



COSE SuperMed Plus P2000/4000  
Aggregate Plan



Base Plan	2000/4000 Aggregate
<b>Network Benefit Period Deductible</b> Single/Family <sup>1</sup>	\$2,000/\$4,000
<b>Non-Network Benefit Period Deductible</b> Single/Family <sup>1</sup>	\$2,000/\$4,000
<b>Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible)</b> Single/Family <sup>2</sup>	N/A
<b>Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible)</b> Single/Family <sup>2</sup>	\$1,500/\$3,000
<b>Coinsurance Network/Non-Network</b>	100% / 80%
<b>Overall Annual Benefit Period Maximum</b>	\$5,000,000

Benefits	PPO Network	Non PPO Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26	
Over Aged Child	28	
	Removal upon the end of month	
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury)	100% after deductible	coinsurance after deductible
Urgent Care Office Visit	100% after deductible	coinsurance after deductible
All Immunizations	100%	coinsurance after deductible
<b>Preventive Services</b>		
Preventive Services, in accordance with state and federal law <sup>3</sup>	100%	coinsurance after deductible
Routine Physical Exam	100%	coinsurance after deductible
Well Child Care Services Well Child Care Exams Well Child Immunizations Well Child Labs	100%	coinsurance after deductible
Routine Mammogram (one per benefit period)	100%	coinsurance after deductible
Routine Pap Test (one per benefit period)	100%	coinsurance after deductible
Routine PSA, Cholesterol, Colon Cancer Screening Tests, Bone Density Tests, Chlamydia Screening and Endoscopic Services	100%	coinsurance after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic Panel, Urinalysis and Complete Blood Count (one each per benefit period)	100%	coinsurance after deductible
<b>Outpatient Services</b>		
Allergy Testing and Treatments	100% after deductible	coinsurance after deductible
Physical & Occupational Therapies (40 visits per benefit period)	100% after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	100% after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	100% after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	100% after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	100% after deductible	
Non-Emergency Use of an Emergency Room	100% after deductible	coinsurance after deductible
Emergency Services	100% after deductible	
Surgical Services	100% after deductible	coinsurance after deductible
Diagnostic Services	100% after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



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Benefits	PPO Network	Non PPO Network
<b>Inpatient Services</b>		
Semi-Private Room and Board	100% after deductible	coinsurance after deductible
Maternity	100% after deductible	coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	100% after deductible	coinsurance after deductible
<b>Additional Services</b>		
Ambulance	100% after deductible	coinsurance after deductible
Durable Medical Equipment	100% after deductible	coinsurance after deductible
Home Health Care	100% after deductible	coinsurance after deductible
Hospice	100% after deductible	coinsurance after deductible
Organ and Tissue Transplants	100% after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	100% after deductible	coinsurance after deductible
Diabetic Education and Training	100% after deductible	coinsurance after deductible
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient Mental Health and Substance Abuse Services (30 days per benefit period; Substance Abuse limited to one admission per benefit period, three admissions per lifetime)	100% after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	100% after deductible	coinsurance after deductible
<b>Prescription Drug - Oral Contraceptives Included (Failure to present an ID card may result in increased cost)</b>		
Retail - 90 Day Supply	network coinsurance after deductible	
Home Delivery - 90 Day Supply	network coinsurance after deductible	

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

Deductible and coinsurance expenses incurred for services by a PPO Network provider will only apply to the PPO Network deductible and coinsurance out-of-pocket limits. Deductible and coinsurance expenses incurred for services by a Non PPO Network provider will only apply to the Non PPO Network deductible and coinsurance out-of-pocket limits.

The coinsurance for non-contracting institutional providers will be the same coinsurance percentage as the Non PPO Network provider. However, you may be subject to balance billing by the non-contracting provider.

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 the case manager prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

No payment will be made for services related to a pre-existing condition for a period of 12 months for any condition treated or diagnosed within the six months immediately prior to the effective date of insurance. Pre-Existing does not apply to under the age of 19.

HIPAA allows for crediting time a person was covered under a previous carrier if the previous coverage was continuous with not more than a 63 day gap in coverage prior to the effective date of the new coverage.

- 1 Maximum family deductible. Family deductible must be met before benefits are provided on a family contract. The single deductible applies to single contracts.
- 2 Maximum family coinsurance out-of-pocket. Family coinsurance out-of-pocket must be met before all benefits are paid at 100% on a family contract. The single coinsurance out-of-pocket applies to single contracts.
- 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.