

Summary of HDHP 100/80 \$1,250 Deductible Value

Benefits Qualified High Deductible Health Plan (HDHP)

This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). This program should not be combined with any funding arrangement other than an HSA.

With your PPO, or Preferred Provider Organization, if you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. **If you enroll as an individual, the deductible and out-of-pocket maximums for the "Employee Only Plan" apply. If you enroll as a family, the deductible and out-of-pocket maximums for the "Family Plan" apply and can be satisfied by one or more of your family members.**

Municipal Employers Insurance Trust (MEIT)

Benefit	Network	Out-of-Network
Benefit Period (1)	Contract Year	
Deductible per benefit period (Applies to Medical and Prescription Drug benefits) Employee Only Plan Family Plan	\$1,250 Combined \$2,500 Combined	
Autism Spectrum Disorders Maximum (per person)(2)	\$36,000/benefit period	
Plan Payment Level – Based on the provider's reasonable charge (PRC)	100% after deductible	80% after deductible
Out-of-Pocket Maximums (Includes prescription drug expenses and copayments. Once met, plan payment level becomes 100%) Employee Only Plan Family Plan	None None	\$1,500 \$3,000
Lifetime Maximum (per person)	\$5,000,000 Combined	
Primary Care Physician Office Visits	100% after deductible	80% after deductible
Specialist Office Visits	100% after deductible	80% after deductible
Preventive Care		
<i>Adult</i>		
Routine physical exams	100% (deductible does not apply)	Not Covered
Adult Immunizations	100% after deductible	80% after deductible
Colorectal Cancer Screening		
Diagnostic Services	100% after deductible	80% after deductible
Medical Surgical	100% after deductible	80% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	80% (deductible does not apply)
Mammograms, annual routine and medically necessary	Routine: 100% (deductible does not apply) Medically necessary: 100% after deductible	80% after deductible
<i>Pediatric</i>		
Routine physical exams	100% (deductible does not apply)	Not Covered
Pediatric immunizations	100% (deductible does not apply)	80% (deductible does not apply)
Emergency Room Services	100% after deductible	
Spinal Manipulations	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
Physical Medicine	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
Speech Therapy	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
Occupational Therapy	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
Applied Behavior Analysis for Autism Spectrum Disorders (2)	100% after deductible	80% after deductible
Allergy Extracts and Injections	100% after deductible	80% after deductible
Ambulance	100% after deductible	
Assisted Fertilization Procedures	Not Covered	
Dental Services Related to Accidental Injury	100% after deductible	80% after deductible
Diabetes Treatment	100% after deductible	80% after deductible

Benefit	Network	Out-of-Network
Diagnostic Services (including routine) <i>Advanced Imaging</i> (MRI, CAT Scan, PET scan, etc.)	100% after deductible	80% after deductible
<i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	80% after deductible
Enteral Formulae	100% after deductible	80% after deductible
Home Infusion Therapy	100% after deductible	
Home Health Care	100% after deductible	80% after deductible
Hospice	100% after deductible	80% after deductible
Hospital Services – Inpatient	100% after deductible	80% after deductible
Hospital Services – Outpatient	100% after deductible	80% after deductible
Infertility Counseling, Testing and Treatment (3)	100% after deductible	80% after deductible
Maternity (facility & professional services)	100% after deductible	80% after deductible
Medical/Surgical Expenses (except office visits)	100% after deductible	80% after deductible
Mental Health – Inpatient	100% after deductible	80% after deductible
Mental Health – Outpatient	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	
Respiratory Therapy	100% after deductible	
Skilled Nursing Facility Care	100% after deductible	80% after deductible Limit: 100 days/benefit period
Substance Abuse		
Inpatient Detoxification	100% after deductible	80% after deductible
Inpatient Rehabilitation	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	80% after deductible
Transplant Services	100% after deductible	80% after deductible
Precertification Requirements (4)	Yes	
Prescription Drug Deductible		
Employee Only Plan	Integrated with medical deductible	
Family Plan	Integrated with medical deductible	
Premier Prescription Drug Program (5) <i>Defined by Premier Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i>	Retail Drugs (31-day Supply) Plan pays 100% after deductible	
	Maintenance Drugs through Mail Order (90-day Supply) Plan pays 100% after deductible	

- (1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's renewal date. Contact your employer to determine the renewal date applicable to your program.
- (2) Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.
- (3) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (4) Highmark Healthcare Management Services (HMS) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related inpatient admission. Some facility providers will contact HMS and obtain precertification of the inpatient admission on your behalf. Be sure to verify that your provider is contacting HMS for precertification. If not, you are responsible for contacting HMS. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.
- (5) At a retail or mail order pharmacy, if your deductible has not been met, you pay the entire cost for your prescription drug at the discounted rate Highmark has negotiated. The amount you paid for your prescription will be applied to your deductible. If your deductible has been met, you will only pay any member responsibility based on the benefit level indicated above. You will pay this amount at the pharmacy when you have your prescription filled.