

# HSA-qualified plans

## Plan specifics

## HSA5 PPO

Critical illness (Primary insured only)	\$5,000																								
Calendar-year maximum	\$2,000,000																								
Physician office visit	Covered charges are subject to deductible and coinsurance																								
Calendar-year deductible <sup>1</sup>	<p><b>In-network</b></p> <table border="0"> <tr> <td><b>Individual</b></td> <td><b>Family</b></td> </tr> <tr> <td>▶ \$1,500</td> <td>▶ \$3,000</td> </tr> <tr> <td>▶ \$2,500</td> <td>▶ \$5,000</td> </tr> <tr> <td>▶ \$3,500</td> <td>▶ \$7,000</td> </tr> <tr> <td>▶ \$5,000</td> <td>▶ \$10,000</td> </tr> <tr> <td>▶ \$5,650</td> <td>▶ \$11,300</td> </tr> </table> <p>Out-of-network deductible: 2 times the in-network deductible</p>	<b>Individual</b>	<b>Family</b>	▶ \$1,500	▶ \$3,000	▶ \$2,500	▶ \$5,000	▶ \$3,500	▶ \$7,000	▶ \$5,000	▶ \$10,000	▶ \$5,650	▶ \$11,300												
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Outpatient prescription drugs	<p>▶ Same as any other illness; covered prescription drugs are subject to deductible and coinsurance</p> <p>OR</p> <p>▶ Discount only; prescription drugs will not be covered expenses and will not apply toward deductible or coinsurance. (The discount is available at participating pharmacies and is not an insurance benefit.)</p>																								
Routine mammography and Pap smear	100%—in- and out-of-network covered charges are not subject to deductible or coinsurance																								
<p><b>Wellness benefits</b>            Covered services include a routine physical exam, well-child exams, PSA test, digital screening and colorectal cancer examination.</p>	<p>In-network: 100%—covered charges are not subject to deductible or coinsurance</p> <p>Out-of-network: Subject to the out-of-network deductible and coinsurance</p>																								
<p><b>Preventive services</b>            Covered preventive services are those rated with an “A” or “B” by the United States Preventive Services Task Force (USPSTF). For an updated list of covered services visit: <a href="http://www.uspreventiveservicestaskforce.org">www.uspreventiveservicestaskforce.org</a>.</p>	<p>In-network: 100%—covered charges are not subject to deductible or coinsurance</p> <p>Out-of-network: No coverage</p>																								
ER copay	No copay; subject to in-network deductible and coinsurance																								

The calendar-year deductible and out-of-pocket maximum amounts are subject to annual cost of living adjustments as may be required by federal guidelines to maintain the plan's eligibility as an HSA-qualified plan.

<sup>1</sup> For PPO plans, in-network and out-of-network deductibles and out-of-pocket amounts accumulate separately. When the out-of-network amount is satisfied, the in-network amount will be considered satisfied for the remainder of the calendar year.

<sup>2</sup> Option not available with individual deductibles of \$5,000 and \$5,650 or family deductibles of \$10,000 and \$11,300.

<sup>3</sup> Options are not available with individual deductibles of \$3,500, \$5,000 and \$5,650 or family deductibles of \$7,000, \$10,000 and \$11,300.

# HSA-qualified plans

## Plan specifics

## HSA5 Traditional

Critical illness (Primary insured only)	\$5,000															
Calendar-year maximum	\$2,000,000															
Physician office visit	Covered charges are subject to deductible and coinsurance															
Calendar-year deductible	<table border="0"> <thead> <tr> <th>Individual</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>▶ \$1,500</td> <td>▶ \$3,000</td> </tr> <tr> <td>▶ \$2,500</td> <td>▶ \$5,000</td> </tr> <tr> <td>▶ \$3,500</td> <td>▶ \$7,000</td> </tr> <tr> <td>▶ \$5,000</td> <td>▶ \$10,000</td> </tr> <tr> <td>▶ \$5,650</td> <td>▶ \$11,300</td> </tr> </tbody> </table>	Individual	Family	▶ \$1,500	▶ \$3,000	▶ \$2,500	▶ \$5,000	▶ \$3,500	▶ \$7,000	▶ \$5,000	▶ \$10,000	▶ \$5,650	▶ \$11,300			
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<sup>1</sup> Option not available with individual deductibles of \$5,000 and \$5,650 or family deductibles of \$10,000 and \$11,300.

<sup>2</sup> Options are not available with individual deductibles of \$3,500, \$5,000 and \$5,650 or family deductibles of \$7,000, \$10,000 and \$11,300.

Benefit limitations (Limitations apply to PPO and Traditional plans)	M5 and HSA5	N2
<b>Physical, speech and occupational therapies</b> After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level.	Maximum of 30 treatments for one type of therapy and up to 60 treatments for any combination of therapies per calendar year per covered person	Maximum of 20 treatments for one type of therapy and up to 40 treatments for any combination of therapies per calendar year per covered person
<b>Home health care</b> After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level.	Maximum of 35 visits per calendar year per covered person	Maximum of 21 visits per calendar year per covered person
<b>Organ transplant: Center of Excellence provider</b> If a Center of Excellence is utilized, a travel expense allowance is included for up to \$5,000 for one companion, or two companions if the insured is a minor.	Subject to the policy's calendar-year maximum of \$2,000,000	Subject to the policy's calendar-year maximum of \$1,000,000
<b>Organ transplant: provider not listed as a Center of Excellence</b>	Maximum benefit of \$250,000 per transplant	
<b>Skilled nursing facility care</b> After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level.	Maximum of \$100 per day, per covered person	
<b>Outpatient mental or nervous disorders and chemical dependency disorders</b>	Maximum of \$25 per visit, subject to deductible and coinsurance (Benefits are not provided for inpatient chemical dependency treatment.)	
<b>Inpatient mental or nervous disorders</b>	Maximum of \$250 per day, subject to deductible and coinsurance	
<b>Non-surgical back treatment</b> (Including but not limited to chiropractic care)	Maximum of 10 visits per calendar year per covered person, subject to deductible and coinsurance	
<b>Hospice care</b>	The plan will pay covered expenses for hospice care for up to six months, not subject to any copays, deductible or coinsurance <sup>1</sup>	

<sup>1</sup> Hospice charges on the HSA5 plans are subject to deductible and coinsurance

## Optional benefits

### Supplemental accident

Your family's active lifestyle can lead to bumps and bruises along the way. Our supplemental accident benefit pays 100 percent up to the selected per-accident maximum of \$500, \$1,000 or \$2,500 and applies for covered charges incurred for treatment of an accidental bodily injury. This benefit also covers follow-up care received within three months from the date of the accident and is available for an unlimited number of accidents while coverage under the rider is in force. Covered charges incurred after the maximum benefit is paid, or more than three months after the accident, are subject to deductible and coinsurance.

### Life insurance

mPowerMed offers a term life insurance benefit for you as the primary insured. If you elect life insurance coverage, you may select a benefit from \$10,000 to \$100,000, in increments of \$10,000. The life insurance benefit is payable as long as the mPowerMed health plan is in force on the date of the primary insured's death.\*

\* Term life insurance benefits are subject to a reduction schedule based on age. The selected life benefit amount will be reduced to a percentage of that amount as follows: age 65-69: 65 percent, age 70-74: 40 percent, age 75-79: 25 percent, age 80-84: 15 percent, age 85+: 10 percent. Death by suicide, while sane or insane, is not covered if the death occurs within 12 months of the effective date of coverage under this rider.