



Join your cause.

COSE SUPERMED PLUS HSA PLANS



BASE PLAN	2500/100	3000/100	4000/100	5000/100
Network Benefit Period Deductible Single/Family	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Non-Network Benefit Period Deductible Single/Family	\$3,000/\$6,000	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	N/A	N/A	N/A	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$4,500/\$9,000	\$4,000/\$8,000	\$3,000/\$6,000	UNLIMITED
Coinsurance Network/Non-Network	100% / 60%			
Lifetime Maximum	\$5,000,000			

BENEFITS	PPO NETWORK	NON PPO NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	19 Dependent, 25 Student; Removal upon End of the Month	
Physician/Office Services		
Office Visit (Illness/Injury)	100% after deductible	60% after deductible
Urgent Care Office Visit	100% after deductible	60% after deductible
All Immunizations	100%	60% after deductible
Preventive Services		
Routine Physical Exam	100%	60% after deductible
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	100%	60% after deductible
Well Child Immunizations		
Well Child Labs		
Routine Mammogram (one per benefit period)	100%	60% after deductible
Routine Pap Test (one per benefit period)	100%	60% after deductible
Routine PSA, Cholesterol, Colon Cancer Screening Tests, Bone Density Tests, Chlamydia Screening and Endoscopic Services	100%	60% after deductible
Routine EKG, Chest X-ray, Comprehensive Metabolic Panel, Urinalysis and Complete Blood Count (one each per benefit period)	100%	60% after deductible
Outpatient Services		
Allergy Testing and Treatments	100% after deductible	60% after deductible
Physical & Occupational Therapies (40 visits per benefit period)	100% after deductible	60% after deductible
Speech Therapy (20 visits per benefit period)	100% after deductible	60% after deductible
Chiropractic Services (12 visits per benefit period)	100% after deductible	60% after deductible
Cardiac Rehabilitation (24 visits per benefit period)	100% after deductible	60% after deductible
Emergency Use of an Emergency Room	100% after deductible	
Non-Emergency Use of an Emergency Room	100% after deductible	60% after deductible
Emergency Services	100% after deductible	
Surgical Services	100% after deductible	60% after deductible
Diagnostic Services	100% after deductible	60% after deductible
Diagnostic Endoscopic Services	100%	60% after deductible

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BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	100% after deductible	60% after deductible
Maternity	100% after deductible	60% after deductible
Skilled Nursing Facility (100 days per benefit period)	100% after deductible	60% after deductible
Additional Services		
Ambulance	100% after deductible	60% after deductible
Durable Medical Equipment	100% after deductible	60% after deductible
Home Health Care	100% after deductible	60% after deductible
Hospice	100% after deductible	60% after deductible
Organ and Tissue Transplants	100% after deductible	60% after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	100% after deductible	60% after deductible
Diabetic Education and Training	100% after deductible	60% after deductible
Mental Health & Substance Abuse		
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	60% after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	100% after deductible	60% after deductible
Prescription Drug - Oral Contraceptives Included (Failure to present an ID card may result in increased cost)		
Retail - 90 Day Supply	100% after deductible	
Home Delivery – 90 Day Supply	100% 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. 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.