



# MEMBERS' INSURANCE TRUST



2026

## MIT Benefits Enrollment Guide for Administrators

*Coverage Physicians Trust.  
Services Practices Rely On.*

# Table of Contents

»»»	Message from Leadership	→	Page 03
»»»	MIT Overview	→	Page 04
»»»	Eligibility	→	Page 05
»»»	Enrollment Process	→	Page 06
»»»	MIT Plan Design Portfolio	→	Page 07
»»»	High Deductible Plans	→	Page 08
»»»	Major Medical Plans	→	Page 09
»»»	Specialty Plans	→	Page 10
»»»	MIT Plan Resources	→	Page 11
»»»	MIT Plan Partner Wellness Resources	→	Page 13
»»»	Navigating Healthcare Expenses	→	Page 14
»»»	MIT Administrative Procedures	→	Page 15
»»»	Medical Plan Expense Explanation	→	Page 16
»»»	MIT Dental Plan Options	→	Page 17
»»»	MIT Vision Plan Options	→	Page 18
»»»	MIT Supplemental Plan Options	→	Page 20
»»»	MIT Partner Directory	→	Page 22
»»»	MIT Team Expertise	→	Page 23



## Letter from MIT Leadership

I would like to take a moment to thank you for your support of Members' Insurance Trust (MIT). For over 40 years, MIT has remained steadfast in our mission to offer comprehensive, diverse, and mindful benefits tailored specifically for South Carolina's medical community. As a self-funded multiple employer welfare arrangement (MEWA) supported by SCMA, our commitment goes beyond insurance—it's about supporting the long-term health and success of the physician practices we serve.

Each year, we carefully evaluate our plan offerings to ensure they reflect the evolving needs of physician practices, respond to changes in the healthcare landscape, and align with our values to provide coverage physicians trust and services practices rely on. For 2026, we have introduced several strategic updates to our benefits portfolio. While full details will be shared in the 2026 benefits enrollment materials contained in this guide, please also reference MIT's website at [www.scmamit.org](http://www.scmamit.org). A few highlights are noted below:

**Diverse Plan Options:** MIT continues to offer **10** medical plan designs to provide your group with customizable coverage levels, thereby empowering your medical practice to select plan options that best fit your unique financial and healthcare needs. MIT plan options include: **5 High Deductible Health Plans (HDHPs)**, **2 Major Medical Plans**, and **3 Specialty Plans**. For 2026, the IRS has increased the minimum deductible limit for HSA-eligible high-deductible health plans (HDHPs) to: \$1,700 for individuals/ \$3,400 for families. **This change will be reflected in the HDHP Option I.**

**Total Trust Perks (Embedded Benefits):** Your MIT medical coverage includes **built-in** perks designed to offer added protection and value. For the 2026, MIT enhanced the **Total Trust Perks** by replacing short-term disability and **adding accident and critical illness coverage for all primary covered members**. Members can purchase additional accident and critical illness coverage (**BuyUp**) for themselves and for their dependents. MIT **continues** to provide these Total Trust Perks for 2026: \$15,000 Basic Life Insurance, \$15 MUSC Virtual Care Visits, Maternity Wellness Case Management, and Preventive & Wellness Health Programs.

**Voluntary and Supplemental Insurance:** MIT partners with top-tier carriers offering voluntary and supplemental insurance products at reduced large group rates and consolidated into one invoice with no employer contribution or minimum participation requirements.

- ✓ **Sun Life Financial\* (NEW 2026 Carrier)**  
Voluntary Life Insurance (increase coverage up to \$200,000 with no medical questions asked)  
Accident Insurance  
Critical Illness Insurance

**\*Note: Current MIT members with The Hartford will be automatically transitioned to Sun Life for the 2026 Plan Year. Members may elect or increase coverage during open enrollment with guaranteed issue amounts.**

- ✓ **Community Eye Care (CEC):** Offering two comprehensive vision plans at affordable group rates.

Thank you for being part of the MIT community. We look forward to continuing to serve you in 2026 and the years ahead.

Dylan Sitterle, Executive Director  
Members' Insurance Trust

# MIT Overview

## About Members' Insurance Trust

In 1981, the South Carolina Medical Association (SCMA) created Members' Insurance Trust (MIT) to ensure its member physicians, staff and their families had access to the level of healthcare they prioritized for their patients. As the only multiple employer welfare arrangement led by physicians in South Carolina, MIT offers key benefits including:

- Fixed monthly costs
- Lower risks (risks shared/pooled with other practices)
- State/Federal reporting compliance (ACA reporting, Form 5500 filing, etc.)\*
- Reduced administrative overhead expenses

\*MIT is required to routinely conduct audits of employer groups to ensure compliance with MIT's participating guidelines as well as discriminatory testing relative to ERISA and the Internal Revenue Code.

## Our Mission

To provide comprehensive, reliable, cost-effective health insurance and benefit solutions tailored to meet the unique needs of physician practices throughout South Carolina.

## Our MIT Value Propositions

Coverage Physicians Trust.  
Services Practices Rely On.



# Meet Our Board

SCMA MIT is governed by a volunteer Board of Trustees consisting of 3 to 5 physicians who serve as the SCMA MIT Trustees and Plan Administrator. MIT Trustees are elected by the member organizations within the Trust and serve staggered 2-year terms with a maximum of 5 consecutive terms.



James Hall, MD  
Ophthalmology  
Retina Consultants of  
Carolina



David Perry, MD PhD  
Dermatology  
Perry Dermatology



Nelson Ploch, MD  
Urology  
Palmetto Adult and  
Children's Urology



Josh Wilson, MD  
Gastroenterology  
Consultants in  
Gastroenterology



Erik Swanson, MD  
Otolaryngology  
Charleston ENT

# Eligibility



## Coverage Physicians Trust

Physicians and physician practices gain access to Members' Insurance Trust health and welfare benefit solutions through their SCMA membership. MIT provides quality and reliable health and welfare benefit solutions led by physicians for physicians.

To maintain Members' Insurance Trust Coverage, physicians must pay SCMA membership dues by **January 1, 2026**. Renew membership at [www.scmadental.org/membership](http://www.scmadental.org/membership). Group billing for practices with multiple physicians is available for membership dues.

 (803) 798-6207

 [www.scmadental.org](http://www.scmadental.org)

**Questions? Contact Rebecca Brannon at [rbrannon@scmadental.org](mailto:rbrannon@scmadental.org)**



## Participating Employer Eligibility

To maintain eligibility, a Participating Employer (PE) must satisfy **all** of the following:

- the PE is a corporation, professional association, limited liability company, partnership, association, or other entity engaged in a business or enterprise in or otherwise connected with a medical services-related or health care related field in South Carolina;
- at least one of the working physicians or board members of the PE is a member of SCMA;
- the PE has at least 2 employees (other than the physician-owner);
- the PE contributes Employer Contributions toward its eligible employees' coverage equal to at least 50% of the cost of employee-only coverage;
- the PE maintains at least 50% participation in either the medical benefits or dental benefits offered under the Plan, based on all of its eligible employees and physicians (for this purpose, any eligible employee or physician who provides a valid waiver of coverage is counted as participating); and
- the PE pays the required Employer Contributions when due.



## MIT Member Eligibility

To maintain eligibility:

- An employee must work an average of 30 hours per week.
- Physicians who participate in the plan must be active members of South Carolina Medical Association (SCMA).
- Retirees are eligible under the Participating Employer if they are retired and both attained age 55 at the time of their retirement and were continuously covered by MIT for the five (5) years prior to their retirement or were covered by MIT for at least 20 years (consecutive or nonconsecutive) out of the 30 years preceding retirement and are enrolled in MIT immediately preceding retirement.
- Retirees who retire from a Participating Employer on or after January 1, 2020, will only remain eligible for coverage under MIT for so long as their Participating Employer continues its participation in MIT.
- If member ceases retiree coverage under our Plan for any reason (whether voluntary or involuntary), they may not later re-enroll.

# Enrollment Process

All benefit elections for eligible employees must be completed and finalized by close of business on March 6, 2026. After March 6, 2026, no changes will be permitted. Benefit Administrators, MIT members, or the MIT team may input an employee's benefit elections through the benefit portal, JET Insure. Benefit Administrators should review all employee demographic information, email addresses, and phone numbers listed in each member's profile.



**Login and Review**



**Select the Participating Employer Plan(s)**



**Employee Enrollment (2 Options)**



**Monitor and Verify**

## Step 1

- Login to MIT's benefit portal, JET: <https://scmamit.jet-insure.com>
- Review offer/renewal rates by clicking the blue [HERE](#) in the welcome banner. [Please click HERE to view Renewal Offer.](#)
- Review waiting periods. [Click HERE to Update the Group's Waiting Periods](#)
- Review address and administrative information. [Click HERE to Update Address](#)

## Step 2

- Begin plan selection for group - "Click [HERE](#) to select the renewal plans." [Click HERE to select the renewal plans.](#)
- Enter census information which includes the date of census and the number of eligible full time employees including physicians.
- Select up to 3 medical plans, 1 dental plan, vision, and additional supplemental plans.
- To review new plan designs, access [scmamit.com/tables](https://scmamit.com/tables). Carefully read and accept the acknowledgment.

## Step 3

- Begin individual plan selection by clicking [HERE](#) in welcome banner." [please click HERE in order to proceed with the Employee Benefit Election Process](#)
- a) **Employee Benefit Plan Selections by Administrator (Recommended)**
  - ✦ Select employee's Name to review employee demographics and current coverage. While in the employee's profile, click [HERE](#) for Employee Benefits Election.
- b) **Employee Plan Selections by Employee**
  - ✦ Select the option to email employees and initiate their benefit election process. Employees make their benefit selections by activating their JET account.

## Step 4

- Monitor and verify all benefit eligible employees progress compared to the entity's benefit eligible employee roster. All benefit eligible employees should have a benefit election(s) or indicator waiving their coverage.

## Complete by March 6, 2026

For step by step instructions including graphics from JET - click



# MIT Plan Design Portfolio

## High Deductible Plans



- ✓ HDHP Option 1 - \$1,700/employee; \$3,400/family deductible
- ✓ HDHP Option 2 - \$2,500/employee; \$5,000/family deductible
- ✓ HDHP Option 6 - \$3,500/employee; \$7,000/family deductible
- ✓ HDHP Option 7 - \$4,000/employee; \$8,000/family deductible
- ✓ HDHP Option 8 - \$6,000/employee; \$12,000/family deductible

## Major Medical Plans



- ✓ Major Medical Choice - \$500/employee; \$1,500/family deductible
- ✓ Major Medical 2000 - \$2,000/employee; \$6,000/ family deductible

## Specialty Medical Plans



- ✓ Premier Plus - \$1,750/employee; \$3,500/family deductible
- ✓ Prime Plus - \$3,000/employee; \$6,000/family deductible
- ✓ Select Plus - \$3,500/employee; \$7,000/family deductible

All deductible amounts noted above are for services provided by in-network entities.



## Total Trust Perks



(Embedded Benefits Included with Medical Coverage Only)



- **Basic Life Insurance** - All active, employed MIT members are covered by a **\$15,000** group term life insurance policy. Benefits are reduced to 50% at age 70. MIT members may purchase additional life insurance, which includes accidental death & dismemberment coverage for themselves, their spouses and their children at reduced group rates.
- **Accident Insurance** - Included as an embedded benefit, all active, employed MIT members are covered by a **Core Accident Insurance policy**, which includes a **\$25** wellness benefit. MIT members may purchase BuyUp Accident Insurance policy for themselves or their dependents, which includes a \$100 wellness benefit.\*
- **Critical Illness Insurance** - Active, employed MIT members are also covered by a **\$5000 Core Critical Illness** policy, which includes an additional **\$25** wellness benefit as well as options to purchase BuyUp coverage up to \$20,000 for themselves or their dependents. If the MIT member elects to purchase the BuyUp policy, the wellness benefit increases to \$100 per covered participant.

\* The \$25 wellness benefit included with the accident insurance policy and the critical illness policy is replaced by the \$100 wellness benefit (\$100 for each policy and per each covered participant) if the member chooses the Buy-up option(s).



# High Deductible Plans

Plan Type	HDHP Option I	HDHP Option II	HDHP Option VI	HDHP Option VII	HDHP Option VIII
<b>In-Network Aggregate Deductible<sup>1</sup></b>	\$1,700/single \$3,400/family	\$2,500/single \$5,000/family	\$3,500/single \$7,000/family	\$4,000/single \$8,000/family	\$6,000/person \$12,000/family*
<b>Out-of-Network Aggregate Deductible</b>	\$3,400/single \$6,800/family	\$5,000/single \$10,000/family	5,000/single \$10,000/family	\$7,500/single \$20,000/family	\$10,000/person \$30,000/family
<b>In-Network Aggregate Max Out of Pocket Expense<sup>2</sup></b>	\$1,700/single \$3,400/family	\$3,750/single \$7,500/family	\$7,000/single \$12,000/family*	\$7,250/single \$14,000/family*	\$7,500/person \$15,000/family*
<b>Out-of-Network Max Out of Pocket Expense</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Annual Maximum including Transplants</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Plan Pays After Deductible Is Met</b>	<b>In-Network<sup>3</sup></b>	<b>In-Network<sup>3</sup></b>	<b>In-Network<sup>3</sup></b>	<b>In-Network<sup>3</sup></b>	<b>In-Network<sup>3</sup></b>
<b>Outpatient Surgery, Outpatient Hospital, Inpatient Hospital (room &amp; board, ICU &amp; ancillary charges) Inpatient Physician Visits, Surgery, Anesthesia (including CRNA), Laboratory, X-ray</b>	100%	90%	70%	80%	90%
<b>Assistant Surgeons (limit of 25% of primary surgeon's allowable fee)</b>	100%	90%	70%	80%	90%
<b>Mental/Nervous Treatment (Hospitals &amp; Physician Inpatient or Outpatient)</b>	100%	90%	70%	80%	90%
<b>Alcohol/Drug Addiction (Hospital &amp; Physician Inpatient or Outpatient)</b>	100%	90%	70%	80%	90%
<b>Skilled Nursing Facility (Maximum 60 days/calendar year)</b>	100%	90%	70%	80%	90%
<b>Hospice (Max 180 days/Lifetime)</b>	100%	90%	70%	80%	90%
<b>Physical/Occupational Therapy (Combined Max 30 visits/calendar year)</b>	100%	90%	70%	80%	90%
<b>Speech Therapy (Max 30 visits/calendar year)</b>	100%	90%	70%	80%	90%
<b>All Other Covered Expenses (including Urgent Care)</b>	100%	90%	70%	80%	90%
<b>Physician Office Visits</b>	100%	90%	70%	80%	90%
<b>Prescription Drugs</b>					
	100% (30 day) 100% (90 day mail) 100% (90 day retail)	90% (30 day) 75% (90 day mail) 75% (90 day retail)	70% (30 day) 50% (90 day mail) 50% (90 day retail)	80% (30 day) 60% (90 day mail) 60% (90 day retail)	90% (30 day) 75% (90 day mail) 75% (90 day retail)
<b>Generic, Preferred, Non-Preferred</b>					
<b>Specialty EHB Drug</b>	100%	90%	70%	80%	90%
<b>Specialty Non-EHB Drug</b>	100% coverage is available at no cost to you through SaveOnSP Program Participation. Please contact SaveOnSP at 1-800-683-1074 for more information.				
<b>Note: In-network services are paid after the deductible is met at the percentages noted above. Out-of-network services are paid after the deductible is met. Please see a detailed breakdown of the percentage of coverage within the Schedule of Benefits noted in MIT's SPD.</b>					

**NOTE: Individual Max Out of Pocket of \$9200 is embedded for covered individuals with Dependent coverage for in-network services.**

**All preventive care and screening services are covered at 100%!**

**For a complete and detailed list of all Recommended Preventative Services, visit [www.healthcare.gov](http://www.healthcare.gov).**



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An SCMA Company

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<sup>1</sup> Includes certain out-of-network providers of Ambulance Services, Emergency Services, and non-Emergency Services furnished at certain in-network provider facilities.  
<sup>2</sup> Generally includes certain out-of-network providers of Ambulance Services, Emergency Services, and non-Emergency Services furnished at certain in-network provider facilities.  
<sup>3</sup> "In Network" also includes certain inpatient services performed by an out-of-network provider at an in-network provider facility (unless the provider satisfies the advance patient notice and consent requirements).



# Major Medical Plans

Plan Type	Major Medical Choice	Major Medical 2000 Enhanced
In-Network Aggregate Deductible <sup>1</sup>	\$500/person \$1,500/family	\$2,000/person \$6,000/family
Out-of-Network Embedded Deductible <sup>2</sup>	\$1,000/person \$3,000/family	\$4,000/person \$12,000/family
In-Network Embedded Max Out of Pocket Expenses <sup>3</sup>	\$2,500/person \$7,500/family	\$4,000/person \$12,000/family
Out-of-Network Embedded Max Out of Pocket Expense	Unlimited	Unlimited
Annual Maximum including Transplants	Unlimited	Unlimited
<b>Plan Pays After Deductible Is Met</b>	<b>In-Network<sup>4</sup></b>	<b>In-Network<sup>4</sup></b>
Outpatient Surgery, Outpatient Hospital, Inpatient Hospital (room & board, ICU & ancillary charges) Inpatient Physician Visits, Surgery, Anesthesia (including CRNA), Laboratory, X-ray	80%	80%
Assistant Surgeons (limit of 25% of primary surgeon's allowable fee)	80%	80%
Mental/Nervous Treatment (Hospitals & Physician Inpatient or Outpatient)	80%	80%
Alcohol/Drug Addiction (Hospital & Physician Inpatient or Outpatient)	80%	80%
Skilled Nursing Facility (Maximum 60 days/calendar year)	80%	80%
Hospice (Max 180 days/lifetime)	100%	100%
Emergency Room Visits (Fee waived if admitted to hospital from ER or if treated for an accidental injury or if referred to ER by a Physician)	\$100 Fee then applicable co-insurance	\$100 Fee then applicable co-insurance
Physical/Occupational Therapy (Combined Max 30 visits/calendar year)	80%	80%
Speech Therapy (Max 30 visits/calendar year)	80%	80%
All Other Covered Expenses (including Urgent Care)	80%	80%
<b>Enhancement Package</b>		<b>In-Network<sup>5</sup></b>
Office Visit Co-pay (including Urgent Care) for General/Family/Internal/Pediatrics/OBGYN/Psychiatry /Psychologist	Not applicable	\$30
Office Visit* Co-pay for Specialist	Not applicable	\$50
<b>Prescription Drugs</b>		
Generic	80% (30 day)	\$5/\$35/\$60 (30 day)
Preferred	50% (90 day mail)	\$12.50/\$87.50/\$150 (90 day mail)
Non-Preferred	50% (90 day retail)	\$15.00/\$105/\$180 (90 day retail)
Specialty EHB Drug	80%	<b>generic/preferred/non-preferred</b> \$500-\$999: \$65 copay (30 day) \$1000-\$1499: \$130 copay (30 day) \$1500-\$2000: \$200 copay (30 day) above \$2000: \$275 copay (30 day)
Specialty Non-EHB Drug	100% coverage is available at no cost to you through SaveOnSP Program Participation. Please contact SaveOnSP at 1-800-683-1074 for more information.	
* Excludes any other procedures performed during the visit.		
Note: In-network services are paid after the deductible is met at the percentages noted above. Out-of-network services are paid after the deductible is met. Please see a detailed breakdown of the percentage of coverage within the Schedule of Benefits noted in MIT's SPD.		

**NOTE:** Individual Max Out of Pocket of \$9200 is embedded for covered individuals with Dependent coverage for in-network services.

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<sup>1</sup> Includes certain out-of-network providers of Ambulance Services, Emergency Services, and non-Emergency Services furnished at certain in-network provider facilities.  
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<sup>3</sup> "In Network" also includes certain inpatient services performed by an out-of-network provider at an in-network provider facility (unless the provider satisfies the advance patient notice and consent requirements).



# Specialty Plans

**NOTE: Individual Max Out of Pocket of \$9200 is embedded for covered individuals with dependent coverage for in-network services.**

Plan Type	Premier Plus	Prime Plus	Select Plus
In-Network Aggregate Deductible:	\$1750/person \$3,500/family	\$3,000/person \$6,000/family	\$3,500/person \$7,000/family
Out-of-Network Aggregate Deductible	\$3,500/person	\$5,000/person	\$6,500/person
In-Network Aggregate Max Out of Pocket Expense <sup>2</sup>	\$7,000/family \$5,000/person \$10,000/family*	\$10,000/family \$7,900/person \$15,800/family	\$13,000/family \$7,900/person \$15,800/family
Out-of-Network Aggregate Max Out of Pocket Expense	Unlimited	Unlimited	Unlimited
Annual Maximum including Transplants	Unlimited	Unlimited	Unlimited
Plan Pays After Deductible Is Met	In-Network <sub>s</sub>	In-Network <sub>s</sub>	In-Network <sub>s</sub>
Outpatient Surgery, Outpatient Hospital, Inpatient Hospital (room & board, ICU & ancillary charges) Inpatient Physician Visits, Surgery, Anesthesia (including CRNA), Assistant Surgeons (limit of 25% of primary surgeon's allowable fee)	70%	70%	70%
Mental/Nervous Treatment (Hospitals & Physician Inpatient or Outpatient)	70%	70%	70%
Alcohol/Drug Addiction (Hospital & Physician Inpatient or Outpatient)	70%	70%	70%
Skilled Nursing Facility (Maximum 60 days/calendar year)	70%	70%	70%
Hospice (Max 180 days/lifetime)	100%	100%	100%
Emergency Room Visits (Fee waived if admitted to hospital from ER or if treated for an accidental injury or if referred to ER by a Physician)	\$300 Fee then applicable co-insurance	\$300 Fee then applicable co-insurance	\$300 Fee then applicable co-insurance
Physical/Occupational Therapy (Combined Max 30 visits/calendar year)	70%	70%	70%
Speech Therapy (Max 30 visits/calendar year)	70%	70%	70%
All Other Covered Expenses (including Urgent Care)	70%	70%	70%
<b>Enhancement Package</b>			
Office Visit Co-pay (including Urgent Care) for General/Family/Internal/Pediatrics/OBGYN/Psychiatry/Psychologist	\$30	\$30	\$30
Office Visit** Co-pay for Specialist	\$60	\$60	\$60
<b>Prescription Drugs</b>			
Generic	\$12/\$80/\$200 (30 day) \$30/\$200/\$500 (90 day mail)	\$12/\$80/\$200 (30 day) \$30/\$200/\$500 (90 day mail)	\$12/\$80/\$200 (30 day) \$30/\$200/\$500 (90 day mail)
Preferred	\$36.00/\$240/\$600 (90 day retail)	\$36/\$240/\$600 (90 day retail)	\$36/\$240/\$600 (90 day retail)
Non-Preferred	generic/preferred/non-preferred	generic/preferred/non-preferred	generic/preferred/non-preferred
Specialty EHB Drug	\$250	\$250	\$250
Specialty Non-EHB Drug	100% coverage is available at no cost to you through SaveOnSP Program Participation. Please contact SaveOnSP at 1-800-683-1074 for more information.		
* Excludes any other procedures performed during the visit.			
Note: In-network services are paid after the deductible is met at the percentages noted above. Out-of-network services are paid after the deductible is met. Please see a detailed breakdown of the percentage of coverage within the Schedule of Benefits noted in MIT's SPD.			

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<sup>2</sup>Generally includes certain out-of-network providers of Ambulance Services, Emergency Services, and non-Emergency Services furnished at certain in-network provider facilities.  
<sup>3</sup>"In Network" also includes certain inpatient services performed by an out-of-network provider at an in-network provider facility (unless the provider satisfies the advance patient notice and consent requirements).

# MIT Plan Resources



## MIT Summary Plan Documents

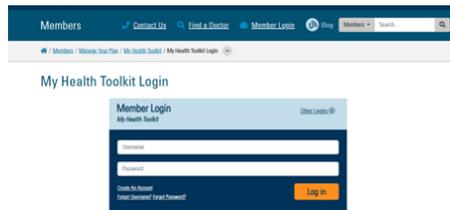
Members' Insurance Trust (MIT) Plan Documents including the Summary Plan Description (SPD) and Summaries of Benefits and Coverage (SBC) are available on the MIT website's **Resources** page at [scmamit.com](http://scmamit.com). The SPD contains the general rules that apply to the group benefits offered to eligible active employees and retirees of our Participating Employers. The SBCs provide specific details regarding the specific plan coverages for high- deductible, major medical and specialty plans. If an employee would like their own copy of the SPD, send requests to [MITinfo@scmedical.org](mailto:MITinfo@scmedical.org) and a copy will be sent to the home address on record.



## Third Party Benefit Administrator

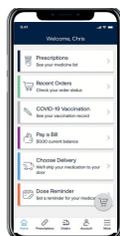
Blue Solutions Administrator (BSA) is MIT's third-party benefits administrator (TPA) and offers MIT members access to the largest nationwide provider network while ensuring members receive seamless and comprehensive care regardless of where they are in the country.

Through BSA, members receive **My Health Toolkit**, a comprehensive healthcare portal offering tools and resources that support the management of healthcare needs. Users can access medical ID cards, review plan coverage, find providers, check claims history, and explore healthcare educational resources. Create an account at [myhealthtoolkitbsa.com](http://myhealthtoolkitbsa.com) or download the My Health Toolkit application on a mobile device. The My Health Toolkit application can be found in the App Store or Google Play.



## Pharmacy Benefits Manager

As a premier pharmacy benefits manager (PBM), Express Scripts oversees pharmacy services and reduces prescription costs for MIT members and their eligible dependents. Take advantage of the **SaveOnSP** program, which helps plan members save on certain specialty medications by utilizing funds provided by drug manufacturers. Find pharmacies, download a pharmacy ID card, discover more ways to save, and access additional resources at [express-scripts.com](http://express-scripts.com). Download the Express Script application located in the App Store or Google Play.



EXPRESS SCRIPTS®

# MIT Plan Resources



## Total Trust Perks (Embedded Benefits)

In partnership with Sun Life, MIT offers basic life insurance, accident insurance and a critical illness coverage at no additional cost to MIT members with medical coverage. Members can rest assured knowing they have a financial “safety net” in place for when faced with unexpected health related events.

### Basic Life Policy (Sun Life):

**\$15,000** is included for all covered employees. Benefits are reduced to 50% at age 70. MIT members may purchase additional life insurance and accidental death & dismemberment coverage for themselves, their spouses and their children at reduced group rates.



### Accident Policy (Sun Life):

The Core Accident Insurance Policy includes a **\$25** wellness benefit for the primary MIT covered member. Members can purchase a BuyUp plan option for themselves or their eligible dependents. The primary MIT member may add dependent accident policy coverage(s) and be eligible for a **\$100** wellness benefit per covered member.



### Critical Illness Policy (Sun Life):

**\$5000** Core Critical Illness policy is included with MIT medical coverage and includes a **\$25** wellness benefit. The primary MIT member is eligible to purchase up to an additional **\$20,000** via a BuyUp Critical Illness Option. Primary MIT members must purchase a minimum of **\$5000** of additional coverage (Buyup) for themselves to qualify for purchasing coverage for any dependents. The wellness benefit increases to \$100 per covered member with the BuyUp plan.



# MIT Plan Partner Wellness Resources



## MUSC Virtual Care

Life is hectic. Staying healthy does not have to be. Members' Insurance Trust has partnered with MUSC Health to offer an easy-to-use on-line virtual care service. Obtain medical care from licensed MUSC providers for only a **\$15 fee**. MUSC Virtual Care provides access to quality, convenient healthcare services when and where services are needed. MIT members can create an account at <https://muscvirtualcare.zipnosis.com/?l=en>.

-  24/7 access to trusted MUSC providers.
-  ~~\$35-\$45 flat rate, no insurance.~~
-  All ages eligible.
-  Most visits take just 15 minutes with little to no wait time.
-  Pick up prescription medications at your local pharmacy.

MIT Members ONLY - a flat rate of ONLY \$15!

Try Virtual Urgent Care before you drive!

- Allergy/hay fever
- Sore throat
- Cough and congestion
- Vaginal yeast infection
- Pink eye
- Urinary tract infection
- Sinus infection
- And over 40 more!
- Skin rash



## Blue 365

MIT members can access a wide variety of saving opportunities for top health and wellness brands with locations throughout South Carolina and the country. Members can access special weekly deals as well as on-going deals via their My Health Toolkit account. Areas of savings include:

- Health products
- Health and fitness clubs
- Weight loss programs
- Healthy travel experiences
- Personal care items
- And so much more....



## Care Management

Care Management through BSA provides a personalized approach for members specific to their personal health and wellness journey. Care managers can assist members to reach their health goals, make the most of their benefit plan, and serve as their healthcare advocate if they encounter obstacles in receiving medical care.

This program is included in the MIT member's benefit coverage at no additional cost. In some cases, care managers may be able help find ways to lower medical or pharmacy costs. Encourage members to connect online or by phone!

- ADHD (adults)
- Heart disease and heart failure
- Chronic obstructive pulmonary disease
- High blood pressure and cholesterol
- Recovery support for substance abuse disorder
- Depression
- Diabetes
- Asthma
- Metabolic Health
- Migraine
- Bipolar disorder



## Case Management

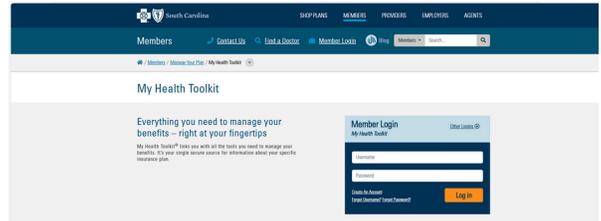
If MIT members experience complex or difficult health issues, a registered nurse case manager will reach out to them to provide support. Case managers can aid with matters pertaining to cancer, transplants, trauma, end-stage renal disease and neonatal intensive care.

- Maternity
- Tobacco-free living
- Back care
- Weight management
- Stress management
- Gaps in care notifications

**Members can connect with Blue Solutions Administrators' team of nationally accredited health coaches by calling 855-838-5897 or through the app, My Health Planner. Just search for "My Health Planner" in the Apple App Store or Google Play and enter access code "ACTNOW" to get started.**

# Navigating Healthcare Expenses

## Cost Estimates



### “Know before you go.”

It is a smart idea to do a bit of research before making any important decisions regarding one’s health including finding a new doctor or choosing a location for surgery. MIT and their trusted partner, Blue Solutions Administrator, makes these decisions easier with Shopping for Care through My Health Toolkit®. Access My Health Toolkit to:

- Find health care providers and services within our vast provider network.
- Check out cost information to make sure you are getting the care you need at the best possible price.
- See reviews from other patients who have rated a provider you’re considering.
- Identify the highest-quality providers in your area, with Total Care and Blue Distinction® Specialty Care designations.
- View a detailed map to help you get where you need to go.
- Estimate out-of-pocket expenses for medical procedures and compare pricing details that show the most cost-efficient providers.
- Login to your My Health Toolkit account. Click on “Select Providers and Services”, then “Find Care.” Under Find Care, look for the “Cost Estimates” tab. Locate price information for hundreds of procedures including mammograms, MRIs, allergy testing and more.

## Coordination of Benefits

Coordination of Benefits (COB) affects benefits when a covered member or a covered member’s dependent is also covered under another health insurance plan such as your spouse’s insurance plan, Medicaid, or Medicare. COB ensures the correct plan processes healthcare claims first. It prevents overpayments and duplication of services, which keeps costs down for everyone.

### **Covered Members should:**

- Be sure MIT has up-to-date information about your other insurance so we can process claims correctly and promptly.
- If a covered member receives an Other Health Insurance Questionnaire in the mail, they should complete the form and return it right away. Even if the covered member does not have coverage with another health plan, MIT will need to know.
- Covered members can also provide this information by logging in to My Health Toolkit. Select My Plan Benefits, Health, then Other Health Insurance. Or call the number on the back of their MIT membership card and provide the information to a customer service advocate.



### **Special Enrollment Rights:**

- If a covered member has been denied coverage due to health insurance or another group health plan was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage or the employer stopped contributing to the other coverage. You must request our coverage within 30 days after this other coverage ends OR after the employer contribution stops. You also may be able to get coverage if you have a new dependent because of marriage, birth, adoption or placement for adoption. Again, you must request enrollment within 30 days of the event.

# MIT Administrative Procedures



## Leave of Absence Notification

MIT's Plan requires employers to notify Members' Insurance Trust (MIT) of a covered member's leave of absence within 31 days of the onset of the absence. Participating Employers are expected to provide MIT with specific details regarding the expected leave duration and if the covered employee may be covered while on an extended absence from work. Failure to notify MIT may result in retroactive termination of the covered member's coverage under the Plan. During any leave of absence in which MIT coverage continues, Participating Employers must continue to pay the contracted amount of Employer Contributions.



## Coverage Continuation (FMLA Eligible Employer)

If the Participating Employer is a Family and Medical Leave Act (FMLA) eligible employer, coverage under MIT's Benefit Plan may continue until the last day of the calendar month in which the employee's approved leave of absence ends. However, MIT will not recognize a leave of absence longer than 12 weeks, unless legally required by law. When coverage ends following the end of the FMLA period, the covered employee and covered dependents may be eligible to elect COBRA.



## Rehired Employee

Rehired employees or physicians who have been absent from employment or service with an MIT Participating Employer for more than 30 days will be treated as new hires. Beginning on the employee's rehire date, they will be required to satisfy all Plan requirements, including a new waiting period, new deductible and out-of-pocket maximum, unless the Participating Employer has notified MIT that they qualify as an applicable large employer, in which case special ACA rules will apply.



## Terminating Coverage

Participating Employers can update covered member status within MIT's benefit portal [JET Insure](#), by completing the "Left Participating Employer" section of the member's profile.

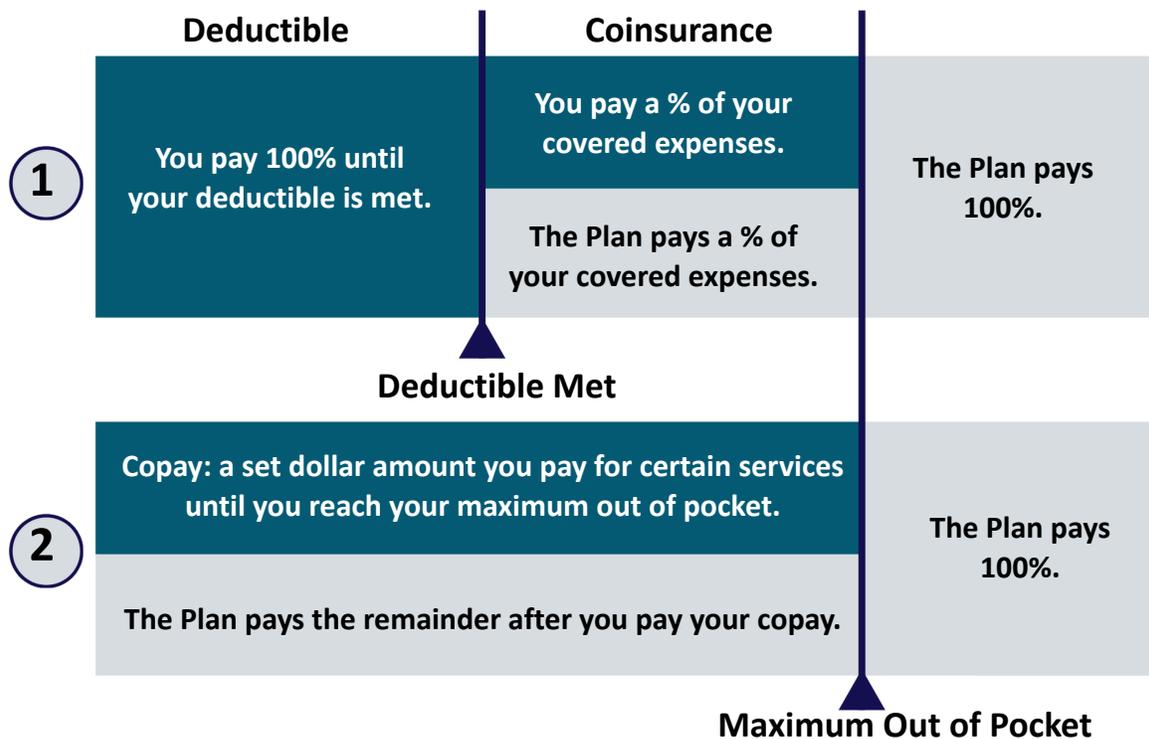


## Waiver of Coverage

An annual valid waiver of coverage is required to be completed by any employee opting to waive their right to medical coverage through the Participating Employer. The valid waiver of coverage is counted towards participation in the Plan for eligibility.

# Medical Plan Expense Explanation

Each service received gets paid through Path 1 or Path 2.



## Terms to Know:

- **Deductible:** The established total amount the covered member must pay for health care services before the Plan coinsurance starts to pay. At the beginning of the benefit plan year, the deductible amount resets to zero.
- **Aggregate Deductible:** The family deductible must be paid out-of-pocket before the Plan pays for services for one family member. Aggregated deductibles aid with capping overall expenses especially in scenarios involving multiple claims within the family coverage tier.
- **Embedded Deductible:** Each person has their own deductible but the family also has a maximum total deductible if multiple family members need medical care during the benefit plan year.
- **Coinsurance:** The percentage of covered health care costs the covered member pays after the plan deductible has been met.
- **Copay:** A fixed rate amount the covered member pays for physician office visits, prescriptions, and other types of care. Copays do not apply toward the plan deductible.
- **Maximum Out of Pocket (MOOP):** The most the covered member must pay for covered medical services that are not reimbursed by insurance within the established benefit plan year. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered medical services.

# MIT Dental Plan Options

Benefit Feature and Description	Basic	Enhanced
<b>Calendar Deductible:</b> Applies to Class II & Class III	Individual \$50 Family - 3 individuals	Individual \$50 Family - 3 individuals
<b>Calendar Year Max Benefit</b>	\$1,000	\$1,000 <b>Class I</b> claims do <b>NOT</b> count against annual maximum
<b>Orthodontia</b>	N/A	\$0 Deductible. \$1,000 Lifetime maximum per person.*
<b>Plan Pays After Deductible</b>		
<b>Class I:</b> Preventive Services	100%	100%
<b>Class II:</b> Basic Services	75%	80%
<b>Class III:</b> Major Services	45%	50%
<b>Class IV*:</b> Orthodontic Services	N/A	50% *The per person lifetime maximum benefit amounts for network expenses and non-network expenses for <b>Class IV</b> expenses.
<b>Monthly Contribution</b>	Employee Only: \$30 Employee + Spouse: \$58 Employee + Child(ren): \$73 Family: \$104	Employee Only: \$41 Employee + Spouse: \$82 Employee + Child(ren): \$96 Family: \$138



Sun Life Dental Network, the dental network for the Plan, includes 120,000+ unique dentists contracted with Dental Health Alliance.

To find a dentist in your area, go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist), under **PPO** plan, select your network, or call Customer Service at 1-800-733-7879. Find additional details regarding dental coverage in the Summary Plan Description provided on the Resources page of the [scmamit.com](http://scmamit.com) website.

# Vision Plan Options



Vision Benefits Summary | SCMA Members' Insurance Trust



## A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

### Plan Features



#### Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



#### Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



#### Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit [cecvision.com/search](http://cecvision.com/search) to find an in-network provider near you.



#### Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



#### Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

[cecvision.com/members/login](http://cecvision.com/members/login)



#### Prefer to Shop Online?

**Eyeconic** offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

[cecvision.com/members/special-offers/eyeconic](http://cecvision.com/members/special-offers/eyeconic)



# Vision Plan Options

## Your CEC Vision Benefits Summary

Company: SCMA Members' Insurance Trust

CEC Coverage Effective Date: 01/01/2024



### 175 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES	
Exam	An annual routine eye exam.	\$20	Up to \$50 minus the copay	Employee Only	<b>\$6.69</b>
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee + Spouse	<b>\$13.05</b>
Eyewear	An annual <b>\$175</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$20	Up to 85% of flexible allowance minus the copay	Employee + Child(ren)	<b>\$13.71</b>
Contact Lens Fitting	An annual fitting or evaluation.	\$20	Up to \$48 minus the copay	Employee + Family	<b>\$19.87</b>

### 250 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES	
Exam	An annual routine eye exam.	\$20	Up to \$50 minus the copay	Employee Only	<b>\$11.26</b>
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee + Spouse	<b>\$21.96</b>
Eyewear	An annual <b>\$250</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$20	Up to 85% of flexible allowance minus the copay	Employee + Child(ren)	<b>\$23.08</b>
Contact Lens Fitting	An annual fitting or evaluation.	\$20	Up to \$48 minus the copay	Employee + Family	<b>\$33.44</b>

ADDITIONAL SAVINGS	
<b>Additional Pairs of Glasses</b>	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
<b>LASIK Discounts</b>	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

Benefits may vary by location.  
 CEC Community Eye Care is a registered trademark of VSP Vision.  
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 Rev. 04/2023

Questions about your benefits?

Visit us online at [cecvision.com](https://cecvision.com) or call 888-254-4290.

# Supplemental Plan Options



Supplemental benefits are separate from the employee's medical insurance and can aid employees in paying what health insurance does not cover. Expenses may present from accidents, illness, hospital stays and severe injuries not related to a person's job.



## Voluntary Life and Accidental Death & Dismemberment (AD&D)

In addition to the plan's \$15,000 basic life insurance policy, MIT members may purchase additional voluntary life insurance coverage in increments of \$10,000 up to the **2026 Guaranteed Issue** amount of \$200,000 not to exceed 5-times their base annual earnings (lesser of the 2) with **no submittal of Evidence of Insurability (EOI)** form during open enrollment **for the 2026 benefit plan year**. Spousal coverage may be purchased in increments of \$5,000 with a max benefit of 50% of the employee coverage up to \$50,000. Coverage for dependent children may be purchased in increments of \$5,000 with a max benefit of up to \$10,000. The voluntary life insurance includes Accidental Death and Dismemberment insurance.



## Accident Insurance

MIT's plan provides an **Accident Insurance policy (Core)** at no cost to the primary covered MIT member. The primary covered MIT member may purchase additional coverage for themselves or their dependents via the **Accident Insurance BuyUp** policy at reduced member rates. Accident insurance provides a cash benefit in the event of a non-work-related accident. Covered individuals can use the money where you need it most and for whatever they choose, like everyday bills, a car payment, or rent.

There is also a "**standalone**" **Accident Insurance** policy option that you may provide to your employees who do not have MIT medical coverage.

**Both the Accident BuyUp policy and the standalone Accident policy provide a \$100 wellness benefit per covered individual, including dependents.**

**Supplemental plans do not have participation or employer contribution requirements. Reference MIT's Resources page for additional details regarding MIT's Accident Insurance policies (Core, BuyUp and "standalone").**



### Want to learn more about supplemental plans?

Fulcrum Risk Solutions, MIT's exclusive broker, is committed to helping you navigate updates to insurance plans and additional resources. Contact them at (803) 798-3584.

# Supplemental Plan Options



Supplemental benefits are separate from the employee's medical insurance and can aid employees in paying what health insurance does not cover. Expenses may present from accidents, illness, hospital stays and severe injuries not related to a person's job.



## Critical Illness

MIT's plan provides a **\$5,000 Critical Illness Insurance policy (Core)** at no cost to the primary covered MIT member. The primary covered MIT member may purchase additional coverage for themselves or their dependents via the **Critical Illness Insurance BuyUp** policy at reduced member rates. An employee may purchase BuyUp coverage in increments of \$5,000 with a maximum benefit of \$20,000. Spousal benefits may be purchased in increments of \$5,000 with a maximum benefit of 100% of the employee coverage up to \$20,000. The primary covered MIT member's age is used to determine spousal premiums. Benefits for eligible dependent children may be purchased in increments of \$2,500 with a max benefit of 50% of the primary MIT member's coverage up to \$10,000.

There is also a "standalone" **Critical Illness Insurance policy** option that you may provide to your employees who do not have MIT coverage.

**Both the Critical Illness BuyUp policy and the standalone Critical Illness policy provide a \$100 wellness benefit per covered individual, including dependents.**

**Supplemental plans do not have participation or employer contribution requirements. Reference MIT's Resources page for additional details regarding MIT's Accident Insurance policies (Core, BuyUp and "standalone").**



### Want to learn more about supplemental plans?

Fulcrum Risk Solutions, MIT's exclusive broker, is committed to helping you navigate updates to insurance plans and additional resources. Contact them at (803) 798-3584.



# MIT Partner Directory

<u>Benefit</u>	<u>Partner</u>	<u>Contact Information</u>
General	Members' Insurance Trust	Phone: 803-798-6207 or 1-800-327-1021 Fax: 803-731-4021 Email: MITinfo@scmedical.org 132 Westpark Blvd., Columbia, SC 29210
Medical	Blue Solutions Administrator	Phone: 1-833-644-1296 <a href="http://bluesolutionssc.com">bluesolutionssc.com</a>
Pharmacy	Express Scripts	Phone: 877-744-9299 <a href="http://express-scripts.com">express-scripts.com</a>
Virtual Care	MUSC Virtual Care	<a href="https://muscvirtualcare.zipnosis.com">https://muscvirtualcare.zipnosis.com</a>
Dental	Sun Life	Phone: 1-800-733-7879 <a href="http://sunlife.com/findadentist">sunlife.com/findadentist</a>
Vision	Community Eye Care	Phone: 888-254-4290 <a href="http://cecvision.com">cecvision.com</a>
Voluntary Life Critical Illness Accident	Sun Life	Phone: 1-800-247-6875 <a href="http://sunlife.com/us">sunlife.com/us</a>

# Team Expertise

At MIT, our members come first! Since 1981, the MIT operations team has provided exemplary coverage with a personal touch.



**Michelle Bolin, CPA**  
Chief Financial Officer  
Chief Operating Officer



**Richele Taylor**  
Chief Legal Officer



**Gary A. Delaney, MD**  
Chief Medical Officer



**Dylan Sitterle**  
Executive Director



**Emily Caruccio**  
Sr. Director of Operations



**Farrar Stewart, MSHRD**  
Chief Experience Officer



**Donna McNeil, MPH**  
Director of Account Management



**Brenda Jennings**  
Director of Operations



## Contact Information:

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- 132 Westpark Blvd., Columbia, SC 29210