

# RIM PLAN



**IMPORTANT NOTE:** This document is intended to be an easy-to-use reference for members. The Summary Plan Description and related amendments will supersede this general information with regard to individual participants' eligibility and benefits. The benefit levels below apply when provided by a network provider. To find out if your doctor is a network provider, visit [www.mustbenefits.org](http://www.mustbenefits.org) and follow the provider links.

## GROUP INFORMATION

<b>Group name:</b>	<b>Individual/family deductible:</b>
<b>Benefit percentage: 80/20%</b>	<b>Individual/family OOPM:</b>

## MEDICAL BENEFITS

### Deductible Waived

Accident benefit: Deductible waived on the first \$500 after which the deductible and co-insurance apply; claims must be submitted within 90 days of the date of accident	Preventive benefit: Deductible waived, paid at 100% (see Preventive Benefit flier for details)	
Chiropractic/acupuncture visits: deductible waived and no co-insurance, 10 combined visits per benefit period	Office visits (physician/chemical dependency/mental illness): deductible waived	
	In-network: \$25 co-pay	Out-of-network: 80/20%
Chemical dependency/mental illness (outpatient): First 3 outpatient office visits paid at 100%		
Virtual Visits: \$25		

### Deductible Applies

Hospital services	Rehabilitation therapy: maximum of 50 outpatient visits or 60 inpatient days
Diagnostic/chiropractic X-ray	Home healthcare: 180 visit maximum
Lab work	Skilled nursing facility: 60 days maximum
Chemical dependency/mental illness (outpatient): First 3 outpatient office visits paid at 100%, then deductible and co-insurance apply	Autism spectrum disorders
Chemical dependency/mental illness (inpatient)	Transplant coverage

## PHARMACY

Pharmacy Plan: See Benefit Summary for details.