2017 Flexible Benefits ENROLLMENT

MEDICAL BENEFITS COMPARISON CHART PLAN YEAR 2017

This chart summarizes benefit provisions for each medical plan option. For more information visit Flexible Benefits at www.TeamMeridian.com or call the HR Support Services Team at 732-751-3553

Plan Provisions	QualCare Inner Circle			QualCare CDHP[3]		
	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network
Annual Deductible (individual/family)	n/a	$1,000/$2,000	$2,000/$4,000	The dollars in your Health Savings Account are used for the first $1,500/$3,000 of medical and prescription expenses.		
Health Savings Account — HSA[3] (individual/family)	n/a	n/a	n/a	You can contribute up to $2,650/$5,250 in pre-tax dollars to your HSA[4].		
Meridian Annual HSA Contribution	n/a	n/a	n/a	Meridian provides an upfront contribution of $250/$500 to your HSA. Meridian Matches $.50 for every dollar you contribute, up to $500/$1,000.		
Maximum Team Member HSA Contribution	n/a	n/a	n/a	Your contribution and Meridian's matching contribution cannot exceed $3,400/$6,750 in a year.		
Coinsurance	Plan pays 100%	Plan pays 70%	Plan pays 50% of fee schedule[5]	Plan pays 100%	Plan pays 70%	Plan pays 50% of fee schedule[5]
Out-of-Pocket Maximum (your annual maximum share)	n/a	**Medical** $4,000 individual/ $6,700 family **Rx** $2,000 individual/ $3,300 family	No annual maximum	n/a	**Medical & Rx combined** $6,000 individual/ $10,000 family	No annual maximum
Lifetime maximum	No Lifetime Maximum			No Lifetime Maximum		
Precertification	You may be required to obtain pre-certification from the plan prior to receiving certain services: if either you or your physician does not pre-certify care when necessary, plan payments will be reduced or denied. **$400 penalty applies for each failure to precert.**			You may be required to obtain pre-certification from the plan prior to receiving certain services: if either you or your physician does not pre-certify care when necessary, plan payments will be reduced or denied. **$400 penalty applies for each failure to precert.**		

Note: All medical plans are administered through QualCare

[1] Refer to the Inner Circle Directory on www.TeamMeridian.com at Flexible Benefits for a list of Inner Circle providers.

[2] For In Network providers, refer to either www.qualcare.com for a list of NJ network providers (POS) or http://sarhcpdir.cigna.com/mcoap for Cigna National Providers for services provided out-of-New Jersey.

[3] HSA not available to team members ages 65 and over.
You pay for covered services with your HSA dollars.
Coverage begins after the first $1,500/$3,000 in expenses.

[4] Team members age 55 and older may contribute up to an additional $1,000, under the federal guidelines offering a "catch-up" provision.

[5] The fee schedule is the negotiated rates that the providers have agreed to accept as reimbursement from QualCare for each type of procedure or treatment. Call QualCare Customer Service at (800) 992-6613 with any questions.

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	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network
Hospital Copay (applied before deductible, per admission)	$0	$250	$250	N/A	N/A	N/A
Semi-private room	100%	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Inpatient physician	100%	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Surgery Direct	100%	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Outpatient Covered Services						
Primary care office visit	100% after $30 copay	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Specialist visit	100% after $40 copay	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Outpatient surgery	100%	70% after deductible	50% of fee schedule after deductible; $1,200 maximum per surgery	100% after deductible	70% after deductible	50% of fee schedule after deductible; $1,200 maximum per surgery
Preventive care, including routine physicals and immunizations (frequency limits may apply)	100%	100%	Not covered	100%, no copays, no deduction from HSA (you may be responsible for charges above R&C if you visit providers not offering discounts to Meridian HSA plan members)		Not covered
Chiropractic Care (Letter of medical necessity for children under the age of 18)	100% after $40 copay 20 visit maximum	70% after deductible	Charges are not eligible for reimbursement	100% after deductible Up to a maximum of $1,800 per year	100% after deductible	Not covered
Diagnostic X-ray, lab services and treatments	100%	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible

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	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network
Prescription Drugs - EnvisionRxOptions Pharmacy Benefits Manager						
Generic	$7 copay for 30-day supply using your Prescription Benefit card at network pharmacies.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Preferred brand	$35 copay for 30-day supply using your Prescription Benefit card at network pharmacies.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Brand name	$50 copay for 30-day supply using your Prescription Benefit card at network pharmacies.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Mail order — Maintenance drugs	$17.50 copay for 90-day supply of generic drugs; $87.50 copay for 90-day supply of preferred brand drugs; $125 copay for 90-day supply of brand name drugs. EnvisionRxOptions partners with Orchard Pharmaceutical for mail order services.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Specialty drugs *R&C (Reasonable & Customary): The difference.	$90 copay for 30-day supply. Specialty drugs used to treat complex chronic diseases must be obtained through the exclusive provider of Specialty Products for EnvisionRxOptions or through Meridian Ambulatory Pharmacy, if available.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Prescription Drugs - Meridian Ambulatory Pharmacy						
Generic	$0 copay for 30-day supply			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Preferred brand	$25 copay for 30-day supply			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Brand name	$35 copay for 30-day supply			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Maintenance drugs	$0 copay for 90-day supply of generic drugs; $50 copay for 90-day supply of preferred brand drugs; $70 copay for 90-day supply of brand name drugs.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Specialty drugs	$70 copay for 30-day supply. Specialty drugs used to treat complex chronic diseases may be filled through Meridian Ambulatory Pharmacy if available.			80% after deductible Preventive drugs covered at 100%	80% after deductible	80% after deductible
Mental Health/Substance Abuse						
Inpatient care	100%	$250 copay, then 70% after deductible	$250 copay, then 50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Outpatient mental health/substance abuse	100% after $40 copay per visit	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible

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	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network	Inner Circle[1]	In Network (POS\Cigna)[2]	Out of Network
Emergency Services						
Emergency Room (ER copay waived if admitted, however hospital copay applies)	100% after $50 copay	100% after $100 copay	100% after $100 copay for true emergency care Non-emergency care is not covered	100% after deductible	100% after deductible	100% after deductible
Ambulance service (medically necessary)	100% through Alert Ambulance	100%	100%	100% after deductible through Alert Ambulance	100% after deductible	100% after deductible
Urgent Care	100% after $30 copay	100% after $40 copay	100% after $40 copay	100% after deductible	100% after deductible	100% after deductible
Other Services						
Physical, Occupational and Speech Therapy	See #1 below	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
	Annual maximum: 60 visits per condition (speech therapy maximum: 30 visits)			See #2 below		
Radiation, Chemotherapy and Cardiac Therapy	100%	70% after deductible	50% of fee schedule after deductible	100% after deductible	70% after deductible	50% of fee schedule after deductible
Dialysis	100%	Not covered See #3 below	Not covered See #3 below	100% after deductible	Not covered See #3 below	Not covered See #3 below
Home health care	100% through Meridian At Home	70% after deductible	50% of fee schedule after deductible	100% after deductible through Meridian At Home	70% after deductible	50% of fee schedule after deductible
	Maximum: 120 visits per year			Maximum: 120 visits per year		
Extended care/skilled nursing	100% through Meridian Nursing & Rehabilitation	70% after deductible	50% of fee schedule after deductible	100% after deductible through Meridian Nursing & Rehabilitation	70% after deductible	50% of fee schedule after deductible
	Maximum: 120 days per year			Maximum: 120 days per year		
Hospice care	100% through Meridian Hospice	70% after deductible	50% of fee schedule after deductible	100% after deductible through Meridian Hospice	70% after deductible	50% of fee schedule after deductible
	Maximum: 181 days inpatient or outpatient per year			Maximum: 181 days inpatient or outpatient per year		
Durable medical equipment (and repairs)	100% through Health Innovations Unlimited	70% after deductible	50% of fee schedule after deductible	100% after deductible through Health Innovations Unlimited	70% after deductible	50% of fee schedule after deductible
Routine Vision care	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Acupuncture	100% after $40 copay	Not covered	Not covered	100% after deductible	70% after deductible	50% of fee schedule after deductible
For questions, contact the plans directly: (800) 992-6613 or www.qualcareinc.com						

1. Outpatient hospital 100%; office/other facility $40 copay.

2. Occupational and physical therapy: $4,000 max per person; speech therapy $2,500 max per person.

3. Not covered unless physician certifies that travel to Meridian facility would be inadvisable.

Should there be conflict in benefit provisions, the plan document will prevail

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