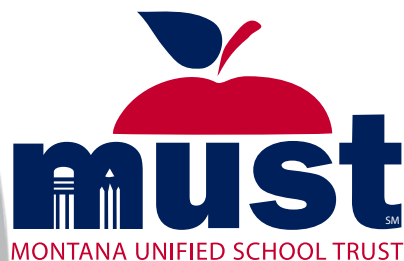


# HIDHP PLAN



**IMPORTANT NOTE:** This document is intended to be an easy-to-use reference for members. The Summary Plan Description and related amendments will supersede this general information with regard to individual participants' eligibility and benefits. The benefit levels below apply when provided by a network provider. To find out if your doctor is a network provider, visit [www.mustbenefits.org](http://www.mustbenefits.org) and follow the provider links.

## GROUP INFORMATION

**Group name:**

**Individual/family deductible:**

**Benefit percentage: 100/0%**

**Individual/family OOPM:**

**Embedded deductible:** In this plan, any one member of the family can meet the individual deductible, at which point the plan starts to pay its share of claims for that member.

## MEDICAL BENEFITS

### Deductible Waived

Preventive benefit: Deductible waived, paid at 100% (see Preventive Benefit flier for details)

**Virtual Visits: \$44**

Accident benefit: Deductible waived on the first \$500 after which the deductible and co-insurance apply; claims must be submitted within 90 days of the date of accident

### Deductible Applies

Office visits (physician/chemical dependency/mental illness)

Chemical dependency/mental illness (outpatient)

Chiropractic/acupuncture visits: Deductible applies, no co-insurance, but limited to 10 combined visits per benefit period

Chemical dependency/mental illness (inpatient)

Chiropractic X-ray: Deductible applies, no co-insurance

Rehabilitation therapy: maximum of 50 inpatient days or 60 outpatient visits

Hospital services

Home healthcare: 180 visit maximum

Diagnostic X-ray

Skilled nursing facility: 60 days maximum

Lab work

Autism spectrum disorders

Transplant coverage

Prescription charges apply to medical deductible and co-insurance, and once deductible is met, the plan pays prescription claims at benefit percentage level.