital stay can be overwhelming for anyone – even when you have health insurance. Hospital Indemnity Insurance can complement your health insurance to help you pay for the high costs associated with a hospital stay.

This coverage pays a benefit to you when you are admitted to the hospital, and additional amounts for each day you are confined. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and even for non-medical expenses like rent or mortgage payments, car payments, groceries, child care and more.

Plan Highlights:

- No pre-existing condition limitations
- No waiting period
- Benefits do NOT reduce as you get older
- Coverage can be purchased for spouse and children (Associate must elect coverage)

Additional Plan Features:

- Hospital Admission – \$1,000 per confinement
- Hospital Confinement – \$50 per day, up to 31 days for each covered sickness or accident
- Hospital Intensive Care – \$50 per day, up to 10 days per confinement for each covered sickness or accident (paid in addition to Hospital Confinement benefit)
- Guaranteed Issue – If you enroll during this Open Enrollment period, you will not be required to provide medical information

Cancer Insurance

Chances are, you or someone you know, have been affected by cancer. A cancer diagnosis is overwhelming enough to your mental health, but the financial impact can be additionally devastating. The cost for treatment and other medical expenses associated with cancer can quickly alter your financial well-being, particularly if your medical insurance doesn't provide coverage for cancer treatment. Cancer Insurance pays medical benefits directly to you, or someone you choose, to help cover the cost of cancer treatment.

Plan Features:

- Benefits are paid in addition to any other insurance you may have.
- You can also elect to cover your spouse, same sex civil union partner or grandfathered same sex domestic partner, and children.
- The benefit is Guaranteed Issue, so no physical exams or blood tests are required to apply for coverage.
- A cancer screening wellness rider is included, which pays \$100 per calendar year per insured for specific tests performed to determine if cancer exists in the covered person.
- Coverage is portable - you can take your policy with you if you change jobs or retire.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect any benefits payable.

Critical Illness Insurance

The out-of-pocket costs of a serious illness can be catastrophic, even with medical insurance. Critical Illness Insurance helps provide financial protection in the event of a covered serious illness. The policy pays a lump sum benefit directly to you if you are diagnosed with a covered condition. You can use this benefit any way you choose – to pay deductibles and coinsurance, to pay expenses your family incurs to be by your side or simply to replace your lost earnings from being out of work.

You choose the benefit amount when you enroll.

Covered illnesses include:

- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Coronary Bypass Surgery*
- Carcinoma in Situ*
- Invasive Cancer

* The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and carcinoma in situ.

Plan Features:

- You do not have to be terminally ill to receive benefits.
- Family coverage is available.
- A cancer screening benefit is included, which pays an annual benefit if a covered cancer screening test is performed.
- Coverage is portable – you can take your policy with you if you change jobs or retire.

Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact.

Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays a benefit directly to you – not a doctor or hospital – for injuries and accident-related expenses. You can use the money however you choose.

Benefit amounts are based on the type of injury and treatment needed.

Covered injuries and accident-related expenses include:

- Fractures
- Dislocations
- Hospitalizations
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Lodging, and more

Plan Features:

- Benefits are paid for accidents that occur on or off-the-job, so you have 24-hour coverage.
- You can also elect to cover your spouse, same sex civil union partner or grandfathered same sex domestic partner, and children.
- There are no health questions or physical exams required.
- You can take your plan with you if you change jobs or retire.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect any benefits payable.



Dental Benefits

Maintaining good oral health is essential to maintaining good overall health. Your dental options are all designed to encourage preventive care by paying the full cost of routine services. You can choose a plan on an annual basis that provides coverage for more extensive dental services, as well. The chart below provides an overview of your dental plan options.

Plan Provisions	Delta Dental Premier Plan	Delta Dental PPO (Preferred) Plan	Healthplex Plan
Annual Deductible - <i>Waived for Diagnostic & Preventive Services</i>			
Single	\$50	\$50	None
Family	\$150	\$150	None
Annual Maximum (Basic and Major Services)	\$1,500	\$1,500	None
Diagnostic & Preventive Care	100%	100%	100%
Basic Services (after deductible)	70%	80%	100% (most services)
Major Services (after deductible)	50%	60%	For specific fee information, contact Healthplex at 800.982.5529
Orthodontics	50%*	50%*	
Provider Information	Must use Delta Dental network providers Go to www.deltadentalnj.com for a current list of participating providers.	Must use Delta Dental network providers Go to www.deltadentalnj.com for a current list of participating providers.	Must use Healthplex network providers Go to www.healthplex.com for a current list of participating providers.

Vision Benefits

Eyesight is a precious thing, and the Vision Plan allows you to take steps in keeping your eyes healthy and protected. The vision benefit is provided through Vision Service Plan (VSP) helps pay the cost of eye exams and eyewear and can be elected to cover yourself and your eligible family members.

VSP Vision Plan Options

As a Raritan Bay Medical Center team member, you are given two VSP plan options: a High Option and a Low Option. Both options cover the same type of vision care services and materials (eye examination, lenses, frames, contacts, etc.). They differ in how often you are able to receive these services and materials. The chart below outlines the service frequencies and benefit levels provided under each plan.

Vision Plan Summary

Service Intervals	High Option		Low Option	
Exam Lenses Frames Contact Lenses	Every 12 months Every 12 months Every 12 months Every 12 months		Every 12 months Every 24 months Every 24 months Every 24 months	
Benefit Description	High Option & Low Option			
	VSP Provider	Other Providers	VSP Provider	Other Providers
Copays				
Eye Exam	\$10 copay	\$10 copay + any change above \$50 allowance	\$10 copay	\$10 copay + any change above \$50 allowance
Prescription Glasses Contact Lenses (fitting & evaluation)	\$25 copay Copay up to \$60	\$25 copay Up to \$105**	\$25 copay Copay up to \$60	\$25 copay Up to \$105**
Lenses				
Single Vision	Covered in full after \$25 copay	Up to \$50 after \$25 copay	Covered in full after \$25 copay	Up to \$50 after \$25 copay
Lined Bifocal	Covered in full after \$25 copay	Up to \$50 after \$25 copay	Covered in full after \$25 copay	Up to \$75 after \$25 copay
Lined Trifocal	Covered in full after \$25 copay	Up to \$50 after \$25 copay	Covered in full after \$25 copay	Up to \$100 after \$25 copay
Frames	Up to \$150 + 20% off any out-of-pocket costs	Up to \$70	Up to \$150 + 20% off any out-of-pocket costs	Up to \$70
Contact Lenses (fitting & evaluation) (in lieu of glasses)	Up to \$150*	Up to \$105**	Up to \$150*	Up to \$105**

*When you choose contacts instead of glasses, your allowance applies to the contact lens materials. Contact lens exam (fitting and evaluation) are covered in full after copay. You receive 15% off of contact lens exam services; copay will never exceed \$60. Contact lens exam (fitting and evaluation) is in addition to your vision exam to ensure proper fit of the contacts.

**When you choose contacts instead of glasses, your allowance applies to the contacts and the contact lens exam (fitting & evaluation). This exam is in addition to your vision exam to ensure proper for of the contacts.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health care or dependent care expenses. Because the money is deducted from your paycheck on a pre-tax basis, you will reduce the amount of your taxable income.

You must actively re-enroll in either Flexible Spending Account each year. Your previous year's elections will not automatically carry forward.

Choose to participate in one or both:

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Choose to Cover Expenses for:

- Yourself
- Your Spouse, Same Sex Civil Union Partner or Grandfathered Same Sex Domestic Partner
- Your Children
- Other Dependents for whom you are legally responsible. (Consult your tax advisor regarding the federal regulations about eligible dependents.)

How Flexible Spending Accounts Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care expenses throughout the year, you will first pay the bill and then file a claim for reimbursement from your FSA. Claims can be filed online at www.myFlexDollars.com, and claim forms are available at this web site as well if you prefer to fax or mail them. The Health Care FSA also includes a Benny Card that you can use to pay for eligible expenses at the point of sale. If you use the card to pay for your eligible health care expenses, you will not have to file a claim for reimbursement, as you have not had an out-of-pocket cost. However, you should retain your receipts, as you may be required to provide them to substantiate your expenses.
4. As an FSA participant the window of time during which you can incur qualified expenses that can be reimbursed through your FSA extends from January 1st through the following March 15th. You have until March 31st to submit claims for expenses incurred on or before March 15th of the current benefit period. If there is any money remaining in your FSA after March 31st, Federal law requires you to forfeit the balance.

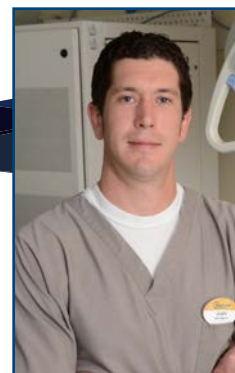
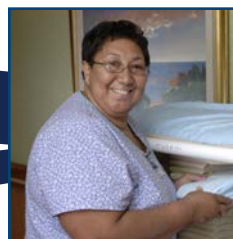
Plan	Annual Minimum Contribution	Annual Maximum Contribution	Examples of Covered Expenses*
Health Care Flexible Spending Account	\$130	\$2,600	Copays, deductibles, orthodontia, prescription medications
Dependent Care Flexible Spending Account	\$130	\$4,000 In addition, Raritan Bay Medical Center will match 25% of your annual contribution up to a maximum of \$1,000**	Day care, nursery school, elder care expenses, etc.

*See IRS Publications 502 and 503 for a complete list of covered expenses.

**Any amount deducted in excess of the IRS maximum of \$5,000 (single or married and filing jointly) or \$2,500 (married and filing individually) will be considered taxable income.

Important Notes About FSAs

- Remember to calculate your expenses conservatively when making your FSA elections.
- These accounts are separate – you may choose to participate in one, both, or neither.
- You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.
- The Dependent Care FSA cannot be used for dependent medical expenses.



Life Insurance

Life Insurance is designed to provide financial security for you and your family in the event of a death. Life Insurance pays a benefit that can allow you or your family to continue their way of life.

You Get Core Coverage:

- Life Insurance: 1.5x annual salary
- AD&D: 1.5x annual salary

You Can Choose Optional Coverage:

- For yourself
- For your spouse or domestic partner
- For your child(ren)

Core life Insurance and AD&D Insurance

You automatically receive the following coverage, fully paid by Legacy Meridian Health:

- Core Life Insurance coverage of one and a half times your annual salary, to a maximum of \$150,000. This plan pays a benefit to your beneficiary if you die.
- Accidental Death & Dismemberment (AD&D) Insurance of one and a half times your annual salary, to a maximum of \$150,000. This plan pays a benefit if you die or are dismembered in an accident. The AD&D benefit is paid in addition to your Core Life Insurance benefit in case of accidental death.
- Refer to the Summary Plan Description for more details.

Imputed income

The value of any company-provided amount of basic Life Insurance coverage in excess of \$50,000 is included in your gross income for both federal income tax and Social Security purposes. You will be taxed on this amount according to special age-based rates set by the IRS, and this amount will be included on your W-2 form.

Optional Life Insurance

You can also elect Optional Supplemental Life Insurance coverage in addition to the company-provided benefit.

You are automatically the beneficiary for any dependent (spouse or child) Life Insurance you elect.

You Can Choose

For you

Elect another 1 to 3x your base salary to a maximum of \$500,000.

For your spouse or domestic partner

Flat amount equal to 50% of the team member elected amount, to a maximum of \$250,000

For your dependent children

\$100 flat amount for children 14 days to six months and in increments of \$5,000, to a maximum of \$10,000 per child age six months to 19 years. Benefit can be extended to age 25 if dependent is a full-time student

The value of your Life Insurance benefit reduces by 25% at age 65 for you and your spouse.

Evidence of Insurability

If you do not elect Optional Life Insurance coverage when you are first eligible, or if you want to increase coverage during the next Open Enrollment period, you may need to show Evidence of Insurability (EOI). EOI may also be required if you elect Optional Life Insurance coverage for your spouse or domestic partner.

If your spouse is currently employed at or becomes employed at Legacy Meridian Health, and you both are benefit-eligible, you may not elect spouse Life Insurance coverage for each other.

Permanent Life Insurance (with Long Term Care Rider)

Can your family maintain their lifestyle without you? Permanent Life Insurance helps ensure that they can.

Permanent Life Insurance is designed to provide a death benefit to your beneficiaries if something should happen to you. It can also build cash value that you can utilize while you are still living. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty. Find peace of mind knowing your family will be taken care of.

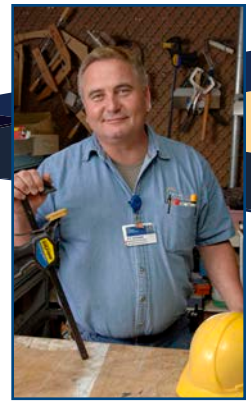
Plan Features:

- You can purchase coverage for yourself, your spouse, same sex civil union partner or grandfathered same sex domestic partner, your children and/or your grandchildren.
- Permanent Life Insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
- The benefit is Guaranteed Issue when first offered, so no physical exams are required to apply for coverage.
- As the policy builds cash value, you can eventually use it to make premium payments or to pay urgent expenses while you are still living.
- Coverage is portable – you can take your policy with you if you change jobs or retire.
- A Long Term Care Rider is included, which provides benefits for nursing home care, home health care or adult day care.*

Permanent Life Insurance never expires. You keep the policy as long as you make the payments, which means the premiums won't go up. Lock in a lower premium NOW and save thousands of dollars in the future!

Life Insurance Plan Comparison		
Basic Life	Optional Life	Whole Life
100% Company paid	Cost increases as you get older	Premiums never change
Death benefit only	Death benefit only	Death benefit plus tax-deferred cash value accumulation
Coverage for yourself only	Coverage options available for yourself, spouse, same sex civil union partner or grandfathered same sex domestic partner, and children	Coverage options available for yourself, spouse, same sex civil union partner or grandfathered same sex domestic partner, and children

* Long Term Care Rider is included on policies with a death benefit of \$10,000 or more. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.



Disability Insurance

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, a portion of your income is protected.

Short Term Disability Insurance

Voluntary Short Term Disability Insurance provides a source of income if a disability keeps you out of work for an extended period of time. The plan offers you financial protection in the event of a qualified sickness or off-the-job injury. This would help supplement New Jersey Short Term Disability.

Plan features:

- Benefit pays 40% of your monthly income, ranging from \$400 to \$5,000.
- The plan pays a benefit for disabilities resulting from a covered accident or sickness.
- You pay premiums through convenient payroll deduction, so there's no worrying about writing checks or mailing payments.
- Coverage is individually owned, which means you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending on your age, the amount of coverage you elect and other such factors.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. If you live in a state that has statutory disability benefits, your benefits under this plan may be offset by any statutory disability benefits received.

Long-Term Disability (LTD) Insurance

Your LTD coverage provides financial protection if you're sick or injured and unable to work for an extended period of time. Legacy Meridian Health provides a core LTD benefit plus the opportunity to purchase additional LTD coverage if you want.

You Get Core Coverage:

50% of base salary up to \$10,000 a month.

Legacy Meridian Health pays the full cost of your core LTD benefit, which will continue 50% of your base salary (up to \$10,000 a month) after state-provided Temporary Disability is exhausted.

You Can Choose Additional Coverage:

Buy-Up Long Term Disability is grandfathered to existing participants only, meaning the benefit will only be offered to those participants who are currently enrolled in the benefit.

Buy-Up Long-Term Disability provides the basic benefit provided by Raritan Bay Medical Center (50%) but it will be taxed based on the value of the coverage using an imputed income. The full 50% benefit will be received tax free should you become disabled and be unable to work after the six-month waiting period.

Please Note: New participants CANNOT enroll in the Buy-Up Long-Term Disability benefit.

Other Benefits

TeamMeridian Teladoc

TeamMeridian Teladoc offers free medical consultations for non-urgent health issues via phone, web or mobile app. Our telehealth option (the delivery of health-related services and information via telecommunications) is offered with a \$0 copay and is available to benefit-eligible team members and their covered dependents.

Health Advocate

Health Advocate is designed to help you and your family navigate personal health care and insurance-related issues, resolving problems that you may encounter. A Personal Health Advocate (PHA) – typically registered nurse, supported by medical directors and benefits and claims specialists – can help with issues like complex conditions, finding specialists, eldercare issues, clarifying insurance coverage, claims denials and negotiating medical bills. Health Advocate can be accessed 24/7, and your information is kept strictly confidential.

Employee Assistance Program (EAP)

Legacy Meridian Health offers team members and their family members access to Meridian Life Solutions' Employee Assistance Program (EAP) to help you cope with personal problems affecting you at work or at home. The EAP provides a confidential resource for assistance with a wide variety of work/life concerns, including depression, anxiety, stress management, alcohol, drug or gambling addictions, child and elder care, financial or legal concerns, family conflict, parenting concerns and relationship problems. You and your family have access 24 hours a day, seven days a week.

Legal Plan

Affordable legal assistance can sometimes be difficult to find. With the Legal Plan, you have access to comprehensive legal assistance, advice and discounted representation on many different legal services, including divorce, child custody, traffic ticket, wills and much more!

401(k) Retirement Plan

The Raritan Bay Medical Center 401(k) Plan provides eligible team members with one of the best ways to save for retirement. Team members who are at least 21 years old become eligible to participate in the 401(k) Plan the first payroll following three months of service.

403(b) Tax Sheltered Annuity (TSA)

This voluntary program allows team members to save for retirement with pre-tax income through a convenient payroll deduction. All team members are eligible to contribute up to the maximum amount allowable by law based on their age group. Currently, TSA options are offered through Prudential, Vanguard, and TIAA-CREF.

Voluntary Section 529 Educational Savings Plan

The Voluntary Section 529 Educational Savings Plan, available through Lincoln Investments, allows team members to contribute, through a direct deposit payroll deduction, to an account to save and/or invest for future college expenses for a child or other family member. Contributions will grow tax deferred and when money is withdrawn for expenses at any post secondary educational institution, these dollars are exempt from federal taxes. Team members become eligible for this plan immediately upon hire.

College Planning

CollegeBound Solutions, LLC was created for both parents and college-bound students. More information about college admissions, financial aid and funding options exists than any one person could possibly absorb . . . you might call it an embarrassment of riches. Families, now more than ever, need simple straightforward answers regarding paying for college. Some techniques include: individualized college funding plan for all children; cash flow enhancement modeling; "tax scholarships"; admission strategies; creative borrowing techniques and more.

Tuition Reimbursement

Full-time and part-time team members may be able to receive tuition reimbursement for approved courses. Team members who wish to participate must receive a passing grade of "C" or better. Applications must be submitted prior to the start of the course. Team members become eligible for reimbursement after six months of employment. Registered Nurses are eligible for an enhanced Tuition Reimbursement benefit.

Weight Management Program

Raritan Bay Medical Center will reimburse team members up to \$300 for the cost of program fees when a 365 day program enrollment period is completed through Weight Watchers or a nationally recognized program that documents attendance. Each team member and spouse enrolled in medical coverage is eligible to receive one reimbursement per calendar year (up to \$600 if both you and your spouse complete a qualifying weight management program).

Health Club (Gym) Reimbursement

Team members and spouses enrolled in medical coverage will each be reimbursed \$240 annually (\$120 every 6 months) for the completion of 100 workouts per person during the calendar year (50 visits per person every 6 months) at a participating fitness center. Proof of attendance will be required in order to receive the reimbursement.

Smoking Cessation Program

Raritan Bay Medical Center will reimburse team members and spouses enrolled in medical coverage up to \$500 each for the completion of a nationally recognized smoking cessation program. If the program costs less than \$500, the difference may be applied toward prescription smoking cessation aids and/or nicotine replacement products.

Discounted Auto and Home Owners Insurance

As a team member of Raritan Bay Medical Center, you qualify for special savings on Auto and Home Owners Insurance policies through MetLife and New Jersey Manufacturers Insurance Company. Your premiums for purchases through MetLife may be paid through bi-weekly payroll deductions.

Credit Union Membership

Team members have the option to join the Healthcare Employees Federal Credit Union. Credit unions offer members holiday/vacation clubs, special discounts on area attractions, low interest credit cards, loans, IRAs and more.



If you have questions regarding
Legacy Meridian Health's Flexible Benefits Program,
please call the HR Support Services Team at 732-751-3553
or email HRSupportServices@MeridianHealth.com.

This enrollment workbook highlights key features of the Legacy Meridian Health Flexible Benefits Plan. It is not intended to imply a contract for employment. The plan documents will contain full details. If there is a discrepancy in the information you receive about the plans, the plan documents will rule.

Meridian Hospitals Corporation is a member of the Hackensack Meridian Health family, serving our communities through the dedication and excellent care provided by our 28,000 team members through the Network and 6,000 physicians.

A Healthier You Starts Here