

Select Coverage 100%/80% (WI)

HSA Qualified High Deductible Plan; Also Available with HRA



Types of Coverage	PPO	Non-PPO*																																						
<p>Out-of-Pocket Expenses</p> <table border="1"> <thead> <tr> <th colspan="2">Annual Deductible Option PPO/Non-PPO</th> </tr> <tr> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$1,500/\$2,250</td> <td>\$3,000/\$4,500</td> </tr> <tr> <td>\$2,000/\$3,000</td> <td>\$4,000/\$6,000</td> </tr> <tr> <td>\$3,000/\$4,500</td> <td>\$6,000/\$9,000</td> </tr> <tr> <td>\$4,000/\$6,000</td> <td>\$8,000/\$12,000</td> </tr> <tr> <td>\$5,000/\$7,500</td> <td>\$10,000/\$15,000</td> </tr> </tbody> </table> <p>Amounts applied toward the PPO deductible <u>do not apply</u> toward satisfaction of the non-PPO deductible and vice versa. Amounts applied toward the PPO out-of-pocket maximum are <u>not credited</u> to the non-PPO out-of-pocket maximum and vice versa.</p>	Annual Deductible Option PPO/Non-PPO		Single	Family	\$1,500/\$2,250	\$3,000/\$4,500	\$2,000/\$3,000	\$4,000/\$6,000	\$3,000/\$4,500	\$6,000/\$9,000	\$4,000/\$6,000	\$8,000/\$12,000	\$5,000/\$7,500	\$10,000/\$15,000	<p>Out-of-Pocket Maximum Options <i>(includes deductible and coinsurance)</i></p> <table border="1"> <thead> <tr> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$1,500</td> <td>\$3,000</td> </tr> <tr> <td>\$2,000</td> <td>\$4,000</td> </tr> <tr> <td>\$3,000</td> <td>\$6,000</td> </tr> <tr> <td>\$4,000</td> <td>\$8,000</td> </tr> <tr> <td>\$5,000</td> <td>\$10,000</td> </tr> </tbody> </table>	Single	Family	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	<p>Out-of-Pocket Maximum Options <i>(includes deductible and coinsurance)</i></p> <table border="1"> <thead> <tr> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$3,000</td> <td>\$6,000</td> </tr> <tr> <td>\$4,000</td> <td>\$8,000</td> </tr> <tr> <td>\$6,000</td> <td>\$12,000</td> </tr> <tr> <td>\$8,000</td> <td>\$16,000</td> </tr> <tr> <td>\$10,000</td> <td>\$20,000</td> </tr> </tbody> </table>	Single	Family	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000	\$8,000	\$16,000	\$10,000	\$20,000
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<i>The family deductible and out-of-pocket maximum are non-embedded, meaning no individual in the family has satisfied their deductible or out-of-pocket maximum until the entire family amount has been satisfied.</i>																																								
<p>Physician Visits Includes office call charges plus diagnostic X-ray and laboratory charges on the same day related to the physician visit.</p>	100% after deductible	80% of usual, customary, and reasonable (UCR) charges after deductible																																						
<p>Urgent Care Visits Includes urgent care diagnostic X-ray and laboratory charges on the same day related to the urgent care visit.</p>	100% after deductible	80% of UCR charges after deductible																																						
<p>Routine Examinations - \$500 Combined Calendar Year Maximum Includes physical examinations including immunizations, routine mammograms, pap tests, and hearing and vision examinations.</p>	100%	80% of UCR charges after deductible																																						
<p>Physician/Clinic Other Services Includes durable medical equipment, home health care, hospital visits, manipulations, and other physician services. Maximums may apply to some services. See certificate for details.</p>	100% after deductible	80% of UCR charges after deductible																																						
<p>Hospital Services Inpatient care, including semi-private room or intensive care unit, operating room, and ancillary services. Outpatient hospital care, including all medically necessary services and supplies.</p>	100% after deductible	80% of UCR charges after deductible																																						
<p>Emergency Room Care & Facility Charges Includes all services performed in the emergency room, including emergency room physician charges, facility, and ambulance.</p>	100% after PPO deductible (Note: Non-PPO services are also subject to UCR)																																							
<p>Prescription Drugs</p>	100% after PPO deductible and coinsurance maximum is met																																							
<p>Mental Health, Alcohol and Drug Abuse Services For groups with 51 or more employees** Maximum inpatient care up to \$7,000 in total eligible charges. Maximum outpatient care up to \$2,000 in total eligible charges. Maximum transitional treatment up to \$3,000 in total charges. Combined treatment arrangements cannot exceed \$7,000/calendar year.</p>	100% after deductible for inpatient, outpatient, and transitional treatment benefits	80% of UCR after deductible for inpatient, outpatient, and transitional treatment benefits																																						
<p>Lifetime Maximum</p>	Combined benefits from all sources not to exceed \$5,000,000																																							

* If provided at a PPO facility, services received from Non-PPO anesthesiologists, radiologists, and pathologists will be eligible for the PPO deductible and coinsurance levels, subject to UCR.

** For groups with 51 or more employees, Mental Health, Alcohol and Drug Abuse Services per calendar year will be paid as follows: All benefits are subject to deductible and coinsurance; for inpatient treatment, benefits are payable for up to 10 days of confinement; for outpatient treatment, benefits are payable for up to 16 visits; for transitional treatment, benefits are payable for up to 12 visits.

Midwest Security Life Insurance Company does not participate in the administration of the health savings account.

All payment illustrations include payment amounts as indicated for covered benefits, subject to the terms and provisions of the Certificate. The outlined benefits are intended to reflect the coverages provided in the Master Policy. A more detailed explanation of coverage is provided in the Certificate.