For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@mempun.org. This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$200 Single/$400 Family</td>
<td>$300 Single / $600 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
</tr>
<tr>
<td>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year (1)</td>
<td>$1,700 Single / $3,400 Family</td>
<td>$2,300 Single / $4,600 Family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Inpatient Services**
- Unlimited days of care in semi-private room (2)
- Physician services
- Intensive care
- Mental health services/Substance abuse services (7)
- Ancillary services, lab tests, x-rays, medications
- Anesthesia
- Maternity care
- Newborn care

**Outpatient Services**
- Any physician office visit, diagnosis and treatment
- Lab & X-ray – Diagnostic
- Lab & X-ray – Preventive
- Colonoscopies (Diagnostic)
- Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) (2)
- Physical exams and Well-child care
- Immunizations/Flu Shots
- Covered surgical procedures
- Mental Health Services/Substance Abuse Services (7)
- Maternity care
- Gynecological exam – Preventive
- Physical, Speech or Occupational Therapy (4)
- Outpatient facility fees
- Ambulance (medically necessary)

**Emergency Room Services**
- Emergency/Urgent/Acute care
- Non-emergency care

**Other Services**
- Walk-In Center
- Home Health/Hospice care
- Skilled nursing facility (2) (5)
- Human tissue & organ transplants
- Durable Medical Equipment
- Oral surgery (limited benefits)
- Eye exams – Preventive
- Chiropractic care

**Prescription Drugs**
- Each 30-day supply – Retail Pharmacy
- 90 day supply – Mail Order

(1) In-Network copays will be capped at $4,650 single / $9,300 family. This means that you will not have to pay more than $6,350 single / $12,700 family for all covered services received In-Network (including deductible, coinsurance, and copays).
(2) Private rooms covered when medically necessary. The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission or outpatient advanced imaging procedure to obtain certification. If certification is not obtained, benefits may be denied.
(3) Participants may self-refer to a participating provider.
(4) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
(5) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
(6) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.
(7) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield’s Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
(8) For a current list of In-Network Walk-In Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.

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