

SMPlus HSA 4000 Family Benefit Summary



Benefit/Feature	In Network Providers SMP PPO Network www.medmutual.com	Out-of-Network Providers
Benefit Period	January 1 st through December 31 st	
Dependent Age	26, Removal end of month after Birthday	
Benefit Period Deductible – Non-Embedded	\$4,000 Family Contract	
Coinsurance	80%	60%
Out-of-Pocket Maximum (Includes deductible, coinsurance and copays) –Family	\$10,000 Family Contract	\$16,000 Family Contract
Physician/Office Services		
Office Visit (Illness/Injury)	80% after deductible	60% after deductible
Urgent Care Office Visit	80% after deductible	60% after deductible
Immunizations (tetanus toxoid, rabies vaccine, and meningococcal polysaccharide vaccine are covered services)	100%	60% after deductible
Preventative Services		
Preventive Services, in accordance with state and federal law³	100%	60% after deductible
Routine Physical Exam (21 and over)	100%	60% after deductible
Well Child Care Services including Exam , Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory (To age 21)	100%	60% after deductible
Routine Colorectal Cancer Screening and Endoscopic Services (all ages)	100%	60% after deductible
Women Preventive Benefits (unless otherwise specified under the preventive benefits)	100%	60% after deductible
Mammogram and Pap Test (all ages 1 per benefit period)	100%	60% after deductible
Routine Vision Exam (21 and over, one per benefit period)	80% after deductible	60% after deductible
Routine Prostate Specific Antigen (PSA) (all ages)	100%	60% after deductible
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (all ages, one each per benefit period)	100%	60% after deductible
Outpatient Services		
Surgical Services	80% after deductible	60% after deductible
Diagnostic Services	80% after deductible	60% after deductible
Physical Therapy/ Occupational Therapy - Facility and Professional (40 visits per benefit period)	80% after deductible	60% after deductible
Chiropractic Therapy – Professional Only (12 visits per benefit period)	80% after deductible	60% after deductible
Speech Therapy – Facility and Professional (20 visits per benefit period)	80% after deductible	60% after deductible
Cardiac Rehabilitation (20 visits per benefit period)	80% after deductible	60% after deductible
Emergency use of an Emergency Room ⁴	80% after deductible	
Non-Emergency use of an Emergency Room ⁴	80% after deductible	60% after deductible
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	60% after deductible
Maternity	80% after deductible	60% after deductible
Skilled Nursing Facility	80% after deductible	60% after deductible
Additional Services		
Allergy Testing and Treatments	80% after deductible	60% after deductible
Ambulance	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Home Healthcare	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Organ Transplants	80% after deductible	60% after deductible
Private Duty Nursing (\$5,000 maximum per benefit period)	80% after deductible	60% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits.	
Outpatient Mental Health and Substance Abuse Services		
Prescription Drugs		
Prescription Drugs (oral contraceptives covered)	80% after deductible	
Preventive Drug Benefits – Vaccines, Contraceptive, and Women Preventive in accordance with state and federal law ³ .	100%	

Note: Services requiring a copayment are not subject to the single/family deductible.

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

Coinsurance expenses incurred for services by a non-network provider will also apply to the network coinsurance out-of-pocket limits.

The Coinsurance percentage will be the same for Non-Contracting Providers as Non-PPO Network Providers but you may still be subject to balance billing and/or Excess Charges. Payments to Contracting Non-PPO Network Providers are based on Allowed Amount. Payments to Non-Contracting Providers are based on the Non-Contracting Amount.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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.

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.

1 Family deductible must be met before benefits are provided on a family contract.

2 Family HSA Out-of-Pocket Maximum meets federal limits.

3 Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

4 The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Medical mutual 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 \$5,000 penalty. There will be a \$10,000 non-network penalty for failure to use a SuperMed facility or the United Resource Network. This penalty may be waived by the Case Manager if the proper pre-determination procedures are followed.

