

Georgia 100% HSA Plans

| Base Plan | HSA 2500 | HSA 3000 | HSA 4000 | HSA 5000 |
|---|------------------|------------------|------------------|-------------------|
| Network Benefit Period Deductible — Single/Family ¹ | \$2,500/\$5,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$5,000/\$10,000 |
| Non-Network Benefit Period Deductible — Single/Family ¹ | \$5,000/\$10,000 | \$6,000/\$12,000 | \$8,000/\$16,000 | \$10,000/\$20,000 |
| Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) — Single/Family ² | N/A | N/A | N/A | N/A |
| Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) — Single/Family ² | \$4,000/\$8,000 | \$4,000/\$8,000 | \$4,000/\$8,000 | \$4,000/\$8,000 |
| Coinsurance – Network/Non-Network | 100% / 70% | | | |
| Overall Annual Benefit Period Maximum | \$2,500,000 | | | |

| Benefits | PPO Network | Non-PPO Network |
|--|---|----------------------|
| Benefit Period | January 1 st through December 31 st | |
| Dependent Age Limit | 26; Removal upon End of the Month | |
| Physician/Office Services | | |
| Office & Urgent Care Visits (Illness/Injury) | 100% after deductible | 70% after deductible |
| Standard Immunizations | 100% after deductible | 70% after deductible |
| Preventive Services | | |
| Routine Physical Exam (\$250 maximum per benefit period) | 100% | 70% |
| Well Child Care Services (to age six) | | |
| Well Child Care Exams, Immunizations & Labs | 100% | 70% |
| Well Child Care Services (ages six to nine) | | |
| Exams and Well Child Immunizations are limited to a \$500 maximum per benefit period. | | |
| Well Child Care Exams, Immunizations & Labs | 100% after deductible | 70% after deductible |
| Routine Mammogram (one per benefit period) | 100% after deductible | 70% after deductible |
| Routine Pap Tests | 100% after deductible | 70% after deductible |
| Routine Flu Vaccine | 100% after deductible | 70% after deductible |
| Routine Cholesterol, Colon Cancer Screening Tests, Endoscopic Services, Ovarian Cancer Screening, PSA Test, Chlamydia Screening and Bone Density Testing | 100% after deductible | 70% after deductible |
| Routine EKG, chest X-ray, comprehensive metabolic panel, urinalysis and complete blood count (one each per benefit period) | 100% after deductible | 70% after deductible |
| Outpatient Services | | |
| Allergy Testing and Treatments | 100% after deductible | 70% after deductible |
| Physical Therapy, Occupational Therapy, and Chiropractic Services (30 visits combined per benefit period) | 100% after deductible | 70% after deductible |
| Speech Therapy (30 visits per benefit period) | 100% after deductible | 70% after deductible |
| Cardiac Rehab (20 visits per benefit period) | 100% after deductible | 70% after deductible |
| Emergency Use of an Emergency Room | 100% after deductible | |
| Non-Emergency Use of an Emergency Room | 100% after deductible | 70% after deductible |
| Surgical Services | 100% after deductible | 70% after deductible |
| Diagnostic Services | 100% after deductible | 70% after deductible |

| Benefits | PPO Network | Non-PPO Network |
|--|-----------------------|----------------------|
| Inpatient Services | | |
| Semi-Private Room and Board | 100% after deductible | 70% after deductible |
| Skilled Nursing Facility (30 days per benefit period) | 100% after deductible | 70% after deductible |
| Additional Services | | |
| Ambulance (\$2,500 Maximum per benefit period) | 100% after deductible | 70% after deductible |
| Durable Medical Equipment | 100% after deductible | 70% after deductible |
| Home Health Care (100 visits per benefit period) | 100% after deductible | 70% after deductible |
| Hospice (\$10,000 lifetime maximum) | 100% after deductible | 70% after deductible |
| Organ and Tissue Transplants | 100% after deductible | 70% after deductible |
| Diabetic Education and Training | 100% after deductible | 70% after deductible |
| Mental Health & Substance Abuse | | |
| Inpatient Mental Health and Substance Abuse Services (30 days per benefit period; limited to one admission per benefit period and three admissions per lifetime) | 100% after deductible | 70% after deductible |
| Outpatient Mental Health and Substance Abuse Services (48 visits per benefit period) | 100% after deductible | 70% after deductible |
| Prescription Drug – Oral Contraceptives Included (Failure to present an ID card may result in increased cost.) | | |
| Retail – 90 Day Supply | 100% after deductible | |
| Home Delivery – 90 Day Supply | 100% after deductible | |

This document is not a contract of insurance. It is a partial listing of healthcare benefits. Refer to your certificate for a complete listing of healthcare benefits. Benefits are determined based on Consumers Life Insurance Company's medical and administrative policies and procedures. No person other than an officer of Consumers Life Insurance Company 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, Consumers Life Insurance Company payment may not equal the percentage listed in these charts. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Consumers Life Insurance Company's negotiated rate with the provider.

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

The coinsurance for non-contracting institutional providers will be the same coinsurance percentage as the Non PPO Network provider. However, you may be subject to balance billing by the non-contracting provider.

The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Consumers Life Case Manager (except for corneal transplants).

Failure to contact Care Management prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

1 Maximum family deductible. Family deductible must be met before benefits are provided on a family contract. The single deductible applies to single contracts.

2 Maximum family coinsurance out-of-pocket. Family coinsurance out-of-pocket must be met before all benefits are paid at 100% on a family contract. The single coinsurance out-of-pocket applies to single contracts.