OWNER OPERATOR/RELATIVE SHAREHOLDER
HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2021 through March 31, 2022

Services Offered	Under All 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)												
	Operators' Health Center[1]		Plan A		Platinum		Gold		Silver		Bronze		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%		100%		100%		100%		100%		100%
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Medical Annual Deductible (applies to all services unless noted otherwise)													
Person	None	$300	$300	$300	$500	$1,000	$1,000	$2,000	$2,000	$4,000	$5,000	$10,000	None
Family	None	$700	$700	$700	$1,250	$2,500	$2,500	$5,000	$5,000	$10,000	$10,000	$20,000	None
Medical Out-of-Pocket Maximum (applies to all services unless noted otherwise)													
Person	$2,500	$2,500	$2,500	$2,500	$3,500	$7,000	$4,000	$8,000	$4,000	$8,000	$5,000	$10,000	$4,000
Family	$6,000	$6,000	$6,000	$6,000	$7,000	$14,000	$8,000	$16,000	$8,000	$16,000	$10,000	$20,000	$10,000
Hospital Services	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		Inpatient: $250 copay per admission Outpatient: $20 copay per visit
Emergency Room (if life-threatening emergency; otherwise, see Hospital Services)	100%[2]		90%		$100 copay; balance considered at 90%		$100 copay; balance considered at 80%		$100 copay; balance considered at 70%		$100 copay per visit		$100 copay per visit

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	Operators' Health Center[1]		Plan A		Platinum		Gold		Silver		Bronze		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Preventive Services[3]	100%	Not covered if available at OHC or HST Care Connect provider; otherwise, covered at 70%	100%	100%[4]	100%	No benefit	100%	No benefit	100%	No benefit	100%	No benefit	100%
Physician Visits	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		Primary: $20 copay per visit Specialist: $40 copay per visit
Chiropractic Services (maximum of $60 per visit and 24 visits per Plan Year)	100%; HST Care Connect does not have network chiropractors at this time, so In- and Out-of-Network benefits are covered at 100%		90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit
Acupuncture (maximum of $125 per visit and 12 treatments per Plan Year)	100%; HST Care Connect does not have network acupuncturists at this time, so In- and Out-of-Network benefits are covered at 100%		90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit
Outpatient Restorative Speech Therapy	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit

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	Operators' Health Center[1]		Plan A		Platinum		Gold		Silver		Bronze		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Outpatient Speech Therapy (25-visit limit)	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		$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)	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit
Outpatient Physical and Occupational Therapy[5]	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit
Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children Age 2 through Age 18[5]	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		$20 copay per visit
Lab and X-ray	100%	70%	90%	80%	90%	80%	80%	60%	70%	50%	100%		100%
Family Supplemental Benefit (per family per Plan Year)	$1,500		$1,500		$1,200		$1,000		$500		$250		$500

MIDWEST OPERATING ENGINEERS FRINGE BENEFIT FUNDS

OWNER OPERATOR/RELATIVE SHAREHOLDER
HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2021 through March 31, 2022

Services Offered	Under All 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)						
	Operators' Health Center	Plan A	Platinum	Gold	Silver	Bronze	EPO
Dental Benefit							
Deductible	$0	$0	$0	$0	$0	No benefit	$0
Calendar-Year Maximum	Age 19 and older: $1,500 Under 19: no maximum	Age 19 and older: $1,500 Under 19: no maximum	Age 19 and older: $1,500 Under 19: no maximum	Age 19 and older: $1,500 Under 19: no maximum	Age 19 and older: $1,500 Under 19: no maximum	No benefit	Age 19 and older: $1,500 Under 19: no maximum
Preventive	100%	100%	100%	100%	100%	No benefit	100%
Basic and Restorative[6]	70%	70%	70%	70%	70%	No benefit	70%
Orthodontia (dependent children through age 18 only)	50%; $2,000 lifetime maximum	50%; $2,000 lifetime maximum	50%; $2,000 lifetime maximum	50%; $2,000 lifetime maximum	50%; $2,000 lifetime maximum	No benefit	50% $2,000 lifetime maximum
Death Benefit							
Member	$40,000	$40,000	$40,000	$40,000	$40,000	No benefit	$40,000
Dependent	$2,000	$2,000	$2,000	$2,000	$2,000	No benefit	$2,000
Accidental Dismemberment and Disability Benefits							
Accidental Dismemberment	$1,000 OR $5,000; based on loss; $10,000 limit for any one accident					No benefit	$1,000 OR $5,000 Based on loss $10,000 limit for any one accident
Disability Benefit	$400 per week for up to 52 weeks					No benefit	$400 per week up to 52 weeks

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	Operators' Health Center		Plan A		Platinum		Gold		Silver		Bronze		EPO
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		$5 copay		$5 copay		$5 copay		$20 copay		$5 copay
Preferred Brand	$10 copay		$10 copay		$10 copay		$10 copay		$10 copay		$40 copay		$10 copay
Non-Preferred Brand	$25 copay		$25 copay		$25 copay		$25 copay		$25 copay		$55 copay		$25 copay
Specialty (require prior authorization)	$100 copay		$100 copay		$100 copay		$100 copay		$100 copay		$100 copay		$100 copay
OptumRx Mail Service Pharmacy (90-day supply)													
Generic	$15 copay		$15 copay		$15 copay		$15 copay		$15 copay		$50 copay		$15 copay
Preferred Brand	$30 copay		$30 copay		$30 copay		$30 copay		$30 copay		$100 copay		$30 copay
Non-Preferred Brand	$45 copay		$45 copay		$45 copay		$45 copay		$45 copay		$115 copay		$45 copay
Prescription Out-of-Pocket Maximum													
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Person	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$1,600	$4,000	$2,000
Family	$4,000	$8,000	$4,000	$8,000	$4,000	$8,000	$4,000	$8,000	$4,000	$8,000	$3,200	$8,000	$3,200
Combined Out-of-Pocket Maximum (includes both medical and prescriptions)													
Person	$4,500	$6,500	$4,500	$6,500	$5,500	$11,000	$6,000	$12,000	$6,000	$12,000	$6,600	$14,000	$6,000
Family	$10,000	$14,000	$10,000	$14,000	$11,000	$22,000	$12,000	$24,000	$12,000	$24,000	$13,200	$28,000	$13,200

1 In-Network services are services available through the Operators' Health Centers (OHC) or HST Care Connect (network for the OHC Plan). Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC or HST Care Connect.

2 Out-of-Network services are not subject to the deductible if a life-threatening emergency.

3 Not subject to deductible. 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.

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

5 Outpatient physical and occupational therapy is covered at 100% for all health plan options if medically necessary and received at the Merrillville Operators' Health Center or an ATI Physical Therapy facility, not subject to the deductible.

6 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.