

Summary of \$1,250 High-Deductible Value Benefits

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. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels that apply during your benefit period.

Municipal Employers Insurance Trust (MEIT)

Benefit	Network	Out-of-Network
Benefit Period ⁽¹⁾	Contract Year	
Deductible (per benefit period)		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Plan Payment Level – Based on the provider's reasonable charge (PRC)	100% after deductible	80% after deductible
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)		
Individual	None	\$5,000
Family	None	\$10,000
Lifetime Maximum (per person)	\$5,000,000 Combined	
Primary Care Physician Office Visits	100% after \$10 copayment	80% after deductible
Specialist Office Visits	100% after \$25 copayment	80% after deductible
Preventive Care		
<i>Adult</i>		
Routine physical exams	100% after \$10 copayment	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% after \$25 copayment	80% (deductible does not apply)
Mammograms, annual routine and medically necessary	100% (deductible does not apply)	80% after deductible
<i>Pediatric</i>		
Routine physical exams	100% after \$10 copayment	Not Covered
Pediatric immunizations	100% (deductible does not apply)	80% (deductible does not apply)
Emergency Room Services	100% after \$100 copayment (waived if admitted)	
Spinal Manipulations	100% after \$25 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Physical Medicine	100% after \$25 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Speech Therapy	100% after \$25 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Occupational Therapy	100% after \$25 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Allergy Extracts and Injections	100% after deductible	80% after deductible
Ambulance	100% after network 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
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% (deductible does not apply)	80% (deductible does not apply)
Home Infusion Therapy	100% after network deductible	
Home Health Care	100% after deductible	80% after deductible

