Personal Health Plans from Consumers Life— 3080 Plans

Benefits	500/1500	750/2250	1000/3000	1500/4500
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]	$500/$1500	$750/$2250	$1000/$3000	$1500/$4500
Non Network Benefit Period Deductible - Single/Family	$1000/$3000	$1500/$4500	$2000/$6000	$3000/$9000

	Network	Non-Network
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single/Family	$2000/$6000	Unlimited
Physician/Office Services		
Office Visit (Illness/Injury)	$30 copay then 100%	60% after deductible
Urgent Care Office Visit	$30 copay then 100%	60% after deductible
Diagnostic Services in a Physician Office	100%	70% 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)	$30 copay then 100%	60% after deductible
Well Child Care Services to age six.		
Office Visit, Immunizations and Labs	$30 copay then 100%	60%
Well Child Care Services ages six to nine. (Exams and Well Child Immunizations are limited to $500 maximum per benefit period).		
Office Visit	$30 copay then 100%	60% after deductible
Immunizations and Labs	100%	60% after deductible
Routine Flu Vaccine		
Routine Mammogram (One per benefit period)	80% after deductible	60% after deductible
Routine Pap Test	100%	70%
Routine PSA and Chlamydia Screening	100%	70%
Routine Cholesterol, Colon Cancer Screening Test, Endoscopic Procedures, Ovarian Cancer Screening and Bone Density Testing	100%	70%
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 [2]	$150 copay, then 80% after deductible	
Non-Emergency Use of an Emergency Room [2,3]	$150 copay, then 80% after deductible	$150 copay, then 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	80% after deductible
Additional Services		
Ambulance Service ($2500 maximum per benefit period)	80% after deductible	
Diabetic Education	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Home Health Care (100 visits per benefit period)	80% after deductible	
Hospice ($10,000 lifetime maximum)	80%	60%
Organ and Tissue Transplant [4]	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)	80% after deductible	
Outpatient Mental Health/Substance Abuse (48 visits per benefit period)	80% after deductible	60% after deductible
Prescription Drug - Oral Contraceptives Included [6]		
Prescription Drug Benefit Period Deductible[5] (Single/Family)	$200/$600	
Retail - 30 Day Supply	$15 Generic / $30 Formulary / $45 Non-Formulary	
Home Delivery - 90 Day Supply	$30 Generic / $60 Formulary / $90 Non-Formulary	
Optional Rider		
Maternity Rider - Benefits are payable after 365 days of coverage under Maternity Rider	80% after deductible	60% after deductible

Personal Health Plans from Consumers Life— 4070 Plans

Benefits	1000/3000	2000/6000	3500/10500	5000/15000
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]	$1000/$3000	$2000/$6000	$3500/$10500	$5000/$15000
Non Network Benefit Period Deductible - Single/Family	$2000/$6000	$4000/$12000	$7000/$21000	$10000/$30000

	Network	Non-Network
Coinsurance	70%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single/Family	$2000/$6000	Unlimited
Physician/Office Services		
Office Visit (Illness/Injury)	$40 copay then 100%	70% after deductible
Urgent Care Office Visit	$40 copay then 100%	70% after deductible
Diagnostic Services in a Physician Office	100%	
Immunizations (tetanus toxoid, rabies vaccine and meningococcal polysaccharide vaccine)	70% after deductible	60% after deductible
Preventive Services		
Routine Physical Exam ($250 maximum per benefit period)	70% after deductible	60% after deductible
Well Child Care Services to age six.		
Office Visit, Immunizations and Labs	70%	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	70% after deductible	60% after deductible
Routine Flu Vaccine	70% after deductible	60% after deductible
Routine Mammogram (One per benefit period)	100%	70%
Routine Pap Test	100%	70%
Routine PSA and Chlamydia Screening	100%	70%
Routine Cholesterol, Colon Cancer Screening Test, Endoscopic Procedures, Ovarian Cancer Screening and Bone Density Testing	70% after deductible	60% after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic panel, Urinalysis and complete blood count (one each per benefit period)	70% after deductible	60% after deductible
Outpatient Services		
Allergy Testing and Treatment	70% after deductible	60% after deductible
Diagnostic Services (Other than a physician's office)	70% after deductible	60% after deductible
Physical Therapy, Occupational Therapy and Chiropractic Services (30 visits combined per benefit period)	70% after deductible	60% after deductible
Speech Therapy (30 visits per benefit period)	70% after deductible	60% after deductible
Cardiac Rehabilitation (Facility Only - 20 visits benefit period)	70% after deductible	60% after deductible
Emergency Use of an Emergency Room [2]	$150 copay, then 70% after deductible	
Non-Emergency Use of an Emergency Room [2,3]	$150 copay, then 70% after deductible	$150 copay, then 60% after deductible
Emergency Services	70% after deductible	
Inpatient Facility		
Semi-private Room and Board	70% after deductible	60% after deductible
Skilled Nursing Facility (30 days per benefit period)	70% after deductible	70% after deductible
Additional Services		
Ambulance Service ($2500 maximum per benefit period)	70% after deductible	
Diabetic Education	70% after deductible	60% after deductible
Durable Medical Equipment	70% after deductible	60% after deductible
Home Health Care (100 visits per benefit period)	70% after deductible	
Hospice ($10,000 lifetime maximum)	70%	60%
Organ and Tissue Transplant [4]	70% after deductible	60% after deductible
Substance Abuse		
Inpatient and Outpatient Substance Abuse	Not covered	
Prescription Drug - Oral Contraceptives Included		
Prescription Drug Benefit Period Deductible[5] (Single/Family)	Please refer to foot note 7.	
Retail - 30 Day Supply	$15 Generic / $30 Formulary / $45 Non-Formulary	
Home Delivery - 90 Day Supply	$30 Generic / $60 Formulary / $90 Non-Formulary	
Optional Rider		
Mental Health		
Inpatient Mental Health Services (30 days per benefit period; limited to one admission per benefit period and three admissions per lifetime)	70% after deductible	70% after deductible
Outpatient Mental Health (48 visits per benefit period)	70% after deductible	70% after deductible

Personal Health Plans from Consumers Life — 4070 Plans

Benefits	10000/30000	
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]	$10,000/$30,000	
Non Network Benefit Period Deductible - Single/Family	$20,000/$60,000	
	Network	Non-Network
Coinsurance	70%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single/Family	$5,000/15,000	Unlimited
Physician/Office Services		
Office Visit (Illness/Injury)	$40 copay then 100%	70% after deductible
Urgent Care Office Visit	$40 copay then 100%	70% after deductible
Diagnostic Services in a Physician Office	100%	70% after deductible
Immunizations (tetanus toxoid, rabies vaccine and meningococcal polysaccharide vaccine)	70% after deductible	60% after deductible
Preventive Services		
Routine Physical Exam ($250 maximum per benefit period)	70% after deductible	60% after deductible
Well Child Care Services to age six.		
Office Visit, Immunizations and Labs	70%	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	70% after deductible	60% after deductible
Routine Flu Vaccine	70% after deductible	60% after deductible
Routine Mammogram (One per benefit period)	100%	70%
Routine Pap Test	100%	70%
Routine PSA and Chlamydia Screening	100%	70%
Routine Cholesterol, Colon Cancer Screening Test, Endoscopic Procedures, Ovarian Cancer Screening and Bone Density Testing	70% after deductible	60% after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic panel, Urinalysis and complete blood count (one each per benefit period)	70% after deductible	60% after deductible
Outpatient Services		
Allergy Testing and Treatment	70% after deductible	60% after deductible
Diagnostic Services (Other than a physician's office)	70% after deductible	60% after deductible
Physical Therapy, Occupational Therapy and Chiropractic Services (30 visits combined per benefit period)	70% after deductible	60% after deductible
Speech Therapy (30 visits per benefit period)	70% after deductible	60% after deductible
Cardiac Rehabilitation (Facility Only - 20 visits benefit period)	70% after deductible	60% after deductible
Emergency Use of an Emergency Room [2]	$150 copay, then 70% after deductible	
Non-Emergency Use of an Emergency Room [2,3]	$150 copay, then 70% after deductible	$150 copay, then 60% after deductible
Emergency Services	70% after deductible	
Inpatient Facility		
Semi-private Room and Board	70% after deductible	60% after deductible
Skilled Nursing Facility (30 days per benefit period)	70% after deductible	70% after deductible
Additional Services		
Ambulance Service ($2500 maximum per benefit period)	70% after deductible	
Diabetic Education	70% after deductible	60% after deductible
Durable Medical Equipment	70% after deductible	60% after deductible
Home Health Care (100 visits per benefit period)	70% after deductible	
Hospice ($10,000 lifetime maximum)	70%	60%
Organ and Tissue Transplant [4]	70% after deductible	60% after deductible
Mental Health and Substance Abuse		
Inpatient and Outpatient Substance Abuse	Not covered	
Prescription Drug - Oral Contraceptives Included		
Prescription Drug Benefit Period Deductible[5] (Single/Family)	$1,000/$3,000	
Retail - 30 Day Supply	$15 Generic / $30 Formulary / $45 Non-Formulary	
Home Delivery - 90 Day Supply	$30 Generic / $60 Formulary / $90 Non-Formulary	
Optional Rider		
Mental Health		
Inpatient Mental Health (30 days per benefit period; limited to one admission per benefit period and three admissions per lifetime)	70% after deductible	70% after deductible
Outpatient Mental Health (48 visits per benefit period)	70% after deductible	70% after deductible