



Employee Benefit Summary

January 2023

At Mortgage Equity Partners, the health and well-being of our employees is of the utmost importance, and as such we strive to provide benefits of the highest quality at reasonable cost to our employees. This document will provide a summary of the benefits available to you and your family (in all cases benefits will be based on the details of the final plan document). If you are not currently enrolled, or would like to make any changes to your existing coverage, please see Human Resources for more information.

Mortgage Equity Partners offers employees various medical plan options: Two HMO Options (New England coverage) and two PPO Options (National Coverage). All plans are fully insured through Harvard Pilgrim Health Care with a self funded component (funded by Mortgage Equity Partners and administered by Benemax). Below please see a brief summary of the plans and your contribution requirements. **More information can be found in your enrollment kit or by visiting www.mybenemax.com / Keyword: MEP**

Medical	Harvard Pilgrim HealthCare		AND		BENEMAX	
	<u>HMO Gold Plan</u>	<u>HMO Silver Plan</u>	<u>PPO Gold Plan</u>		<u>PPO Silver Plan</u>	
	<u>In-Network Services Only</u>	<u>In-Network Services Only</u>	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>
Preventative Health Care - ACA	No Cost	No Cost	No Cost	\$20 Copay then 20%	No Cost	20%*
Primary Care Physician Office Visits	\$25	\$25	\$20	\$20 Copay then 20%	\$20	20%*
Specialist Office Visits	\$40	\$40	\$20	\$20 Copay then 20%	\$20	20%*
Urgent Care Visits	\$25 / \$40	\$25 / \$40	\$20	\$20 Copay then 20%	\$20	20%
Emergency Room Visits	\$150 (waived if admitted)	\$150 (waived if admitted)	\$100 Copay		\$100 Copay after deductible	
In-Patient Hospitalization	\$0 after Deductible	\$0 after Deductible	20% after Deductible	40%*	Deductible then 20%	40%*
Out-Patient Hospitalization	\$0 after Deductible	\$0 after Deductible	20% after Deductible	40%*	Deductible then 20%	40%*
Prescription Drug Benefits - Pharmacy	\$15 / \$30 / \$50 / \$100	\$15 / \$30 / \$50 / \$100	\$15 / \$30 / \$50 / \$100		\$15 / \$30 / \$50 / \$100	
Prescription Drug Benefits - Mail Order	\$30 / \$60 / \$150 / \$300	\$30 / \$60 / \$150 / \$300	\$30 / \$60 / \$150 / \$300		\$30 / \$60 / \$150 / \$300	
Spinal Manipulation	\$40 (up to 20 visits)	\$40 (up to 20 visits)	\$20, up to 20 visits	40%*	\$20, up to 20 visits	40%*
Physical, Occupational & Speech Therapy	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	40%*	Deductible then 20%	40%*
Diagnostic X-Rays and Laboratory Testing	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	40%*	Deductible then 20%	40%*
MRI, CT Scans, PET Scans	\$0 after Deductible	\$150 after Deductible	\$0 after Deductible	40%*	Deductible then 20%	40%*
Durable Medical Equipment	20% after Deductible	20% after Deductible	\$0 after Deductible	20%*	Deductible then 20%	20%*
Health Plan Deductible (Single / Family)	\$1500 / \$3000	\$3000 / \$6000	\$1500 / \$3000		\$3000 / \$6000	
Deductible Year	Plan Year	Plan Year	Plan Year		Plan Year	
Coinsurance	n/a	n/a	n/a		20%	

Dental	Mortgage Equity Partners' dental plan is provided by Guardian. Please refer to plan summary for more information. Find a dentist: www.guardiananytime.com - click on "Find a Provider."	
	<u>PPO</u>	
	<u>In Network</u>	<u>Out-of network</u>
Deductible	\$0	\$50 / \$150 max per family
Calendar Year Maximum	\$1,000 per person (plus Rollover Benefit) / \$1,000 lifetime maximum for Ortho Covered at 100%	
Type I Services - Preventative and Diagnostic	Covered at 100%	
Type II Services - Basic Restorative, Oral Surgical, Periodontic, Endodontic, and more	100%	80% after deductible
Type III Services - Major Restorative	60%	50% after deductible
Orthodontic Services - children to age 19	50%	50% after deductible

Vision	GUARDIAN
VSP Choice Network	
\$10 Copay Plan. \$150 Contact Lense / Retail Frame Allowance	
Eye Exam every calendar year, Lenses every calendar year	
Frames every two calendar years	