

PERSONAL HEALTH PLANS FROM CONSUMERS LIFE — HSA COMPATIBLE

BENEFITS	1200/2400	2200/4400
Benefit Period	January 1 through December 31	
Dependent Age Limit	19 Dependent; 26 Student; Removal upon End of Month	
Lifetime Maximum	\$2,500,000	
Benefit Period Deductible - Single/Family ¹	\$1,200/\$2,400	\$2,200/\$4,400
Non Network Benefit Period Deductible - Single/Family	\$2,400/\$4,800	\$4,400/\$8,800
	NETWORK	NON-NETWORK
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single/Family	\$2,000/\$4,000	\$4,000/\$8,000
PHYSICIAN/OFFICE SERVICES		
Office Visit (Illness/Injury) and Urgent Care Office Visit	80% after deductible	60% after deductible
Diagnostic Services in a Physician Office	80% after deductible	60% after deductible
Immunizations (tetanus toxoid, rabies vaccine and meningococcal polysaccharide vaccine)	80% after deductible	60% after deductible
PREVENTIVE SERVICES		
Routine Physical Exam (\$250 maximum per benefit period)	80%	60%
Well Child Care Services to age six. Office Visit, Immunizations and Labs	80%	60%
Well Child Care Services ages six to nine. (Exams and Well Child Immunizations are limited to \$500 maximum per benefit period). Office Visit, Immunizations and Labs	80% after deductible	60% after deductible
Routine Flu Vaccine	80% after deductible	60% after deductible
Routine Mammogram (One per benefit period)	80% after deductible	60% after deductible
Routine Pap Test	80% after deductible	60% after deductible
Routine PSA and Chlamydia Screening	80% after deductible	60% after deductible
Routine Cholesterol, Colon Cancer Screening Test, Endoscopic Procedures, Ovarian Cancer Screening and Bone Density Testing	80% after deductible	60% after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic panel, Urinalysis and complete blood count (one each per benefit period)	80% after deductible	60% after deductible
OUTPATIENT SERVICES		
Allergy Testing and Treatment	80% after deductible	60% after deductible
Diagnostic Services (Other than a physician's office)	80% after deductible	60% after deductible
Physical Therapy, Occupational Therapy and Chiropractic Services (30 visits combined per benefit period)	80% after deductible	60% after deductible
Speech Therapy (30 visits per benefit period)	80% after deductible	60% after deductible
Cardiac Rehabilitation (Facility Only - 20 visits benefit period)	80% after deductible	60% after deductible
Emergency Use of an Emergency Room	80% after deductible	
Non-Emergency Use of an Emergency Room	80% after deductible	60% after deductible
Emergency Services	80% after deductible	
INPATIENT FACILITY		
Semi-private Room and Board	80% after deductible	60% after deductible
Skilled Nursing Facility (30 days per benefit period)	80% after deductible	60% after deductible
ADDITIONAL SERVICES		
Ambulance Service (\$2500 maximum per benefit period)	80% after deductible	60% after deductible
Diabetic Education	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Home Healthcare (100 visits per benefit period)	80% after deductible	60% after deductible
Hospice (\$10,000 lifetime maximum)	80% after deductible	60% after deductible
Organ and Tissue Transplant ³	80% after deductible	60% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Mental Health/Substance Abuse (30 days per benefit period; limited to one admission per benefit period and three admissions per lifetime)	100% after deductible	
Outpatient Mental Health/Substance Abuse (48 visits per benefit period)	80% after deductible	60% after deductible
PRESCRIPTION DRUG - ORAL CONTRACEPTIVES INCLUDED ⁴		
Retail - 90 Day Supply	80% after deductible	
Home Delivery - 90 Day Supply	80% after deductible	

PERSONAL HEALTH PLANS FROM CONSUMERS LIFE — HSA COMPATIBLE PLANS

BENEFITS	2500/5000	3000/6000	4000/8000	5000/10000
Benefit Period	January 1 through December 31			
Dependent Age Limit	19 Dependent; 26 Student; Removal upon End of Month			
Lifetime Maximum	\$2,500,000			
Benefit Period Deductible - Single/Family ²	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Non Network Benefit Period Deductible - Single/Family	\$5,000/\$10,000	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000
	NETWORK		NON-NETWORK	
Coinsurance	100%		70%	
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single/Family	N/A		\$4,000/\$8,000	
PHYSICIAN/OFFICE SERVICES				
Office Visit (Illness/Injury) and Urgent Care Office Visit	100% after deductible		70% after deductible	
Diagnostic Services in a Physician Office	100% after deductible		70% after deductible	
Immunizations (tetanus toxoid, rabies vaccine and meningococcal polysaccharide vaccine)	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. Office Visit, Immunizations and Labs	100%		70%	
Well Child Care Services ages six to nine. (Exams and Well Child Immunizations are limited to \$500 maximum per benefit period). Office Visit, Immunizations and Labs	100% after deductible		70% after deductible	
Routine Flu Vaccine	100% after deductible		70% after deductible	
Routine Mammogram (One per benefit period)	100% after deductible		70% after deductible	
Routine Pap Test	100% after deductible		70% after deductible	
Routine PSA and Chlamydia Screening	100% after deductible		70% after deductible	
Routine Cholesterol, Colon Cancer Screening Test, Endoscopic Procedures, Ovarian Cancer 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 Treatment	100% after deductible		70% after deductible	
Diagnostic Services (Other than a physician's office)	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 Rehabilitation (Facility Only - 20 visits benefit period)	100% after deductible		70% after deductible	
Emergency Use of a Hospital Emergency Room	100% after deductible			
Non-Emergency Use of a Hospital Emergency Room	100% after deductible		70% after deductible	
Emergency Services	100% after deductible			
INPATIENT FACILITY				
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 Service (\$2500 maximum per benefit period)	100% after deductible			
Diabetic Education	100% after deductible		70% after deductible	
Durable Medical Equipment	100% after deductible		70% after deductible	
Home Healthcare (100 visits per benefit period)	100% after deductible			
Hospice (\$10,000 lifetime maximum)	100% after deductible		70% after deductible	
Organ and Tissue Transplant ³	100% after deductible		70% after deductible	
MENTAL HEALTH AND SUBSTANCE ABUSE				
Inpatient Mental Health/Substance Abuse Services (30 days per benefit period; limited to one admission per benefit period and three admissions per lifetime)	100% after deductible			
Outpatient Mental Health (48 visits per benefit period)	100% after deductible		70% after deductible	
PRESCRIPTION DRUG - ORAL CONTRACEPTIVES INCLUDED⁴				
Retail - 30 Day Supply	100% after deductible			
Home Delivery - 90 Day Supply	100% after deductible			