

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](http://www.TeamMeridian.com) or call the HR Support Services Team at 732-751-3553.

Plan Provisions	QualCare HMO		QualCare PPO		
	Inner Circle	In-Network	Inner Circle	In-Network	Out-of-Network
Annual deductible (individual/family)	None	None	None	\$850*/\$1,700*	\$1,500*/\$3,000*
Coinsurance	100%	80%	90%	75%	60%
Coinsurance — your annual maximum share (individual/family)	\$6,600/\$13,200	\$6,600*/\$13,200*	\$1,000*/\$2,000*	\$5,600*/\$11,200*	\$8,000*/\$16,000*
Lifetime Maximum	Unlimited		Unlimited		
Inpatient Covered Services					
Hospital Copay (applied before deductible, per admission)	100%	\$500 copay/admission**	100%	75%	60%
Outpatient Covered Services					
Primary care office visit	\$20 copay	\$30 copay	\$30 copay	\$40 copay	60% of fee schedule after deductible
Specialist visit	\$30 copay	\$40 copay	\$40 copay	\$50 copay	60% of fee schedule
Outpatient surgery (when performed in free-standing surgical center or for office-based surgery)	100%	80%	90%	75% after deductible	60% of fee schedule after deductible
Preventive care, including routine physicals and immunizations (frequency limits may apply)	100%	100%	100%	100%	60% of fee schedule after deductible
Chiropractor	\$30 copay	\$40 copay	\$40 copay	75% after deductible	60% of fee schedule after deductible
Diagnostic X-ray, lab services and treatments (facility charge)	100%	80%	100%	75% after deductible	60% of fee schedule after deductible

Plan Provisions	QualCare HMO		QualCare PPO®		
	Inner Circle	In-Network	Inner Circle	In-Network	Out-of-Network
Prescription Drugs	Retail Pharmacy Program - Limited to a 30-day supply				
Generic	You pay \$10 copay		You pay \$10 copay		
Single-source brands	You pay \$45 copay		You pay \$45 copay		
Multi-source brands	You pay \$65 copay		You pay \$65 copay		
Prescription Drugs	Mail Order Program - Limited to a 90-day supply				
Generic	You pay \$25 copay		You pay \$25 copay		
Single-source brands	You pay \$112.50 copay		You pay \$112.50 copay		
Multi-source brands	You pay \$162.50 copay		You pay \$162.50 copay		
Mental Health/Substance Abuse					
Inpatient care					
Physician	100%	80%	90%	75% after deductible	60% after deductible
Hospital	100%	\$500 copay/admission**	100%	75%	60%
Outpatient mental health/ substance abuse	100%	\$40 copay	100%	\$50 copay	60% of fee schedule**
Emergency Services					
Emergency Room (copay waived if admitted)					
Physician	100%	100%	100%	90% after deductible	90% after deductible
Hospital	\$50 copay/visit	\$50 copay/visit	100%	100%	100%
Ambulance service (medically necessary)					
Other Services					
Physical, Occupational and Speech Therapy					
Hospital	100%	80%	100%	75% after deductible	60% of fee schedule after deductible
Physician’s Office	\$30 copay	\$40 copay	90%	75% after deductible	60% of fee schedule after deductible
Radiation, Chemotherapy and Cardiac Theracpy	100%	80%	100%	75% after deductible	60% of fee schedule after deductible
Dialysis	100%	80%	100%	75% after deductible	60% of fee schedule after deductible
Home health care (each visit limited to 4 hours or less)	100%	80%	90% (60 visits/calendar year)	75% after deductible (60 visits/calendar year)	No coverage
Extended care/ skilled nursing					

Plan Provisions	QualCare HMO		QualCare PPO		
	Inner Circle	In-Network	Inner Circle	In-Network	Out-of-Network
Other Services (continued)	Meridian Ambulatory Pharmacy				
Hospice care					
Durable medical equipment					
Vision care					
Eye Exam (1 exam/year)	\$20 copay	\$30 copay	\$30 copay	\$40 copay	No coverage
Specialist	\$30 copay	\$40 copay	\$40 copay	\$50 copay	No coverage
Optical Benefit (every 2 years)	\$50 benefit	\$50 benefit	\$50 benefit	\$50 benefit	No coverage
Acupuncture					
<p>For questions, contact the plans directly :</p> <p>QualCare HMO: (800) 254-0130 or <a href="http://www.qualcareinc.com">www.qualcareinc.com</a></p> <p>QualCare PPO: (800) 992-6613 or <a href="http://www.qualcareinc.com">www.qualcareinc.com</a></p>					

\*Inner Circle & In-Network: Deductibles and Out-of-Pocket Maximums are cumulative. Eligible member out of pocket costs not to exceed \$6,600 for an individual/\$13,200 for a family combining both medical and prescription expenses. Out-of-Network: Deductibles and Out-of-Pocket Maximums must be met separately.

\*\*In addition to the copay indicated, the member is responsible for 10% coinsurance.

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