

Deductibles, Coinsurance, Copayments and Dollar Maximums	
Annual Deductible	\$2,000/\$4,000
Coinsurance	Covered at 100% after deductible
Retail Prescription Drug Copayments	\$10/\$25/\$40
Mail Order Prescription Drug Copayments	\$20/\$50/\$80
Out-of-Pocket Maximum	\$4000/\$8000
Physician Office Visits	
Physician Office Visits	Covered at 100% after deductible
Specialist Office Visit	Covered at 100% after deductible
Preventative and Physician Office Services	
Health Maintenance Exams	Covered at 100%
Routine gynecological exams and pap smears	Covered at 100%
Well-child care	Covered at 100%
Immunizations	Covered at 100%
Pre and Post natal care	Covered at 100%
Routine mammogram	Covered at 100%
Injections	Covered at 100%
Vision Exams	Covered at 100%
Emergency Care	
Hospital Emergency Room	Covered at 100% after deductible
Urgent Care Center	Covered at 100% after deductible
Physician's Office	Covered at 100% after deductible
Ambulance Services – Ground and Air (Medically Necessary Only)	Covered at 100% after deductible
Hospital Services	
<i>Inpatient Hospital Services</i> Semi-private Room; Surgery and Related Services; Anesthesia, Laboratory and Radiology; Chemotherapy, Inhalation Therapy; Hemodialysis; Physical, Speech and Occupational Therapy; Transplant Services; Maternity Care (hospital only); Physician Services Including Consultation	Covered at 100% after deductible
<i>Outpatient Hospital Services</i> Outpatient Surgery, Outpatient CT scans, PET scans, MRI and Nuclear Medicine	Covered at 100% after deductible
Diagnostic and Therapeutic Services and Tests	
Laboratory Tests	Covered at 100% after deductible
Diagnostic X-ray, including Mammography	Covered at 100% after deductible
Special Surgical Procedures	
Bariatric Surgery, Reduction Mammoplasty, Blepharoplasty of Upper Eyelids, Panniculectomy, Surgical Treatment of Male Gynecomastia, Procedures to Correct Obstructive Sleep Apnea	Covered at 100% after deductible
Alternatives to Hospital Care	
Skilled Nursing Care	Covered at 100% after deductible up to 60 days per episode per year
Home Health Care	Covered at 100% after deductible up to 60 days per episode per year
Hospice Care	Covered at 100% after deductible
Mental Health and Substance Abuse Services	
Inpatient Mental Health	Covered at 100% after deductible
Intermediate Substance Abuse Treatment	Covered at 100% after deductible
Outpatient Mental Health	Covered at 100% after deductible
Outpatient Substance Abuse Services	Covered at 100% after deductible

Other Services	
Outpatient Rehabilitation Services – Physical, Occupational and Speech Therapies	Covered at 100% after deductible up to 60 visits per condition per year
Chiropractic Spinal Manipulation/Treatment	Covered at 100% up to \$1500 per person per year
Durable Medical Equipment	Covered at 100% after deductible
Prosthetics, Orthotics and Corrective Appliances	Covered at 100% after deductible
Infertility Treatment and Counseling and Sterilization	Covered at 100% after deductible
Reproductive Care and Family Planning Services and Genetic Testing	Covered at 100% after deductible
Oral Surgery	Covered at 100% after deductible
Temporomandibular Joint Syndrome (TMJ) Treatment	Covered at 100% after deductible
Orthognathic Surgery	Covered at 100% after deductible
Antineoplastic Drugs	Covered at 100% after deductible
Intractable Pain	Covered at 100% after deductible

	Retail	Mail Order
Prescription Drug Coverage		
Generic	After deductible Covered with \$10 co-pay	After deductible Covered with \$20 co-pay
Formulary	Brand: After deductible Covered with \$25 co-pay	Brand: After deductible Covered with \$50 co-pay
	Brand with generic available: After deductible Covered with \$25 co-pay plus the difference in cost between brand and generic.	Brand with generic available: After deductible Covered with \$50 co-pay plus the difference in cost between brand and generic.
Non-Formulary	After deductible Covered with \$40 co-pay	After deductible Covered with \$80 co-pay

This Summary of Benefits is intended only to highlight the benefits provided by MHP and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the MHP Certificate of Coverage for a complete listing of covered services, limitations and exclusions, and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policy issued to the enrolling group, the policy will prevail. For answers to questions about information that appears in the summary, call Member Services at (888) 327-0671.

This proposal is contingent upon:

- * MHP is the only carrier offered.
- * Employer contribution of at least 50% of the single rate.
- * The benefits or service requirements requested and/or quoted do not change prior to or after the effective date.
- * Changes in federal, state or other applicable legislation or regulation requiring changes to this quotation.
- * The accuracy of the information provided regarding current benefit options, rate ratios and census data.
- * MHP's right to adjust the SIC assignments as well as the rates in this proposal.
- * Rates Subject to DIFs Approval.