

MAXIMIZE *your* MEDICAL BENEFITS!

KNOW *your* PLAN OPTIONS!

MIP-A

MIP-B

MIP-C

All plans offer rich benefits inside and outside the network.

Higher premiums, but greater flexibility when using providers in and out of the network.

The plan features:

- A low deductible (\$300/person, \$600/family) and
- Maximum out of pocket (\$2,500/person, \$5,000/family) costs,
- MIP-A deductible is generally applied when non-network providers are used
- Most in-network services are covered at 90%
- Non-network services are covered at 80%
- \$15 copay for office visits

MIP-A is a good choice for:

- Staff that are moderate to heavy users of medical services (15-20 office visits per year)
- Staff who see providers both inside and outside the network, and generally do not have a significant number of hospitalizations each year.
- Those who have some familiarity with the US healthcare system, and do not need referrals for every visit from a Primary Care Physician (PCP).

Example: Someone managing a chronic condition, such as diabetes, who has their condition under control and sees the same doctors all the time.

Lower premium allows members to pay as they use health services, saving them money each pay period.

This plan features:

- A higher deductible (\$650/person, \$1,300/family)
- Maximum out of pocket (\$2,500/person, \$5,000/family) costs that are in line with MIP-A
- MIP-B deductible is generally applied for all services outside of normal office visits
- Most in-network services are covered at 90%
- Non-network services are covered at 80%
- \$20 copay for office visits

MIP-B is a good choice for:

- Staff that are light users of medical services (less than 15-20 office visits per year)
- Staff whose typical medical service is an office visit.
- In some cases, extremely heavy users of medical services (people that pay the max out of pocket amount every year) may benefit from the lower premium of MIP-B, because of the out of pocket maximum amount.

Example: Someone with a condition such as hyperlipidemia or high blood pressure, that visits the same provider to maintain prescriptions and for condition management.

A "gatekeeper" plan, with higher premiums & benefits when receiving a referral from your primary care physician.

The plan features:

- A slightly higher deductible (\$350/person, \$700/family)
- Maximum out of pocket (\$3,000/person, \$6,000/family) costs than the other options, and
- Primary Care Physician (PCP) needed for referrals to other providers.
- Many in-network services are covered at 100%, when the member is referred by their PCP
- Non-network services and services without a referral are covered at 80%
- \$15 copay for office visits

MIP-C is a good choice for:

- Staff that prefer to use a PCP for health care, or who have experience with a referral-based system.
- Members who experience frequent hospitalizations may also benefit from MIP-C given the 100% coverage for in-network referrals.

Example: A patient with a condition such as asthma that is not under control, and as a result experiences frequent office visits and hospitalizations throughout the year.