

**In This Issue**



**Inside Cover**

- Benefit Changes for 2012
- Annual Open Enrollment Period
- Family Status Events

**Medical Options**

- Urgent Care or Emergency Care .....2
- Dependent Care.....2
- Schedule of Benefits .....4

**Dental Options** .....5

**Vision Options** .....5

**Q&As** .....5

## Summary of Benefit Changes for year 2012

Each year, Memorial reviews the benefit plans offered to team member's to ensure we are still meeting the needs of our team members and their families, to ensure we are in compliance with all legal requirements, and to ensure we are able to support the on-going costs of the plans from an organizational perspective. Listed below is information for the 2012 plan year.

### SRC Affordable Choices

- SRC Affordable Health Choices® will continue to be an option for staffing team members.
- There are two SRC medical plans to choose from.

Please refer to the Schedule of Benefits on the following pages for further information regarding these options.

### SRC Affordable Choices-Dental

You also have a dental option through the Affordable Choices Plan.

Please refer to the Affordable Choices enrollment materials for further information and premium structure.

### SRC Affordable Choices Vision

You have a vision option through the Affordable Choices Plan.

Please refer to the Affordable Choices enrollment materials for further information and premium structure.

## ANNUAL OPEN ENROLLMENT PERIOD

Memorial is pleased to offer a variety of insurance benefit options which include: medical, dental, and vision. As a benefits-eligible team member, you will be given the option of enrolling in these programs or making changes to your current coverage during Memorial's Open Enrollment period.

***For individuals wishing to enroll in the SRC plan, the 2012 Open Enrollment period will run from November 1 through November 30, 2011.***

All changes made during Open Enrollment will be effective **January 1, 2012.**

Once your insurance elections have been made, you cannot make changes to your insurance coverage throughout the 2012 calendar year unless you have a "Family Status Event" and you submit an Insurance Add/Change Form within **31 days** of this event occurring. **The only time you can change plans is during Open Enrollment.**

Please review the enclosed information carefully, to insure that you are enrolled in the plans that are right for you and your family.

This guide outlines general information on the SRC insurance plans. For more information, refer to the enclosed information, attend a Benefits Fair, or contact Memorial's Benefit Counselor.

### *What do you need to do for Open Enrollment?*

**READ** this enrollment guide

**DISCUSS** your healthcare needs with your spouse

**SELECT** your benefits

**REVIEW** your first paycheck in 2012 to insure your benefit elections are correct.

## FAMILY STATUS EVENTS

Memorial holds Open Enrollment in the fall of each year. Changes made during Open Enrollment The only other time you can make changes throughout the year to your Memorial insurance coverage is **within 31 days** of a "Family Status Event". Family Status Events are defined below.



### Qualified Family Status Events:

- *Marriage, Divorce/Legal Separation/Annulment.*
- *Death of a spouse or dependent.*
- *Birth or Adoption.*
- *Starting new or termination of employment of yourself or spouse.*
- *Reduction of assigned work hours on the part of the team member, spouse or dependent.*
- *Increase in assigned work hours on the part of the team member, spouse or dependent.*
- *Team member, spouse or dependent going on Leave of Absence.*
- *Team member, spouse or dependent returning from Leave of Absence.*
- *Team Member or spouse becomes Medicare eligible.*

A team member who experiences a Family Status Event throughout the year should immediately contact Memorial's Benefit Department for insurance selection information and submit an Insurance Add/Change Form. The Insurance Add/Change Form, along with proof of the event (example: photocopy of the birth certificate or marriage license and social security card), must be returned to Benefits **within 31 days of the event occurring**. If this deadline is missed, the Benefits Team will be unable to process the insurance enrollment change.

### Your choice of Coverage Categories:

*If you are married or have dependents, you have the option to elect coverage for only yourself and not for your spouse or dependents. You may choose from the following coverage categories:*

- *Employee - coverage for team member alone.*
- *Employee +1 - coverage for team member plus one family member.*
- *Family - coverage for team member and two or more dependent family members.*

## Medical Options

### DEPENDENT COVERAGE

Your dependent children are eligible to be covered on one of Memorial's **Medical, Dental, and/or Vision Plans** until they reach **age 26**, provided they are **not eligible for coverage under their employer's health plan**.

There is no age restriction for disabled children who are primarily supported by the team member. Documentation of "disabled" status must be submitted to the appropriate health or dental carrier. A dependent that is no longer eligible because he/she attains the maximum age is eligible to continue benefits under federal continuation provisions (COBRA). It is the team member's responsibility to notify Memorial's Benefit Services Representative when a dependent child is no longer eligible.



### URGENT CARE OR EMERGENCY CARE?

One of the more difficult healthcare choices you may be faced with is where to go when you need medical attention for a sudden injury or illness. Many times, our first thought is to go to the Emergency Room when we need urgent care. Some people assume that the ER is the only option for after-hours medical care. While the Emergency Room is one option, Med-Point Urgent Care centers and Med-Point Express could be appropriate options as well. Your specific illness or injury should determine which level of care is appropriate.

Emergency care is necessary for medical emergencies that require immediate care to avoid disability or death (suspected heart attacks or strokes, and major trauma such as a head injury, severe pain, and uncontrolled bleeding). Urgent care is care that can safely be postponed for the time it takes to contact a physician for instructions on obtaining treatment (such as earaches, sprains, minor fractures, lacerations, rashes, fever, back pain, and colds).

Choosing the right level of care can lower your out of pocket expenses, and will help keep Memorial's medical plan expenses under control. A visit to the emergency room for non-emergency care can cost 3-4 times more than a visit to an Urgent Care Center, such as Med-point, for the same ailment. In 2011, the average cost of an Emergency Room visit paid by the Memorial medical plan was over \$1200. Many of these visits were for a non-emergent diagnosis. On the other hand, the average cost of an office visit paid by the Memorial medical plan in 2011 was \$86. The average cost of out-patient x-rays were \$75, while the average cost of out-patient labs were \$68. Please keep in mind that your monthly premiums are determined by the amount of the claims cost the plan pays. The higher the cost of the claims that are paid, the higher your premiums will be.

**Of course, you should ALWAYS seek immediate emergency care for true medical emergencies!** For urgent care situations, consider the following options. These options will help you receive appropriate treatment in a timely manner.

**Your Regular Physician:**

During normal business hours, call your physician to determine the best course of action. Your doctor may be able to provide immediate treatment, or he/she may refer you to a specialist, Urgent Care center, or clinic. Many doctors also provide an after-hours number that you can call to determine whether or not your situation requires immediate care.

**Urgent Care Centers (Med-Point):**

During and after normal business hours, Urgent Care centers are open to provide medical treatment. They are staffed with physicians and nurses that are experienced in handling illnesses and injuries. They can run diagnostics such as x-rays and labs, and, if necessary, refer you to a specialist. **Don't forget – the Main Street Med-Point location is now open 24 hours a day seven days a week!**

**MEDPOINT express:**

Those who have a minor illness can now stop at MEDPOINT express. Patients can see a nurse practitioner for minor health conditions such as strep throat, earache, flu, pink eye and allergies.

**Med-Point Express Hours & Locations:**

**South Bend** – 926 Erskine Plaza (Inside Martin's)

|                 |                   |
|-----------------|-------------------|
| Monday – Friday | 10:00am to 6:00pm |
| Saturday        | 9:00am – 4:00pm   |
| Sunday          | 11:00am to 4:00pm |

**Valparaiso** – 2400 Morthland Dr. (Inside Wal-Mart)

|                 |                   |
|-----------------|-------------------|
| Monday – Friday | 8:00am to 8:00pm  |
| Saturday        | 9:00am – 4:00pm   |
| Sunday          | 11:00am to 4:00pm |

**Elkhart** – 3900 East Bristol (Inside Martin's)

|                           |                   |
|---------------------------|-------------------|
| Monday, Wednesday, Friday | 8:00am to 8:00pm  |
| Saturday                  | 9:00am – 4:00pm   |
| Sunday                    | 11:00am to 4:00pm |

They can also prescribe most medications, administer vaccinations and perform health screenings. No appointments are necessary and visits usually take about 15 minutes. It provides quick, affordable, quality health care in a fast, convenient setting. We want you to receive the best and most timely care for any sudden injuries or illnesses. These guidelines are provided to help you do just that.



**Med-Point Hours & Locations:**

1815 E. Ireland Rd - 8:00am – 8:00pm

6913 N. Main St – **Open 24 hrs!**

Both locations are open (7) days a week.

## Strategic Resource Company (SRC) Health

If you decide to have medical coverage through Strategic Resource Company –SRC (an Aetna Company) you will have two plans to choose from.

See below for Medical Plan Options 1 and 2 for more information and premium structure.

### Medical Option 1

|   |  |                       |
|---|--|-----------------------|
| <b>Deductible</b>   |  |                       |
| Individual  | \$250  | \$250                 |
| Family  | \$500  | \$500                 |
| <b>Co-insurance</b>   | 20%  | 40%                   |
| <b>Coveraged Services</b>   | <b>In-network</b>  | <b>Out of Network</b> |
| <b>Office Visits</b>  | 100%   | 20%                   |
| Max per year  | 5 visits   | 5 visits              |
| Co-pay/Deductible   | \$10 copay   | \$10 deductible       |
| <b>Emergency Room</b>   | 100%   | 100%                  |
| Max per visit   | \$150  | \$150                 |
| Max per year  | 3 visits   | 3 visits              |
| Deductible  | \$50   | \$50                  |
| <b>Diagnostic / Surgical Procedures</b>   |  |                       |
| Max per year  | \$400 or 5 services  | \$400 or 5 services   |
| Copay/Deductible  | \$15 copay   | 20%                   |
| <b>In Patient Charges</b>   |  |                       |
| Max per year  | \$2,000  | \$2,000               |
| <b>Prescription Drugs</b>   | 100% (up to max)   | 100% (up to max)      |
| Max per year  | \$200  | \$200                 |
| Deductible  | \$10 per prescription  | \$10 per prescription |
| <b>Medical Option 1 Weekly Premiums for Year 2012; Effective January 1 through December 31, 2012.</b> |  |                       |
| <ul style="list-style-type: none"> <li>• Single</li> <li>• Single +1</li> <li>• Family</li> </ul>     | <ul style="list-style-type: none"> <li>\$ 20.56</li> <li>\$ 51.27</li> <li>\$ 72.54</li> </ul> |                       |

### Need to contact SRC Health?

Anytime you have a question about your health benefits through SRC Health you can contact SRC directly by calling 1-888-772-9682. You can also visit the website at [www.aetna.com](http://www.aetna.com) to track claims for you and your dependents.

### Medical Option 2

|   |   |                       |
|---|---|-----------------------|
| <b>Deductible</b>   |   |                       |
| Individual  | \$250   | \$250                 |
| Family  | \$500   | \$500                 |
| <b>Co-insurance</b>   | 20%   | 40%                   |
| <b>Coveraged Services</b>   | <b>In-network</b>   | <b>Out of Network</b> |
| <b>Office Visits</b>  | 100%  | 20%                   |
| Max per year  | 5 visits  | 5 visits              |
| Co-pay/Deductible   | \$10 copay  | \$10 deductible       |
| <b>Emergency Room</b>   | 100%  | 100%                  |
| Max per year  | \$1000  | \$1000                |
| Deductible  | \$100   | \$100                 |
| <b>Diagnostic / Surgical Procedures</b>   |   |                       |
| Max per year  | \$400 or 5 services   | \$400 or 5 services   |
| Copay/Deductible  | \$15 copay  | 20%                   |
| <b>In Patient Charges</b>   |   |                       |
| Max per year  | \$10,000  | \$10,000              |
| Other Hospital Svcs   | \$1,000 limit   | \$1,000 limit         |
| <b>Prescription Drugs</b>   | 100% (up to max)  | 100% (up to max)      |
| Max per year  | \$500   | \$200                 |
| Deductible  | \$10  | \$10                  |
| <b>Medical Option 2 Weekly Premiums for Year 2012; Effective January 1 through December 31, 2012.</b> |   |                       |
| <ul style="list-style-type: none"> <li>• Single</li> <li>• Single +1</li> <li>• Family</li> </ul>     | <ul style="list-style-type: none"> <li>\$ 33.73</li> <li>\$ 84.10</li> <li>\$ 118.79</li> </ul> |                       |

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE DESCRIBED IN THIS BENEFITS SUMMARY.

### **Strategic Resource Company (SRC) Health**

You also have the option of electing **dental** coverage through SRC Health. For information regarding the dental coverage available through **Strategic Resource Company (SRC)**, please refer to your enrollment information.

### **Vision Options**

#### **Strategic Resource Company (SRC) Health:**

You also have the option of electing **vision** coverage through SRC Health. For information regarding the vision coverage available through Strategic Resource Company (SRC), please refer to your enrollment information.

#### ***Has your name changed?***

*If you have had a name change submit a change form to the HR Department. Name Change forms are found on the Human Resources Intranet site. Send a copy of your new Social Security Card with the form.*

### **Frequently Asked Questions and Answers**

#### **Q: How do SRC benefit limits work?**

**A:** Limits put a cap or ceiling on what the plan will pay. Some benefits have a limit on the dollar amounts and others on the number of services, or both. The plan will not pay for a service, or both. The plan will not pay for a service or supply once you have reached a limit on either the dollar amounts or the number of services or visits, you may not be covered for some services or visits even though you have not reached your overall maximum.



#### **Q: Will the SRC plan always pay up to the maximum benefits per coverage year??**

**A:** No. How much the plan pays depends on the type and amount of the health care you receive. Some types of charges may have limits that are reached before the overall maximum they are a part of is reached. This means that the plan may no longer pay for certain types of charges you continue to have, even though the overall max benefit has not been reached.

#### **Q: How does the SRC limited benefits insurance plan differ from a traditional major medical health plan?**

**A:** There are important differences in what the plan will pay and what the premium costs. Both types of plans cover many types of services and supplies. However, this limited benefits insurance plan has a lower maximum benefit and places limits on how much it will pay for categories of services or supplies. Once you have used up the overall maximums or limits on specific benefits, the plan will not pay any more. And unlike most major medical plans, this limited benefits insurance plan does not have catastrophic coverage or a limit on your out-of-pocket expenses. This means that you may have large out-of-pocket cost if you have a serious or chronic medical condition.

#### ***Do we have your correct address?***

*Anytime you have a change of address please remember to submit this change through the PeopleSoft system under Employee Self Service.*

#### **Q: What will I pay up front when I go to a healthcare provider under the SRC plan?**

**A:** A preferred provider, hospital or other healthcare provider may require you to pay charges for which you are responsible in advance. This could include your co-pay, deductible, percentage of charges the plan does not pay (coinsurance), charges for services excluded under the plan, and charges in excess of your coverage limits. A non-preferred provider may require that you pay all charges in advance, and it would be up to you to submit a claim for reimbursement for any charge the plan may pay.



# Important Numbers You Should Know

## Health and Dental Insurance

For questions regarding **SCR** Medical, Dental and Vision insurance plans for Memorial Staffing Employees call (888)772-9682 or visit their website [www.aetna.com](http://www.aetna.com).

## Memorial's Benefit Options

Other benefit related questions can be directed to **Memorial's Benefit's Counselor** at (574)647-6509 or e-mailed to [dgillispie@memorialsb.org](mailto:dgillispie@memorialsb.org).

## Memorial Perks

To access a complete discount listing offered by local and national vendors, register your perks card at [www.memorialperks.com](http://www.memorialperks.com).

## New Avenues

For help in dealing with problems such as stress, problems at work, problems with children and school, substance abuse, marriage problems and other life issues, call (574)232-2131, (800)731-6501, or visit [www.newavenuesonline.com](http://www.newavenuesonline.com), for additional help and resources.

## Rewards for Savings

Have questions on your different investment options call **Diversified Investment Advisors** at their toll free customer service phone line (800)755-5801 or visit their website [www.divinvest.com](http://www.divinvest.com).

To talk one-on-one with a representative who is located in the hospital call (574)647-1026; or to talk with an HR Representative regarding your plans for retirement call (574)647-6509 or e-mail [dgillispie@memorialsb.org](mailto:dgillispie@memorialsb.org).

Memorial  
Home Care®