

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
- Health Savings Account
- Hospital Indemnity Insurance
- Cancer Insurance
- Critical Illness Insurance
- Accident Insurance
- Dental
- Vision
- Flexible Spending Accounts
- Life Insurance
- Permanent Life Insurance
- Disability
- Legal
- Health Advocate
- EAP (Employee Assistance Program)
- TeamMeridian Teladoc

Eligibility

Team Member Eligibility

You can participate in the Legacy Meridian Health Flexible Benefits Program if you are a regular full time (Status 1) or part time (Status 2 – 20 hrs) team member.

- Team members at Meridian Nursing & Rehabilitation at Ocean Grove, Shrewsbury and Brick must be full time to participate in the Flexible Benefits Program (36 hours per week).
- Part time team members at Bayshore Health Care Center/Willows and part time team members at MNR Shrewsbury covered under a collective bargaining agreement, are eligible to participate in benefits.

Dependent Eligibility

You can also enroll eligible dependents for coverage. The definition of eligible dependent varies, depending upon the benefit.

Medical Benefits

Eligible dependents under your medical benefits include:

- Your spouse, same sex civil union partner or grandfathered same sex domestic partner.
- Your children up to age 26.
- Your children of any age who are physically or mentally disabled, as long as the disability occurred prior to age 26.

Dental, Vision and Life Insurance Benefits

Eligible dependents under your dental, vision and life insurance benefits include:

- Your spouse, same sex civil union partner or grandfathered same sex domestic partner.
- Your unmarried dependent children up to age 19, or up to age 23 if a full time student.
- Vision up to age 26.
- Your unmarried dependent children of any age who are physically or mentally disabled, as long as the disability occurred prior to age 19 – or age 23 if a full time student.

Eligible dependent children include:

- Your or your enrolled same sex civil union partner's or same sex domestic partner's biological children.
- Your or your enrolled same sex civil union partner's or same sex domestic partner's legally adopted children.
- Step-children, foster children or children for whom you have legal custody, including children of your spouse, same sex civil union partner or same sex domestic partner who you claim as dependents on your income tax return, and children recognized by a Qualified Medical Child Support Order (QMCSO).

Only those dependents meeting the eligibility requirements can be enrolled for coverage. You will be required to provide supporting Legal Documentation for each eligible dependent.

Legacy Meridian Health's Diversity Statement: Legacy Meridian Health strives to create an environment in which the uniqueness of each person is valued, and where everyone is treated with dignity and respect without regard to race, gender, age, national origin, ethnic background, disability, religion, culture, or sexual orientation.

Medical Benefits

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

MEDICAL BENEFITS						
Plan Provisions	QualCare Inner Circle			QualCare CDHP Plan		
	Inner Circle	In-Network (POS/Cigna)	Out-of-Network	Inner Circle	In-Network (POS/Cigna)	Out-of-Network
Annual Deductible (individual/family)	N/A	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000		
Coinsurance (what the plan pays)	100%	70%	50% of fee schedule	100%	70%	50% of fee schedule
Coinsurance Maximum (individual/family)	N/A	Medical \$4,000/\$6,700 Rx \$2,000/\$3,300	No annual maximum	N/A	Medical & Rx Combined \$6,000/ \$10,000	No annual maximum
Preventive Care	100%		Not covered	100%		Not covered
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 Office 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
Emergency Room (waived if admitted)	100% after \$50 copay	100% after \$100 copay	100% after \$100 copay for true emergency Non-emergency care is not covered	100% after deductible	100% after deductible	100% after deductible



Prescription Benefits

When you enroll in any of the Legacy Meridian Health medical plans, you automatically receive prescription drug coverage. Prescription drug coverage is provided through EnvisionRxOptions. You will receive a separate Prescription Benefit card. The chart below provides an overview of how each plan covers prescription drugs.

Plan Provisions	QualCare Inner Circle			QualCare CDHP Plan	
	Inner Circle	In-Network (POS/Cigna)	Out-of-Network	Inner Circle	In-Network (QualCare Network)
Prescription Drugs	EnvisionRxOptions Pharmacy Benefit Manager				
Generic	\$7 copay for 30-day supply using your Prescription Benefit card at network pharmacies			80% in Traditional Health Coverage Preventive Drugs covered at 100%	
Preferred brand	\$35 copay for 30-day supply using your Prescription Benefit card at network pharmacies				
Brand name	\$50 copay for 30-day supply using your Prescription Benefit card at network pharmacies				
Specialty drug	\$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.				
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.				
Prescription Drugs	Meridian Ambulatory Pharmacy				
Generic	\$0 copay for 30-day supply			80% in Traditional Health Coverage Preventive Drugs covered at 100%	
Preferred brand	\$25 copay for 30-day supply				
Brand name	\$35 copay for 30-day supply				
Specialty drug	\$70 copay for 30-day supply. Specialty drugs used to treat complex chronic diseases may be filled through Meridian Ambulatory Pharmacy, if available.				
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.				

Meridian Ambulatory Pharmacy Saves You Money.

Copays are always lower when filling your prescriptions through the Meridian Ambulatory Pharmacy. Contact the Meridian Ambulatory Pharmacy for information on generic drugs and talk to your provider about whether a switch to a generic brand is right for you. You can reduce your out-of-pocket costs by using a generic drug whenever possible. Some specialty medications are also available through the Meridian Ambulatory Pharmacy.

Specialty Pharmacy.

Specialty medications are very expensive drugs used to treat complex chronic conditions. EnvisionRxOptions has an exclusive Specialty Pharmacy vendor, Costco Specialty Services, and can provide individualized support, direct delivery, and clinically based care management programs to help you get the most benefit from the specialty medications your doctor has prescribed for you.

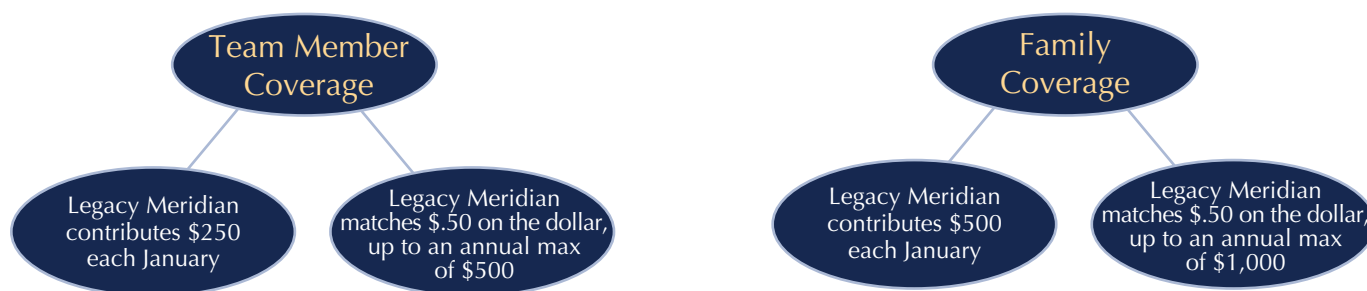
Health Savings Account

How the Health Savings Account (HSA) Works

A Health Savings Account, otherwise known as an HSA, is a special savings account set up specifically for you and your family. This account is set up when you enroll in the QualCare CDHP (Consumer Driven Health Plan). You may pay for all health-related expenses (like doctor visits and hospital services) out of your HSA.

Along with the tax savings you receive with pre-tax contributions to an HSA, the QualCare CDHP HSA offers many other important features:

- **Unused HSA Dollars Roll Forward.** At the end of each plan year, if you haven't used all of your HSA dollars, those dollars roll over to the next year for future health care expenses.
- **You Can Take It With You.** Your HSA is portable – you can take any unused balance with you if you retire or leave the organization. Those dollars are always available to you for health care costs.
- **Investment Growth.** You can invest the funds in your HSA, so your available health care dollars can grow over time.



Triple Tax Advantage of an HSA*

1. All contributions into your HSA are made before income taxes are calculated. That means you don't pay income tax on the company's contribution or the contributions you make into the account.
2. There is no tax on the interest or earnings that accrue in the account.
3. You pay no taxes on the funds you use to pay for eligible medical expenses.

*Any reference to taxes is at the federal level. State tax rules may vary.

Look at Your Total Cost of Health Care

When considering the right medical plan for you and your family, it's important to look at the Total Cost of Health Care. This "Total Cost" is how much you pay in premiums (the contribution taken out of your earnings each pay period) and how much you pay out of pocket. The Total Cost also includes contributions to your Health Savings Account.

The truth is that many people pay more than they need to for health care. By taking a little time to consider your choices and paying attention to your health, you could save money and possibly begin accumulating funds for future health care expenses.

YOUR SHARE OF THE PREMIUM
(THE MONEY DEDUCTED
FROM YOUR PAYCHECK)

+

YOUR OUT-OF-POCKET COSTS
(COINSURANCE, DEDUCTIBLES, ETC.)

-

HSA CONTRIBUTIONS
(IF YOU CHOOSE THE QUALCARE PLAN)

YOUR TOTAL COST OF HEALTH CARE



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	Horizon GOLD (Horizon Dental Option)	Covers Preventive Services Only.		
		Horizon SILVER (Horizon Dental Preventive PPO Access)	Horizon BRONZE (Horizon Dental Choice)	Healthplex
Annual Deductible	\$25/person; \$75/family	No deductible	No deductible	No deductible
Annual Maximum (Basic and Major Services)	\$1,750/ person	Services not covered	No annual maximum	No annual maximum
Preventive Care	100% (no deductible)	100% (no deductible)	100% (no deductible) (\$40 copay for sealants up to age 14)	100% (no deductible) (\$15 copay for sealants up to age 14)
Basic Services	80% of Horizon BCBSNJ allowable charge (after deductible)	You pay the reduced Horizon Dental PPO plan fee schedule for covered procedures	100% (no deductible)	100% (no deductible) (\$75 copay for osseous surgery per quadrant)
Major Services	50% of the Horizon BCBSNJ allowable charge (after deductible)	Not covered	\$150 copay for crowns Up to \$170 copay for dentures	100%
Orthodontia	50% copay (no deductible) \$1,000 per person lifetime maximum	Not covered	\$1,000 copay regardless of age	Up to age 19: \$500 copay 19 years & over: \$1,250 copay
Provider Information	Pays benefits no matter where you receive care; however, you can save money using a Horizon Network provider Go to www.horizonblue.com for a current list of participating providers.	Must use Horizon PPO Access network dentist Go to www.horizonblue.com for a current list of participating providers.	Must use Horizon Dental Choice network providers Go to www.horizonblue.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 Plan is designed to help pay the cost of eye exams, eyeglasses, and medically necessary contact lenses for you and your family, up to age 26, once every 12 months. Vision benefits are administered by UnitedHealthcare.

UnitedHealthcare Vision Plan

If you receive covered services through UnitedHealthcare's network of providers, the plan will generally pay 100% after you pay a \$10 or \$20 copayment (depending on the service). If you go outside the network, the plan pays less and you pay more.

The UnitedHealthcare Vision Plan pays benefits based on a large selection of prescription frames, lenses, and contact lenses. If you choose a type of frame or non-standard cosmetic feature that is not part of the plan's regular selection, you will pay more. For contact lenses outside of the regular selection, the plan will pay up to a maximum of \$150 per year when you use a network provider, or up to a maximum of \$105 when you use an out-of-network provider. The plan covers up to six boxes of disposable contact lenses when chosen from the covered contact lens selection.

To find a provider near you, call UnitedHealthcare at (800) 638-3120, or visit www.myuhcvision.com.

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

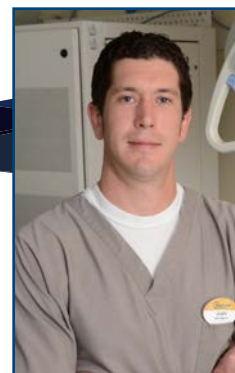
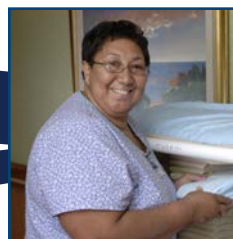
1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care expenses throughout the year, use your FSA card to pay for eligible expenses at the point of sale. If you choose not to use a FSA card, you will first pay the bill and then file a claim form for reimbursement from your FSA. You may not use your FSA card for dependent care expenses; you must file a claim. Claim forms are available online at www.TeamMeridian.com.
4. Under new regulations, you will be able to roll over up to \$500 of any unused Health Care FSA funds from the current plan year to the next plan year.

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	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.

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.

Note to QualCare CDHP Participants: Enrollees in the QualCare CDHP may participate in the Dependent Care Spending Account and a Specific Use FSA. Due to federal guidelines, you are not eligible to participate in a traditional Health Care FSA.



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: 1x base pay
- AD&D: 1x base pay

You Can Choose Optional Coverage:

- For yourself
- For your spouse, same sex civil union partner or grandfathered same sex domestic partner
- For your child(ren)

Definition of "Base Pay" for Life Insurance

For the purposes of your Life Insurance benefits, "base pay" includes shift differential, but it does not include overtime, bonus payments, or other compensation. It does include any pre-tax contributions you make to pay for benefits or contribute to the 403(b) or 401(k) Plans.

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 times your base pay, to a maximum of \$1 million. This plan pays a benefit to your beneficiary if you die.
- Accidental Death & Dismemberment (AD&D) Insurance of one times your base pay, to a maximum of \$1 million. 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 Life Insurance for 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 4x your base pay, rounded up to the nearest \$1,000. The total of your optional coverage and your core coverage combined cannot exceed \$1 million.

For your spouse or same sex civil union partner or grandfathered same sex domestic partner

Choose from two coverage levels:

- \$10,000
- \$20,000

For your dependent children

Choose from two coverage levels:

- \$5,000
- \$10,000

The value of your Life Insurance benefit declines starting at age 70.

Age 70 – 74: 65% of benefit

Age 75 and above: 40% of benefit

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 same sex civil union partner or grandfathered same sex domestic partner.

If your spouse is currently employed at or becomes employed at Legacy Meridian Health, and you both are benefit-eligible (Status 1 or Status 2), 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 base pay up to a maximum of \$3,000 per month.
- 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.

Your Benefits Counselor can give you detailed plan information, including costs. 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 (Meridian Health Resources team members are not eligible) plus the opportunity to purchase additional LTD coverage if you want.

You Get Core Coverage:

50% of base pay up to \$5,000 a month

You Can Choose Additional Coverage:

60% of base pay up to \$10,000 a month

Core LTD and additional LTD coverage is not included in the Flexible Benefit Plan for team members of Meridian Health Resources.

Voluntary LTD coverage is available through Legacy Meridian Health's Voluntary Benefits.

Definition of "Base Pay" for Long-Term Disability

For the purposes of the LTD Plans, "base pay" includes shift differential, but it does not include overtime, bonus payments, or other compensation.

Legacy Meridian Health pays the full cost of your core LTD benefit, which will continue 50% of your base pay (up to \$5,000 a month) after you have been totally disabled for 180 days. If you want more coverage, you can purchase the optional LTD Plan through the Flexible Benefits Plan. This plan will continue 60% of your base pay up to \$10,000 per month — again, after a total disability of 180 days.

Note: Please re-consider your financial position to determine if you will need to purchase any coverage above \$5,000.

Evidence of Insurability

If you do not elect optional LTD coverage when you are first eligible, you may need to show Evidence of Insurability (EOI) should you wish to elect optional LTD coverage during a future Open Enrollment period.

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 a 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 and 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 tickets
- Wills, and much 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