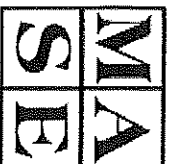


**MASE Trust**  
**2023 Group Health Plan Options**



	PPO Option 1 <sup>2,3</sup> Network / Non-Network	PPO Option 2 – HDHP <sup>1,2</sup> Network / Non-Network	PPO Option 3 – HDHP <sup>1,2</sup> Network / Non-Network
<b>Deductible:</b> Individual Family	\$750 / \$1,500 \$1,500 / \$3,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$6,000 / \$12,000 \$12,000 / \$24,000
<b>Coinsurance<sup>2</sup></b>	20% / 40%	0% / 30%	0% / 30%
<b>Maximum Out-of-Pocket:</b> Individual Family	\$1,650 / \$3,300 \$3,300 / \$6,600	\$3,000 / \$12,000 \$6,000 / \$24,000	\$6,000 / \$24,000 \$12,000 / \$48,000
Hospital Services	20% / 40%	0% / 30%	0% / 30%
Hospital Care	\$45 copay / 40%	0% / 30%	0% / 30%
Hospital ER	\$150 copay	0% / 30%	0% / 30%
Office Visit	\$20 copay / 40%	0% / 30%	0% / 30%
Routine Care	100% (no deductible) / 40%	100% (no deductible) / 30%	100% (no deductible) / 30%
<b>Prescription Drugs – Network Only Retail</b>	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3	0% / 30% (subject to deductible)	0% / 30% (subject to deductible)
<b>Mail-Order</b>	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3	0% / 30% (subject to deductible)	0% / 30% (subject to deductible)
<b>Out-of-Pocket Limit</b> Single Family	\$4,500 \$9,000		
<b>January 1, 2023 – Monthly Premiums</b> Individual Family	<b>802.00</b> <b>2,139.00</b>	<b>641.00</b> <b>1,726.00.00</b>	<b>550.00</b> <b>1,485.00</b>

<sup>1</sup> PPO Options 2 and 3 (HDHP) are IRS approved high deductible health plans that can be partnered with an individual HSA (Health Savings Account); both Plans have an “embedded” deductible feature; no one member of the family will be required to meet more than the individual deductible and/or out-of-pocket maximum

<sup>2</sup> Coinsurance - % shown for PPO Option 1 is the member liability after the deductible has been met, but prior to the maximum out-of-pocket limit being reached; for PPO Options 2 and 3, the member is responsible for 100% of all charges (except where noted) until the deductible/maximum out-of-pocket is met for in-network services; the member is responsible for 100% of all charges until the deductible is met, then 30% until the maximum out-of-pocket is met for non-network services.

<sup>3</sup> Plan 1 includes a prescription drug annual out-of-pocket maximum; both retail and mail order flat dollar copays will accumulate to the maximum; the medical and prescription drug maximums are separate and do not co-mingle. **NOTE:** The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only

Your coverage is issued by a multiple employer welfare arrangement. This multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for your multiple employer welfare arrangement.