
MEDICAL MUTUAL®

# MedMutual 4000 HSA

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

| Benefit | In-Network | Non-Network |
|---|---|---|
| | *Member Pays* | |
| **Deductible** | $4,000 Single<br>$8,000 Family[1] | $12,000 Single<br>$24,000 Family[1] |
| **Maximum Out-of-Pocket (MOOP)**<br>Includes: deductibles, copays, including prescription drug copays and coinsurance | $4,000 Single<br>$8,000 Family[1] | $100,000 Single<br>$200,000 Family[1] |
| **Accumulation Method**[1] | Embedded[1] | |
| **Coinsurance**<br>Amount paid by a member after the deductible is satisfied | 0% | 50% |
| **Overall Annual Benefit Period Max** | Unlimited | |
| **Dependent Age** | Reach Age 26, Remove at End of Month | |
| **Benefit Period** | January 1st through December 31st | |
| **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)<br>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<br>(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<br>Unrelated Donor Search - $30,000 maximum per transplant<br>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 Drugs[2]** | | |
| Prescription Drugs | In-Network Only: 0% after deductible | |
| **Pediatric Dental** | | |
| The plan design includes pediatric dental unless coverage is purchased elsewhere; if purchased elsewhere, proof of pediatric dental coverage must be supplied to Medical Mutual. If a Medical Mutual dental product is purchased, pediatric dental will be included in the dental product design. | Covered (Refer to Pediatric Dental Plan details) | |

**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 to all Ohio residents.**

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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.