SCMA | MEMBERS' INSURANCE TRUST



2027

MIT Benefits Guide for Administrators

Coverage Physicians Trust.
Service Practices Rely On.

SCMA MEMBERS' INSURANCE TRUST

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Letter from MIT Leadership

On behalf of the South Carolina Medical Association (SCMA) and the SCMA Members' Insurance Trust (MIT), thank you for the care you put into your team's benefits and for trusting MIT to be part of them. This guide is designed to help you prepare for your **2027 renewal** by explaining what is changing, what resources are available, and what you can do before your renewal rates arrive.

How MIT Works

For more than four decades, physicians have built MIT to give South Carolina medical practices the strength of a larger health plan, supported by responsive, personalized service. MIT is a self-funded multiple employer welfare arrangement (MEWA) sponsored by SCMA. Participating Employers' contributions collectively fund the healthcare claims incurred by MIT members, while stop-loss insurance and other financial protections help manage large or catastrophic claims. Because MIT's costs follow the care its members use, what is happening in the broader market matters to every practice in the Trust.

What We Are Seeing in the Market

Healthcare costs continue to rise at historically high levels, and because MIT's costs reflect the care its members use, broader market trends matter to every practice in the Trust. Large employers are projecting increases of 8% to 10% for 2027. In the fully insured small-group market, insurers nationwide have proposed a median increase of about 14%, and filings in South Carolina's individual market average more than 17%. Higher utilization, rising hospital and physician costs, and specialty medications are driving the trend. We know what this means for your practice's budget.

What's New for 2027

In response to these pressures, MIT took a comprehensive look at its medical portfolio with one goal: giving practices more ways to balance monthly cost, coverage, and financial risk. The result is 13 plan designs, including several new options, organized into three categories (Core, Elevate, and Pinnacle) so you can choose the mix of coverage and cost that fits your practice and your employees. All plans utilize the Blues national network, but three plans do not cover out of network claims to ensure that the prices can be more affordable. Plus, our high-deductible plans are HSA-eligible, and Fulcrum Risk Solutions can discuss pairing eligible plans with an HSA or HRA. And, every plan also includes Total Trust Perks at no additional cost (page 8). Whether or not your current plan is changing, we encourage you to review the full portfolio to look at options. Plan comparisons, Summaries of Benefits and Coverage, and the 2027 Plan Portfolio Crosswalk are available on the **MIT Employer web page**.

Tools to Help Manage Healthcare Spending

Plan selection is only one part of managing costs. Through My Health Toolkit, members can find in-network providers, review quality information, and estimate out-of-pocket costs for many procedures before they receive care. MIT plans also include MUSC Virtual Care for a $15 visit, specialty-medication support, member discounts, and care management. Please review pages 12 through 14 and share these tools with your employees.

Prepare for Your Renewal

Your 2027 renewal rates will be released in JET Insure in mid-October. Before they arrive:

- Explore the 2027 medical portfolio and crosswalk at scmamit.com/employers.
- Consider which combination of up to three medical plans may best serve your workforce.
- Review group and employee information in JET Insure, including demographics, email addresses, waiting periods, and employer contributions.
- Mark **December 4, 2026**, as the deadline for renewal acceptance and benefit elections.

MIT's exclusive broker, **Fulcrum Risk Solutions**, is available to help you evaluate the plan options and prepare for renewal. Contact **Fulcrum at (803) 798-3584, or the MIT team at 803-798-6207 or MITinfo@scmedical.org**. We remain committed to responsible stewardship of the Trust, strong service, and supporting your organization, physicians, and employees.

Sincerely,

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.
Service 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.



Brandon Cramer, MD
Radiology
Carolina Radiology



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



Erik Swanson, MD
Otolaryngology
Charleston ENT

Eligibility Reminders

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, 2027**. Renew membership at www.scmedical.org/membership. Group billing for practices with multiple physicians is available for membership dues.

(803) 798-6207 www.scmedical.org

Questions? Contact Rebecca Brannon at rbrannon@scmedical.org

Participating Employer Eligibility

To maintain eligibility, a Participating Employer (PE) must satisfy <u>all</u> 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.

SCMA MEMBERS' INSURANCE TRUST

Enrollment Process

In mid-October 2026, you will receive the Renewal Packet with your rates in JET. Please choose these options in JET whether you are inputting enrollment choices for your employees, sending the JET enrollment system link to your employees, or using a 3rd-party enrollment system. All benefit elections for eligible employees must be completed and finalized by close of business on December 4, 2026. After December 4, 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. 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 December 4, 2026

For step by step instructions including graphics from JET - click



SCMA MEMBERS' INSURANCE TRUST

MIT Plan Design Portfolio

CORE

- **HDHP Core 1** (New) - $5000/individual; $1,500/family deductible
- **HDHP Core 2** (HDHP Option 8 - 2026) - $6,000/employee; $12,000/family deductible
- **EPO Core 3** (New) - $7,000/individual; $14,000/family deductible

ELEVATE

- **HDHP Elevate 1** (New) - $8,500/individual; $17,000/family deductible
- **PPO Elevate 2** (Prime Plus 2026) - $3,000/employee; $6,000/family deductible
- **HDHP Elevate 3** (HDHP Option 6 2026) - $3,500/employee; $7,000/family deductible
- **PPO Elevate 4** (Select Plus 2026) - $4,000/employee; $8,000/family deductible
- **HDHP Elevate 5** (HDHP Option 6 2026) - $5,000/employee; $10,000/family deductible

PINNACLE

- **HDHP Pinnacle 1** (HDHP Option 1 2026) - $2,000/individual; $4,000/family deductible
- **PPO Pinnacle 2** (Major Medical Choice 2026) **-** $1,000/individual; $3,000/family deductible
- **PPO Pinnacle 3** (Major Medical 2000 2026) **-** $2,500/individual; $7,500/family deductible
- **HDHP Pinnacle 4** (HDHP Option 2 2026) **-** $2,500/individual; $5,000/family deductible
- **PPO Pinnacle 5** (Premier Plus 2026) **-** $1,750/individual; $3,500/family deductible





SCMA MEMBERS' INSURANCE TRUST

Total Trust Perks

(Embedded Benefits Included with Medical Coverage Only)

In addition to medical insurance coverage, all MIT include Total Trust Perks (embedded benefits). Total Trust Perks included with medical coverage are:

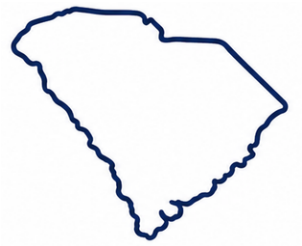
- **$15k Basic Life Insurance (primary MIT member)**
- **$5k Critical Illness policy with a $25 Wellness Benefit (primary MIT member)**
- **Standard Plan Accident policy with a $25 Wellness Benefit (primary MIT member)**
- **$15 MUSC Virtual Urgent Care**
- **MIT Client-centric Customer Service**
- **Maternity Wellness Case Management**
- **Chronic Condition Management**
- **Preventative & Wellness Health Programs**
- **Wellthy End-of-Life Planning Support**

- **Basic Life Insurance -** All active, employed primary 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 **Voluntary Life Insurance**, which includes accidental death & dismemberment coverage for themselves, their spouses and their children at competitive group rates.

- **Accident Insurance -** Included as an embedded benefit, all active, employed primary MIT members are covered by a **Standard Accident Insurance policy**, which includes a **$25** Wellness Benefit. MIT members may purchase additional **Voluntary Accident Insurance** for themselves or their dependents, which includes a **$100** Wellness Benefit.*

- **Critical Illness Insurance -** Active, employed MIT members are also covered by a **$5,000 Critical Illness** policy, which includes a **$25** Wellness Benefit. MIT members may purchase additional **Voluntary Critical** Insurance for themselves or their dependents, which includes a **$100** Wellness Benefit.*

NOTE: 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, per each covered participant) if the member chooses the additional voluntary option(s).



SCMA MEMBERS' INSURANCE TRUST

MIT CORE PLANS

	HD Core 1	HD Core 2	EPO Core 3
	MEDICAL BENEFITS		
Deductible	**Individual:** $5,000 **Family:** $10,000	**Individual:** $6,000 **Family:** $12,000	**Individual:** $7,000 **Family:** $14,000
Coinsurance (member cost share)	30%	10%	50%
Out-of-Pocket Max	**Individual:** $8,000 **Family:** $14,000	**Individual:** $8,500 **Family:** $17,000	**Individual:** $9,950 **Family:** $19,900
Office Visit	30% coinsurance after deductible is met	10% coinsurance after deductible is met	$45
Specialist Office Visit	30% coinsurance after deductible is met	10% coinsurance after deductible is met	$65
MUSC Virtual Urgent Care	$15	$15	$15
Urgent Care	30% coinsurance after deductible is met	10% coinsurance after deductible is met	$65
	PHARMACY BENEFITS		
Generic / Preferred / Non-Preferred	90% / 90% / 90% (retail 30) 90% / 90% / 90% (mail 90) 90% / 90% / 90% (retail 90)	10% / 20% / 30% (retail 30) 10% / 20% / 30% (mail 90) 10% / 20% / 30% (retail 90)	50% / 50% / 50% (retail 30) 50% / 50% / 50% (mail 90) 50% / 50% / 50% (retail 90)
Specialty EHB Drug	90% / 90% / 90%	10% / 20% / 30%	50% / 50% / 50%
Specialty Non-EHB Drug	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program
	TOTAL TRUST PERKS		
Basic Life Insurance (covered employee)	$15,000	$15,000	$15,000
Critical Illness (covered employee)	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit
Accident Insurance (covered employee)	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit
Maternity Wellness Case Management	included	included	included
Chronic Condition Management	included	included	included
Preventative & Wellness Health Programs	included	included	included
Wellthy End-of-Life Planning Support	included	included	included

**Embedded individual out-of-pocket limit within family coverage for aggregate plans (except EPO Core 3) is $9,200. If a plan has a family out-of-pocket maximum greater than $9,200, an individual in a family plan will pay 0% coinsurance after $9,200.



SCMA MEMBERS' INSURANCE TRUST

MIT ELEVATE PLANS

	HD Elevate 1	PPO Elevate 2	HD Elevate 3	PPO Elevate 4	HD Elevate 5
	MEDICAL BENEFITS				
Deductible	**Individual:** $8,500 **Family:** $17,000	**Individual:** $3,000 **Family:** $6,000	**Individual:** $3,500 **Family:** $7,000	**Individual:** $4,000 **Family:** $8,000	**Individual:** $5,000 **Family:** $10,000
Coinsurance (member cost share)	0%	30%	30%	40%	20%
Out-of-Pocket Max	**Individual:** $8,500 **Family:** $17,000	**Individual:** $7,900 **Family:** $15,800	**Individual:** $8,500 **Family:** $17,000	**Individual:** $9,000 **Family:** $18,000	**Individual:** $8,500 **Family:** $17,000
Office Visit	0% coinsurance after deductible is met	$30	30% coinsurance after deductible is met	$30	20% coinsurance after deductible is met
Specialist Office Visit	0% coinsurance after deductible is met	$60	30% coinsurance after deductible is met	$60	20% coinsurance after deductible is met
MUSC Virtual Urgent Care	$15	$15	$15	$15	$15
Urgent Care	0% coinsurance after deductible is met	$60	30% coinsurance after deductible is met	$60	20% coinsurance after deductible is met
	PHARMACY BENEFITS				
Generic / Preferred / Non-Preferred	0% / 0% / 0% (retail 30) 0% / 0% / 0% (mail 90) 0% / 0% / 0% (retail 90)	$12 / $80 / $200 (retail 30) $30 / $200 / $500 (mail 90) $36 / $240 / $600 (retail 90)	30% / 40% / 50% (retail 30) 30% / 40% / 50% (mail 90) 30% / 40% / 50% (retail 90)	$12 / $80 / $200 (retail 30) $30 / $200 / $500 (mail 90) $36 / $240 / $600 (retail 90)	20% / 30% / 40% (retail 30) 20% / 30% / 40% (mail 90) 20% / 30% / 40% (retail 90)
Specialty EHB Drug	0% / 0% / 0%	$300	30% / 40% / 50%	$300	20% / 30% / 40%
Specialty Non-EHB Drug	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program
	TOTAL TRUST PERKS				
ısic Life Insurance (covered employee)	$15,000	$15,000	$15,000	$15,000	$15,000
Critical Illness (covered employee)	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit
ccident Insurance (covered employee)	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit
Maternity Wellness Case Management	included	included	included	included	included
Chronic Condition Management	included	included	included	included	included
ventative & Wellness Health Programs	included	included	included	included	included
Wellthy End-of-Life Planning Support	included	included	included	included	included

**Embedded individual out-of-pocket limit within family coverage for aggregate plans (except EPO Core 3) is $9,200. If a plan has a family out-of-pocket maximum greater than $9,200, an individual in a family plan will pay 0% coinsurance after $9,200.

SCMA MEMBERS' INSURANCE TRUST

MIT PINNACLE PLANS

	HD Pinnacle 1	PPO Pinnacle 2	PPO Pinnacle 3	HD Pinnacle 4	PPO Pinnacle 5
	MEDICAL BENEFITS				
Deductible	**Individual:** $2,000 **Family:** $4,000	**Individual:** $1,000 **Family (3+):** $3,000	**Individual:** $2,500 **Family (3+):** $7,500	**Individual:** $2,500 **Family:** $5,000	**Individual:** $1,750 **Family:** $3,500
Coinsurance (member cost share)	0%	40%	20%	10%	30%
Out-of-Pocket Max	**Individual:** $2,000 **Family:** $4,000	**Individual:** $8,700 **Family (3+):** $17,400	**Individual:** $5,000 **Family (3+):** $15,000	**Individual:** $6,000 **Family:** $12,000	**Individual:** $5,000 **Family:** $10,000
Office Visit	0% coinsurance after deductible is met	$30	$30	10% coinsurance after deductible is met	$30
Specialist Office Visit	0% coinsurance after deductible is met	$60	$60	10% coinsurance after deductible is met	$60
MUSC Virtual Urgent Care	$15	$15	$15	$15	$15
Urgent Care	0% coinsurance after deductible is met	$60	$60	10% coinsurance after deductible is met	$60
	PHARMACY BENEFITS				
Generic / Preferred / Non-Preferred	0% / 0% / 0% (retail 30) 0% / 0% / 0% (mail 90) 0% / 0% / 0% (retail 90)	$20 / $60 / $125 (retail 30) $35 / $160 / $340 (mail 90) $60 / $180 / $375 (retail 90)	$5 / $50 / $100 (retail 30) $12 / $125 / $250 (mail 90) $15 / $150 / $300 (retail 90)	10% / 20% / 30% (retail 30) 10% / 20% / 30% (mail 90) 10% / 20% / 30% (retail 90)	$12 / $80 / $200 (retail 30) $30 / $200 / $500 (mail 90) $36 / $240 / $600 (retail 90)
Specialty EHB Drug	0% / 0% / 0%	60% / 60% / 60%	$300	10% / 20% / 30%	$300
Specialty Non-EHB Drug	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program	0% coverage through SaveOnSP Program
	TOTAL TRUST PERKS				
Basic Life Insurance (covered employee)	$15,000	$15,000	$15,000	$15,000	$15,000
Critical Illness (covered employee)	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit	$5,000 with $25 wellness benefit
Accident Insurance (covered employee)	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit	standard plan with $25 wellness benefit
Maternity Wellness Case Management	included	included	included	included	included
Chronic Condition Management	included	included	included	included	included
Preventative & Wellness Health Programs	included	included	included	included	included
Wellthy End-of-Life Planning Support	included	included	included	included	included

*PPO Pinnacle 2 and PPO Pinnacle 3 have embedded deductibles and out-of-pocket maximums.

**Embedded individual out-of-pocket limit within family coverage for aggregate plans (except EPO Core 3) is $9,200. If a plan has a family out-of-pocket maximum greater than $9,200, an individual in a family plan will pay 0% coinsurance after $9,200.

MIT Plan Resources

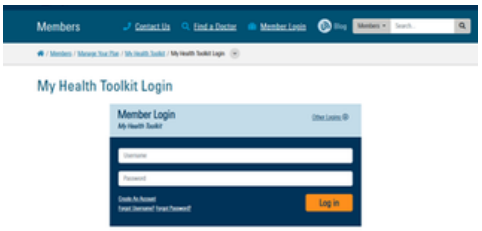
MIT Summary Plan Documents - What Your Plan Covers

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. 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 **Core, Elevate and Pinnacle** plans. If an employee would like their own printed copy of the SPD, send requests to 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.

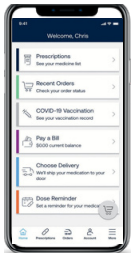
Through BSA, members receive **My Health Toolkit**, a comprehensive healthcare portal offering tools and resources that support the management of healthcare needs. Users can access medical ID cards, review plan coverage, find providers, check claims history, and explore healthcare educational resources. Create an account at myhealthtoolkitbsa.com 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. Download the Express Script application located in the App Store or Google Play.



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.

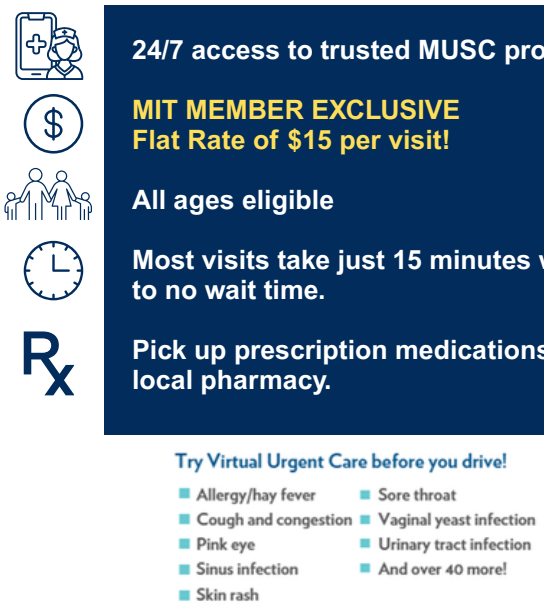
24/7 access to trusted MUSC providers

MIT MEMBER EXCLUSIVE
Flat Rate of $15 per visit!

All ages eligible

Most visits take just 15 minutes with little to no wait time.

Pick up prescription medications at your local pharmacy.



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....

Health Management

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

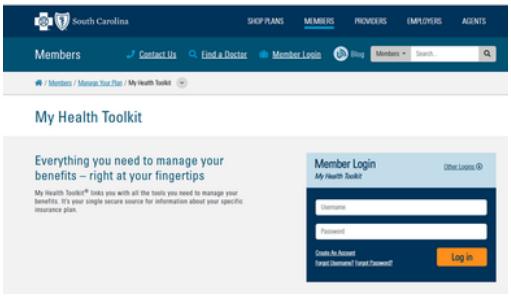
If MIT members experience complex or difficult health issues, a registered nurse case manager will reach out to them to provide support. Case managers can aid with matters pertaining to cancer, transplants, trauma, end-stage renal disease and neonatal intensive care.

- Maternity
- Back care
- Stress management
- Tobacco-free living
- Weight 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

Blue Solutions ADMINISTRATOR

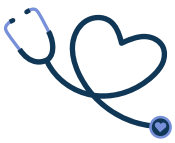


Cost Estimates- "Know before you go."

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:**

- **Encourage** your employees to create a My Health Toolkit account. They can login to their My Health Toolkit account, click on "Select Providers and Services", then "Find Care." Under Find Care, suggest that your employees look for the "Cost Estimates" tab. Employees (Members) can locate price information for **hundreds of procedures** including mammograms, MRIs, allergy testing and more.
- **Find** health care providers and services within our vast provider network.
- **Check** cost information to make sure you are getting the care you need at the best possible price.
- **Read** 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.

3 Ways To Save



1. Prevent Problems

Take advantage of **preventive care services covered at 100% under all MIT medical plans**. Annual wellness exams, screenings, and immunizations can help detect health issues early and avoid more costly treatment later. For a summarized list of preventive care services, click here and check out pages **A2-A5 of MIT's SPD.**



2. Compare Costs

Before scheduling a procedure, use My Health Toolkit® to compare provider costs, estimate out-of-pocket expenses, and find high-quality, cost-effective care options.



3. Stay In-Network

MIT members have access to the Blue Card® Network, one of the nation's largest provider networks. Choosing in-network providers can help maximize benefits and minimize out-of-pocket costs.

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. For more information regarding Coordination of Benefits, review **pages 33 & 34 of MIT's Summary Plan Document (SPD)**. Access MIT's SPF on the Resources page via the website https://scmamit.com or click



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 terminate covered member status within the MIT's benefit portal, JET Insure, by assessing the specific member's Employee Profile, clicking on 'Edit' and updating the 'Employee Status' and corresponding required fields.



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 Terms to Know

Plan Types:

- **High Deductible Health Plan (HDHP)** - A medical insurance plan design with a higher deductible and generally lower payroll contributions.
- **PPO (Preferred Provider Organization)** - A medical insurance plan design that offers immediate coverage with predictable co-pays when choosing in-network healthcare providers.
- **EPO (Exclusive Provider Organization)** - A medical insurance plan design that requires members to use providers within a specific network for covered services, except in emergencies.



Network Terms:

- **In-Network Provider** - A doctor, hospital, pharmacy, or healthcare facility that has contracted with the health plan to provide services at negotiated rates.
- **Out-of-Network Provider** - A doctor, hospital, pharmacy or healthcare facility that does not participate in the plan's network and may result in higher out-of-pocket costs.

Pharmacy Terms:

- **Generic Drug** - A medication that contains the same active ingredients as a brand-name drug but is typically available at a lower cost.
- **Preferred Drug** - A brand-name medication included on the plan's preferred drug list and available at a lower member cost share.
- **Non-Preferred Drug** - A medication covered by the plan but generally requiring a higher copay or coinsurance amount.
- **Specialty Drug** - A high-cost medication used to treat complex or chronic conditions and often requiring special handling or monitoring.
- **Mail-Order Pharmacy** - A service that ships eligible prescriptions directly to your home, often in a 90-day supply.

Medical Usage Terms:

- **Preventive Care** - Routine healthcare services such as annual exams, screenings, and immunizations intended to help prevent illness or detect conditions early.
- **Urgent Care** - Treatment for illnesses or injuries that require prompt attention but are not medical emergencies.
- **Virtual Urgent Care** - Remote access to a healthcare provider through video or online visits for non-emergency medical concerns.

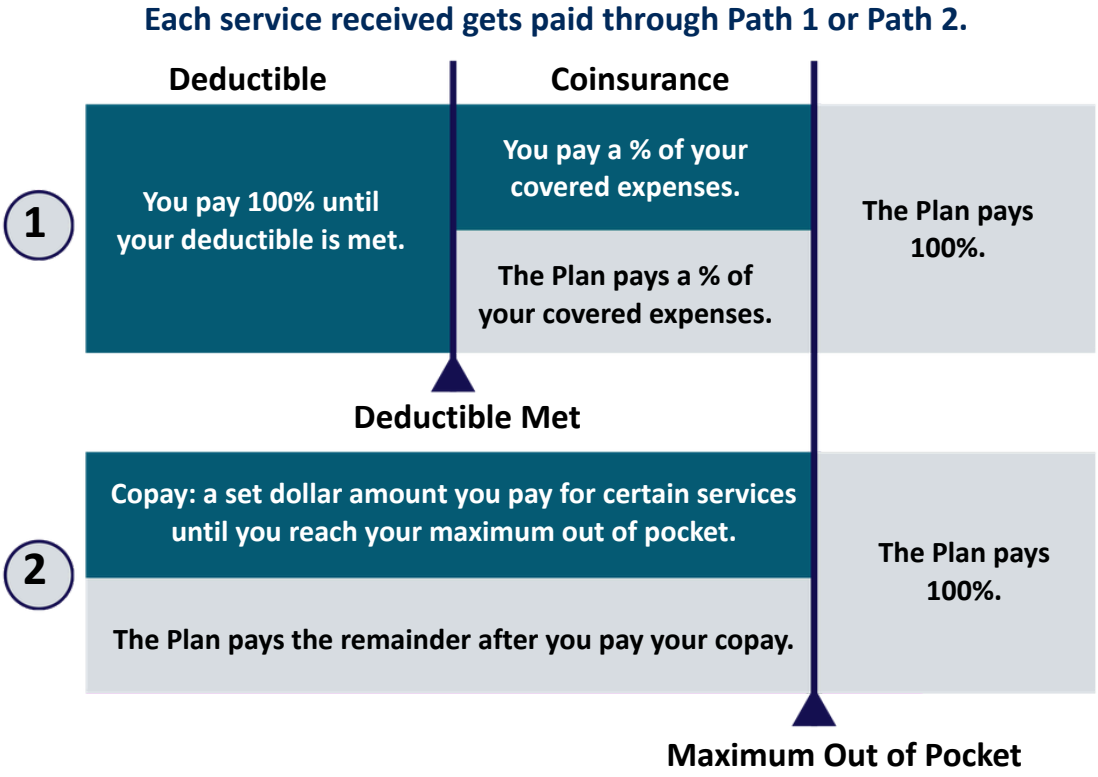
SCMA MEMBERS' INSURANCE TRUST

Medical Plan Terms to Know

Medical Plan Design Terms:

- **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 must collectively satisfy one deductible before the Plan begins paying covered expenses. Aggregated deductibles aid with capping overall expenses especially in scenerios involving multiple claims within the family coverage tier.
- **Embedded Deductible** - Each family member has an individual deductible within the family deductible. Once an individual reaches their individual deductible, benefits may begin for that person even if the familly deductible has not been met.
- **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.

Medical Plan Expense Explanation



MIT Sponsored Benefit Options



MIT Sun Life Dental and MIT CEC vision plan materials are included in this guide because these MIT-sponsored benefit offerings are available on a trust-wide basis and include standard plan rates applicable to all participating groups.

Next in this section is an explanation of the MIT-sponsored Sun Life voluntary benefits available to MIT medical participants, including the embedded benefits that accompany MIT medical coverage, such as Basic Life Insurance, Accident Insurance, and Critical Illness Insurance.

Participating Employers that wish to offer additional voluntary Sun Life coverage beyond the embedded benefits will receive applicable rates, enrollment materials, and election information as part of their annual JET-issued Renewal Packet at the same time they receive SCMA-MIT rates.

MIT Dental Plan Options

Benefit Feature and Description	Basic	Enhanced
Calendar Deductible: Applies to Class II & Class III	Individual $50 Family - 3 individuals	Individual $50 Family - 3 individuals
Calendar Year Max Benefit	$1,000	$1,000 **Class I** claims do **NOT** count against annual maximum
Orthodontia	N/A	$0 Deductible. $1,000 Lifetime maximum per person.*
Plan Pays After Deductible		
Class I: Preventive Services	100%	100%
Class II: Basic Services	75%	80%
Class III: Major Services	45%	50%
Class IV*: Orthodontic Services	N/A	50% *The per person lifetime maximum benefit amounts for network expenses and non-network expenses for **Class IV** expenses.
Monthly Contribution	**Employee Only: $30.00** **Employee + Spouse: $58.00** **Employee + Child(ren): $73.00** **Family: $104.00**	**Employee Only: $41.00** **Employee + Spouse: $82.00** **Employee + Child(ren): $96.00** **Family: $138.00**

Sun Life

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**, 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 website.

Vision Plan Options



Vision Benefits Summary | SCMA Members' Insurance Trust

CEC community eye care

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 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

eyeconic.

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

Vision Plan Options

Your CEC Vision Benefits Summary

CEC community eye care

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
Exam	An annual routine eye exam.	$20	Up to $50 minus the copay
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
Eyewear	An annual **$175** 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
Contact Lens Fitting	An annual fitting or evaluation.	$20	Up to $48 minus the copay

MONTHLY RATES	
Employee Only	**$6.69**
Employee + Spouse	**$13.05**
Employee + Child(ren)	**$13.71**
Employee + Family	**$19.87**

250 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	$20	Up to $50 minus the copay
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
Eyewear	An annual **$250** 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
Contact Lens Fitting	An annual fitting or evaluation.	$20	Up to $48 minus the copay

MONTHLY RATES	
Employee Only	**$11.26**
Employee + Spouse	**$21.96**
Employee + Child(ren)	**$23.08**
Employee + Family	**$33.44**

ADDITIONAL SAVINGS	
Additional Pairs of Glasses	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.
LASIK Discounts	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
Special Offers	A variety of special offers are available to CEC members. Visit **cecvision.com/members/special-offers** 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** or call **888-254-4290**.

SCMA MEMBERS' INSURANCE TRUST

Why Employees Choose MIT Sponsored Voluntary Insurance Benefits?

Sun Life

Unexpected accidents, serious illnesses, and loss of life can create financial challenges that extend beyond traditional health insurance coverage. To help provide additional financial protection, MIT sponsors a suite of voluntary benefits through Sun Life that employees may choose to purchase at competitive large group rates. These benefits are designed to complement existing medical coverage and provide cash benefits that can be used for medical expenses, household bills, childcare, mortgage payments, or other everyday needs.



Sun Life Voluntary Life Insurance

The **$15,000 Basic Life Insurance** benefit included for the primary MIT member's medical coverage may not meet every family's financial needs. Employees may purchase additional **Sun Life Voluntary Life Insurance** coverage for themselves and eligible dependents at **MIT-sponsored group rates**, providing additional financial protection for loved ones.



Sun Life Voluntary Accident Insurance

Unexpected accidents can create expenses beyond medical bills. **Sun Life Voluntary Accident Insurance** provides cash benefits that can help offset deductibles, household expenses, transportation costs, and other financial obligations. Primary MIT medical members receive the **Sun Life Standard Accident coverage as a Total Trust Perk**, with additional voluntary coverage options available for themselves and their eligible dependents.



Sun Life Voluntary Critical Illness Insurance

A serious illness can impact both health and finances. **Sun Life Voluntary Critical Illness Insurance** provides a lump-sum cash benefit following the diagnosis of certain covered conditions, helping employees manage expenses and focus on recovery. **Primary MIT medical members receive a $5,000 Critical Illness benefit as a Total Trust Perk.**

Sun Life Voluntary Accident and Voluntary Critical Illness policies include a $100 wellness benefit per policy, per covered individual which includes eligible dependents. Sun Life MIT Voluntary Sponsored Benefits do not have participation or employer contribution requirements.

For detailed coverage provisions, limitations, exclusions, and employee rates, review the accompanying Sun Life enrollment materials included with your JET-issued Renewal Package or contact Fulcrum Risk Solutions at (803) 798-3584.



MIT Partner Directory

Benefit	Partner	Contact Information
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 bluesolutionssc.com
Pharmacy	Express Scripts	Phone: 877-744-9299 express-scripts.com
Virtual Care	MUSC Virtual Care	https://muscvirtualcare.zipnosis.com
Dental	Sun Life	Phone: 1-800-733-7879 sunlife.com/findadentist
Vision	Community Eye Care	Phone: 888-254-4290 cecvision.com
Voluntary Life Critical Illness Accident	Sun Life	Phone: 1-800-247-6875 sunlife.com/us

Team Expertise

At MIT, our members come first! Since 1981, the MIT operations team has provided exemplary service 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



Donna McNeil, MPH
Sr. Director of Operations



Farrar Stewart, MSHRD
Chief Experience Officer



Brenda Jennings
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