

# Select Coverage 80%/60%

## HSA Qualified High Deductible Plan; Also Available with HRA



Types of Coverage	PPO	Non-PPO*																				
<b>Out-of-Pocket Expenses</b> <u>Annual Deductible Option PPO/Non-PPO</u> <table border="1"> <thead> <tr> <th>Single</th> <th>Family</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$1,500/\$2,250</td> <td>\$3,000/\$4,500</td> <td>\$2,500</td> <td>\$5,000</td> </tr> <tr> <td>\$2,000/\$3,000</td> <td>\$4,000/\$6,000</td> <td>\$3,000</td> <td>\$6,000</td> </tr> <tr> <td>\$3,000/\$4,500</td> <td>\$6,000/\$9,000</td> <td>\$4,000</td> <td>\$8,000</td> </tr> <tr> <td>\$4,000/\$6,000</td> <td>\$8,000/\$12,000</td> <td>\$5,000</td> <td>\$10,000</td> </tr> </tbody> </table>	Single	Family	Single	Family	\$1,500/\$2,250	\$3,000/\$4,500	\$2,500	\$5,000	\$2,000/\$3,000	\$4,000/\$6,000	\$3,000	\$6,000	\$3,000/\$4,500	\$6,000/\$9,000	\$4,000	\$8,000	\$4,000/\$6,000	\$8,000/\$12,000	\$5,000	\$10,000	<b>Out-of-Pocket Maximum Options</b> <i>(includes deductible and coinsurance)</i>	<b>Out-of-Pocket Maximum Options</b> <i>(includes deductible and coinsurance)</i>
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Amounts applied toward the PPO deductible do not apply toward satisfaction of the non-PPO deductible and vice versa. Amounts applied toward the PPO out-of-pocket maximum are not credited to the non-PPO out-of-pocket maximum and vice versa.																						
<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>																						
<b>Physician Visits</b> Includes office call charges plus diagnostic X-ray and laboratory charges on the same day related to the physician visit.	80% after deductible	60% of usual, customary, and reasonable (UCR) charges after deductible																				
<b>Urgent Care Visits</b> Includes urgent care diagnostic X-ray and laboratory charges on the same day related to the urgent care visit.	80% after deductible	60% of UCR charges after deductible																				
<b>Routine Examinations</b> A maximum of \$500 in total eligible charges and services are performed by a PPO provider. Includes physical examinations including immunizations, routine mammograms, pap tests, and hearing and vision examinations.	100% up to \$500 calendar year maximum	<b>Not covered:</b> Immunizations, mammograms, and lab costs for pap tests are covered as specified in the Certificate																				
<b>Physician/Clinic Other Services</b> Includes durable medical equipment, home health care, hospital visits, and other physician services. Maximums may apply to some services. See certificate for details.	80% after deductible	60% of UCR charges after deductible																				
<b>Chiropractic Services - \$500 Calendar Year Maximum</b>	80% after deductible	60% of UCR charges after deductible																				
<b>Hospital Services</b> <b>Inpatient</b> care, including semi-private room or intensive care unit, operating room, and ancillary services. <b>Outpatient</b> hospital care, including all medically necessary services and supplies.	80% after deductible	60% of UCR charges after deductible																				
<b>Emergency Room Care &amp; Facility Charges</b> Includes all services performed in the emergency room, including emergency room physician charges, facility, and ambulance.	80% after PPO deductible (Note: Non-PPO services are also subject to UCR)																					
<b>Prescription Drugs</b>	80% after PPO deductible until PPO out-of-pocket maximum is met; 100% thereafter																					
<b>Mental Health, Alcohol and Drug Abuse Services</b> For groups with 51 or more employees** Combined lifetime maximum of \$25,000.	Inpatient and Outpatient charges including prescription drugs—benefits payable at 50% after deductible to a maximum payment of \$5,000 per calendar year	Inpatient and Outpatient charges including prescription drugs—benefits payable at 50% of UCR after deductible to a maximum payment of \$2,500 per calendar year																				
<b>Lifetime Maximum</b>	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: For PPO inpatient charges, benefits are payable at 50% after deductible up to 10 days of confinement; the benefits for PPO outpatient charges are payable at 50% after deductible up to 30 visits. For Non PPO inpatient charges, benefits are payable at 50% after deductible up to 5 days of confinement; the benefits for Non-PPO outpatient charges are payable at 50% after deductible up to 15 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.