MIDWEST OPERATING ENGINEERS FRINGE BENEFIT FUNDS

MUNICIPALITIES
HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2021 through March 31, 2022

Services Offered	Under Both Plans – Eligible members/dependents can receive FREE services by using the Operators' Health Centers, ATI Physical Therapy facilities, Absolute Solutions Imaging Network, or MinuteClinic's (where most services are FREE)		
	Plan A		EPO
OPERATORS' HEALTH CENTER (not subject to deductible)			
Annual/School Physical Exams, Preventive Care/Wellness Visits, Immunizations, Blood Draws, Condition Management (ages two and up)	100%		100%
	In-Network	Out-of-Network	In-Network ONLY
Annual Deductible (applies to all services unless noted otherwise)			
Person	$300	$300	None
Family	$700	$700	None
Medical Out-of-Pocket Maximum (applies to all services unless noted otherwise)			
Person	$2,500	$2,500	$2,500
Family	$6,000	$6,000	$6,000
Hospital Services	90%	80%	Inpatient: $250 copay per admission Outpatient: $20 copay per visit
Emergency Room (if life-threatening emergency; otherwise, see Hospital Services)	90%		$100 copay per visit
Preventive Services (not subject to the deductible)[1]	100%	100%[2]	100%
Physician Visits	90%	80%	Primary: $20 copay per visit Specialist: $40 copay per visit
Chiropractic Services (maximum of $60 per visit and 24 visits per Plan Year)	90%	80%	$20 copay per visit
Acupuncture (maximum of $125 per visit and 12 treatments per Plan Year)	90%	80%	$20 copay per visit
Outpatient Restorative Speech Therapy	90%	80%	$20 copay per visit
Outpatient Speech Therapy for Developmental Conditions, including Congenital Neurological Diseases for Dependent Children Age 2 through Age 18 (limited to 25 visits per Plan Year)	90%	80%	$20 copay per visit
Outpatient Physical and Occupational Therapy[3]	90%	80%	$20 copay per visit
Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children Age 2 through Age 18[3]	90%	80%	$20 copay per visit
Lab and X-ray	90%	80%	100%
Family Supplemental Benefit (per family per Plan Year)	$1,500		$1,500
Dental Benefit			
Deductible	$0		
Calendar-Year Maximum	Age 19 and older: $1,500 Under 19: no maximum		
Preventive	100%		
Basic and Restorative[4]	70%		
Orthodontia (dependent children through age 18 only)	50%; $2,000 lifetime maximum		

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MUNICIPALITIES
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Services Offered	Under Both Plans – Eligible members/dependents can receive FREE services by using the Operators' Health Centers, ATI Physical Therapy facilities, Absolute Solutions Imaging Network, or MinuteClinic's (where most services are FREE)		
	Plan A		EPO
Dental Benefit			
Deductible	$0		
Calendar-Year Maximum	Age 19 and older: $1,500 Under 19: no maximum		
Preventive	100%		
Basic and Restorative[4]	70%		
Orthodontia (dependent children through age 18 only)	50%; $2,000 lifetime maximum		
Death Benefit			
Member	$40,000		
Dependent	$2,000		
Accidental Dismemberment and Disability Benefits			
Accidental Dismemberment	$1,000 OR $5,000 based on loss; $10,000 limit for 1 accident		
Disability Benefit	$400 per week for the first 30 days of disability (prorated for any paid days off)		
Prescription Drug Benefit			
OptumRx Network Retail Pharmacy (maximum of two 30-day fills, excluding specialty drugs, then must obtain a 90-day supply)			
Generic	$5 copay		$5 copay
Preferred Brand	$10 copay		$10 copay
Non-Preferred Brand	$25 copay		$25 copay
Specialty (require prior authorization)	$100 copay		$100 copay
OptumRx Mail Service Pharmacy (90-day supply)			
Generic	$15 copay		$15 copay
Preferred Brand	$30 copay		$30 copay
Non-Preferred Brand	$45 copay		$45 copay
Prescription Out-of-Pocket Maximum			
	In-Network	Out-of-Network	In-Network ONLY
Person	$2,000	$4,000	$2,000
Family	$4,000	$8,000	$3,200
Combined Out-of-Pocket Maximum (includes both medical and prescriptions)			
Person	$4,500	$6,500	$4,500
Family	$10,000	$14,000	$9,200

1 For details on ACA-mandated preventive care services, visit www.healthcare.gov/coverage/preventive-care-benefits/. For details on ACA-mandated preventive care prescription drugs, visit www.moefunds.com. These lists may change periodically, and any changes will be effective April 1, 2021.

2 For adult physical exams for member and eligible spouse only; well-childcare for children up to age 2

3 Covered at 100% if received at the Merrillville Operators' Health Center or an ATI Physical Therapy facility, not subject to the deductible.

4 Coinsurance is based on Delta Dental's Allowable Fee. If you use an Out-of-Network provider, you pay the full cost of services above the Allowable Fee.