### In-Network

#### BENEFIT DESCRIPTION

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 90% or 80%</td>
</tr>
<tr>
<td>Deductible + Coinsurance Out-of-Pocket Maximum Per Calendar Year</td>
<td>$1,500 Single / $3,000 Family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
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</tbody>
</table>

#### Inpatient Services

- **Unlimited days of care in semi-private room (2)**
- **Physician services**
- **Intensive care**
- **Mental health services/Substance abuse services (9)**
- **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**
- **Colonoscopies (Diagnostic)**
- **Advanced Imaging Procedures (e.g., MRI, CT, and PET scans)**
- **Physical exams and Well-child care**
- **Immunizations/Flu Shots**
- **Covered surgical procedures**
- **Mental health services/Substance abuse services**
- **Maternity care**
- **Gynecological exam – Preventive**
- **Physical, Speech or Occupational Therapy**
- **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**
- **Human tissue & organ transplants**
- **Durable Medical Equipment**
- **Oral surgery (limited benefits)**
- **Eye exams – Preventive**
- **Chiropractic care**

#### Prescription Drugs

- **Each 30-day supply – Retail Pharmacy** (Tier 1-Select Generics/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)
  - Copays: $4 / $10 / $30 / $50 / $60
- **90 day supply – Mail Order** (Tier 1-Select Generics/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)
  - Copays: $8 / $20 / $60 / $100 / $120

Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.

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This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or healthservice@memun.org.