Summary of Benefits

Congregational Employee Plan (CEP) for Mennonite Church USA

Medical benefits under the Congregational Employee Plan are provided through the Highmark Blue Cross Blue Shield Preferred Provider Organization (PPO) Program. It is your responsibility to make sure that a health care provider is a network provider before medical treatment is received. The health care provider that you select can assist with this information.

Plan Requirements	In-Network	Out-of-Network[1]
Deductible options	• $1,500 per individual; $3,000 per family. • $1,500 for single (self-only) coverage; $3,000 for family coverage. • $2,000 for single (self-only) coverage; $4,000 for family coverage. • $3,000 for single (self-only) coverage; $6,000 for family coverage.	• $3,000 per individual; $6,000 per family. • $3,000 for single (self-only) coverage; $6,000for family coverage. • $4,000 for single (self-only) coverage; $8,000 for family coverage. • $6,000 for single (self-only) coverage; $12,000 for family coverage.
Calendar-year coinsurance	Not applicable.	
Precertification	You are responsible to contact Highmark Health Care Management Services 7-10 days prior to a planned inpatient admission or within 48 hours of an emergency admission.	
Filing claims	PPO provider files claims.	You are responsible to file claims.

Medical Benefits	In-Network	Out-of-Network[1]
Inpatient Facility Services		
• Hospital services [2]	You pay in-network deductible.	You pay out-of-network deductible.
• Skilled nursing facility care[2], up to 100 days per calendar year	You pay in-network deductible.	You pay out-of-network deductible.
Outpatient Services		
• Physician/specialist services • Urgent care facility services • Allergy testing and shots • Chemotherapy, radiation therapy, and kidney dialysis • Maternity care (physician fees) • Home health care • Health education programs • Medical supplies and equipment • Cardiac rehabilitation programs • Durable medical equipment and prosthetics • Outpatient surgery in hospital, outpatient surgical center, or physician office • X-ray, lab, and diagnostic services • Spinal manipulations, up to 20 visits per year • Physical medicine, up to 20 visits per year • Speech therapy, up to 20 visits per year • Occupational therapy, up to 20 visits per year • *(Numerical limits do not apply to Mental Health Diagnosis, including Autism)*	You pay in-network deductible.	You pay out-of-network deductible.
• Well360 virtual Health visits	You pay in-network deductible.	No plan benefit outside the Amwell network of physicians.
Emergency Services		
• Ambulance • Hospital emergency room care	You pay in-network deductible.	
Hospice Services		
• Inpatient services[2] • Outpatient services	You pay in-network deductible.	You pay out-of-network deductible.

Medical Benefits	In-Network	Out-of-Network[1]
Adult Preventive Care Services[3]		
• Routine physical exams • Well-woman visits to obtain preventive services • Routine gynecological exam and pap test • Routine diagnostic screenings, including a complete blood count (CBC), urinalysis, and general health panel (GHP) • Mammograms – routine screening • Annual routine prostate specific antigen test and/or digital rectal exam • As prescribed, FDA-approved contraceptive methods (including sterilization) for all women with reproductive capacity • Preventive care services, screenings and procedures for pregnant women • Breastfeeding (lactation) counseling and support, including costs of breastfeeding equipment • Services for prevention of obesity, heart disease, and diabetes • Routine adult immunizations	Plan pays 100%.	No plan benefit.
• Immunizations required for foreign travel	Plan Pays 100%	
Pediatric Preventive Care Services[3]		
• Routine physical exams • Routine pediatric immunizations • Routine diagnostic screenings • Services for prevention of obesity, heart disease, and diabetes	Plan pays 100%.	No plan benefit.
• Immunizations required for foreign travel	Plan Pays 100%	
Mental Health Services		
• Inpatient treatment[2] • Outpatient treatment	You pay in-network deductible.	You pay out-of-network deductible.
Substance Abuse Services		
• Inpatient detoxification[2] • Inpatient rehabilitation[2] • Outpatient treatment	You pay in-network deductible.	You pay out-of-network deductible.
Outpatient Prescription Drugs[4] (provided through the Express Scripts Pharmacy Network)		
• Drugs purchased at a retail pharmacy	You pay in-network deductible; 30-day supply if purchased at a participating retail pharmacy and 90-day supply if purchased at a Walgreens retail pharmacy.	No plan benefit if purchased outside of Express Scripts Pharmacy Network.
• Drugs purchased through mail order	You pay in-network deductible if purchased through Express Scripts Mail Order; 90-day supply.	No plan benefit if purchased outside of Express Scripts Mail Order.
• Specialty pharmaceuticals	You pay in-network deductible if purchased from a participating pharmacy; 30-day supply.	No plan benefit if purchased outside of Express Scripts Pharmacy Network.

[1]Plan payments for services received from an out-of-network provider are based on the allowable charge for the type of care, service, or treatment received. If the provider's charges are more than the allowable charge, you will be responsible for paying the difference. Any of these extra amounts you have to pay will not count toward your calendar-year deductible requirement.

[2]Precertification required. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.

[3]The complete schedule of covered preventive services including preventive drug measures is outlined in Highmark's *Preventive Schedule* and *Women's Health Preventive Schedule* which are updated periodically based on changes in clinical practice guidelines.

[4]At a participating retail pharmacy, specialty pharmacy, or Express Scripts Mail Order, you are responsible for paying the pharmacy in full, at the discounted rate Express Scripts has negotiated, until your calendar-year deductible requirement is met. Prior authorization required for all specialty pharmaceuticals.