



MEDICAL MUTUAL®



Market 4000 HSA

See the Notes section for product availability.

Benefit Period: January 1 (or member's plan effective date) through December 31

Member Pays

Benefit	In-Network	Non-Network
Deductible	\$4,000 Single \$8,000 Family ¹	\$12,000 Single \$24,000 Family ¹
Maximum Out-of-Pocket (MOOP) Includes: deductibles, copays, including prescription drug copays and coinsurance	\$4,000 Single \$8,000 Family ¹	\$100,000 Single \$200,000 Family ¹
Accumulation Method¹	Embedded ¹	
Coinsurance Amount paid by a member after the deductible is satisfied	0%	50%
Overall Annual Benefit Period Max	Unlimited	
Dependent Age	Up to Age 26	
Benefit Period	January 1 st through December 31 st	
Physician/Office Services		
Primary Care Physician Office Visits	0% after deductible	50% after deductible
Specialists and Urgent Care Office Visits	0% after deductible	50% after deductible
Preventive Services		
Preventive Services Covered under PPACA	0%	50% after deductible
Preventive Labs, X-rays and Medical Tests (Non-PPACA)	0% after deductible	50% after deductible
Preventive Immunizations (Non-PPACA)	0% after deductible	50% after deductible
Preventive Endoscopic Service (Non-PPACA)	0% after deductible	50% after deductible
Preventive Prostate Specific Antigen (PSA)	0% after deductible	50% after deductible
Pediatric Vision (Eye Exam up to age 19)	0%	50% after deductible
Pediatric Vision Hardware (Up to age 19)		
Lenses and Frames or Contacts in lieu of lenses (1/benefit period)	0% after deductible	50% after deductible
Routine Physical Exams	0%	50% after deductible
Well Child Office Visits (Well Child Care up to age 21)	0%	50% after deductible
Outpatient Services		
Allergy Testing	0% after deductible	50% after deductible
Cardiac Rehabilitation (36 visits per benefit period)	0% after deductible	50% after deductible
Chiropractic Services (12 visits/benefit period)	0% after deductible	50% after deductible
Diagnostic Endoscopic Services (proctosigmoidoscopy, sigmoidoscopy, anoscopy, colonoscopy)	0% after deductible	50% after deductible
Diagnostic Lab	0% after deductible	50% after deductible
Emergency Use of the Emergency Room	0% after deductible	
Emergency Physician & Ancillary Services	0% after deductible	
Non-emergency use of the Emergency Room	Not Covered	
Mental Health & Substance Abuse Office Visits	0% after deductible	50% after deductible
Occupational & Physical Therapy (combined 40 visits/benefit period)	0% after deductible	50% after deductible
Pulmonary Therapy (20 visits/ benefit period)	0% after deductible	50% after deductible
Speech Therapy – Habilitation (20 visits/benefit period)	0% after deductible	50% after deductible
Surgery	0% after deductible	50% after deductible

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Member Pays

Benefit	In-Network	Non-Network
Inpatient Services		
Maternity/Obstetrics/Delivery	0% after deductible	50% after deductible
Mental Health & Substance Abuse	0% after deductible	50% after deductible
Physical Rehabilitation (60 days per benefit period)	0% after deductible	50% after deductible
Semi-Private Room and Board	0% after deductible	50% after deductible
Skilled Nursing Facility (90 days per benefit period)	0% after deductible	50% after deductible
Surgery	0% after deductible	50% after deductible
Additional Services		
Ambulance	0% after deductible	50% after deductible
Durable Medical Equipment and Medical Supplies	0% after deductible	50% after deductible
Home Health Services (100 visits per benefit period)	0% after deductible	50% after deductible
Hospice Services	0% after deductible	50% after deductible
Diagnostic Imaging (CT/PET Scans and MRI's)	0% after deductible	50% after deductible
Organ Transplants		
Unrelated Donor Search - \$30,000 maximum per transplant		
Transportation, meals and lodging - \$10,000 max per transplant	0% after deductible	50% after deductible
Private Duty Nursing (90 days per benefit period)	0% after deductible	50% after deductible
Prescription Drugs²		
Prescription Drugs	In-Network Only: 0% after deductible	

Notes

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Deductible and coinsurance expenses incurred for services by a network provider will only apply to the network deductible and coinsurance out-of-pocket. Deductible and coinsurance expenses incurred for services by a non-network provider will only apply to the non-network deductible and coinsurance out-of-pocket.

The coinsurance for non-contracting institutional providers will be the same coinsurance percentage as the non-network provider. However, you may be billed the remaining amount by the non-contracting provider.

The proposed course of treatment for organ transplants must be pre-authorized and approved by Medical Mutual. Failure to obtain this will result in a penalty. In the event that authorization by Medical Mutual is not received, and the organ transplant is deemed not medically necessary or is deemed to be experimental/investigational, the recipient may be responsible for all billed charges for the organ transplant.

This product is available in all Ohio counties except for the following: Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Shelby, and Warren.

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Footnotes

¹ This product has an embedded accumulation applied. Embedded Deductible: Any combination of family members may satisfy the family deductible; however, if one family member meets the individual amount, services will begin to pay for that particular family member. Embedded Maximum Out-of-Pocket (MOOP): Any combination of family members may satisfy the family out-of-pocket and services will pay at 100%. However, if one family member meets the individual amount, services will begin to pay at 100% for that particular family member.

² Drug Benefits:

- If a non-network pharmacy is used, please refer to your Certificate Book for information about how a member will be reimbursed.
- Specialty Drugs have a 30 day supply limit for Home Delivery.