



Benefit Plan Summaries & Program Guidelines

COSE Health
Insurance Program

*Provided by
Medical Mutual*

Group # _____
please note here for easy reference

COSE

Join your cause.

THE HOME BUILDING
100 PUBLIC SQUARE, SUITE 210
CLEVELAND, OH 44113
(216) 592-2222
WWW.COSE.ORG

2403 EAPM



MEDICAL MUTUAL OF OHIO

2040 EAST 9TH STREET
CLEVELAND, OH 44115
(216) 687-7000
WWW.MEDMUTUAL.COM


MEDICAL MUTUAL OF OHIO
THE MEDICAL MUTUAL GROUP

COSE
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IMPORTANT PHONE NUMBERS

SUBJECT	YOU SHOULD CALL
COSE Member Benefits Health Insurance Benefits Employee Application/Change Forms (Insurance) Probation Period for New Hires/Re-hires	COSE Customer Service 216/592-2222 (local) 866/553-5427 (toll-free)
Monthly Insurance Billing Employee Enrollment/Termination Status Underwriting/Enrollment Regulations	Contact your Medical Mutual of Ohio® Group Billing Clerk using the phone number located on the top left corner of your monthly statement.
Covered Services and Exclusions Claim Information Identification Cards/Certificate Books Claim Forms	Medical Mutual Customer Service 216/697-7444 (local) 800/362-7190 (toll-free)
COBRA Eligibility & Regulations	Cerdan 800/488-8757 (toll-free)
Life & Disability Benefits	Consumers Life Insurance Company 866/925-2542 (toll-free)
Individual Policies (SuperMed One®)	COSE Customer Service 216/592-2222 (local) 866/553-5427 (toll-free)
Non-Group or Conversion Policy	Medical Mutual (Non-Group) 800/242-1936 (toll-free)
Prescription Benefits or Pricing	Medco 800/417-1961 (toll-free)

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IMPORTANT GROUP ADMINISTRATION INFORMATION

This booklet contains important information regarding your COSE Medical Mutual Health Insurance Program. These rules and guidelines affect enrollment of both new and current employees in your plan. Please read this information very carefully and retain this booklet for future reference. Understanding these guidelines is critical to correctly administering your group benefit plan.

HOW TO CHOOSE A HEALTHCARE PLAN

As both an employer and medical consumer, you probably ask three important questions when choosing a health insurance plan:

- Which doctors and hospitals can I use?
- What does the plan cover?
- How much does the plan cost?

This booklet contains an overview description of each Medical Mutual plan available to help you compare and decide which plan is right for your group. The COSE Health Insurance Program allows you to offer up to three plans simultaneously – any two standard plans and a Health Savings Account (HSA) plan or Health Reimbursement Account (HRA).

STEP 1: SELECT A NETWORK – Which doctors and hospitals would you utilize?

Medical Mutual has established an extensive network of doctors and hospitals that provides the foundation for the popular health plans we offer with networks covering all 50 states. Medical Mutual also serves members traveling with the same reliable care and customer service we are recognized for in Ohio. Out-of-state network information is listed on subscriber identification (ID) cards, and a listing of doctors and hospitals within each network can also be found online at MedMutual.com.

MEDICAL MUTUAL FAMILY OF PRODUCTS

Product Families	Physician Choice	Hospital Choice	Who Should Consider	Network Utilized
SuperMed® Multiple Option Products (MOP)	Select any SuperMed Plus® physician for the highest level of coverage.	Select any SuperMed Plus hospital for the highest level of coverage.	Individuals who currently have or will select SuperMed Plus providers.	SuperMed Plus Visit MedMutual.com for specific network details.
SuperMed Plus Products	Select any SuperMed Plus physician for the highest level of coverage.	Select any SuperMed Plus hospital for the highest level of coverage.	Individuals who currently have or will select SuperMed Plus providers	SuperMed Plus Visit MedMutual.com for specific network details.
SuperMed Classic® Gold Products	Select any physician of your choice.	Select any hospital of your choice; receive the highest level of benefits if you stay within the SuperMed hospital network.	Individuals who have physicians who are not part of Medical Mutual's SuperMed Plus network.	SuperMed Plus Visit MedMutual.com for specific network details.
HMO Health Ohio®*	Select any HMO Health Ohio primary care physician to coordinate all of your healthcare services.	Select a hospital from the HMO Health Ohio network.	Employees who currently have or will select a physician in the HMO Health Ohio network. Employees who like a more 'managed' benefit program. Referrals are required in order to visit specialists. Members can change physicians at any time, but must notify Medical Mutual prior to visiting a new physician.	HMO Health Ohio network Visit MedMutual.com for specific network details.
SuperDental®				Visit Dentemax.com for specific network details.

*HMO Health Ohio is an HMO plan offered by Medical Health Insuring Corporations of Ohio, a licensed health-insuring corporation, which is a wholly-owned subsidiary of Medical Mutual of Ohio.

STEP 2: REVIEW COVERAGE OPTIONS – What does the Plan cover?

Medical

The COSE Health Insurance Program offers a variety of coverage options for employers to select from. The higher cost plans have little out-of-pocket cost for employees (low copays, little to no deductible). Conversely, the lower cost plans have more up-front cost for employees (high deductibles), but still offer the protection for costly medical situations such as maternity, surgery, chronic conditions and more.

Every company's needs are different, as is every employee's.

Offer Multiple Plans

One of the unique features of the Medical Mutual COSE plans is that employers of all sizes may offer more than one plan option to their employees. Employers have the ability to offer up to three different plans simultaneously – any two standard plans and an HSA or HRA.

Prescription Drug Program

The plans available through the COSE Health Insurance Program offer several prescription drug options.

Major Medical Prescription Drug (MMRX) is the standard prescription drug benefit option for the SuperMed Plus and SuperMed Classic Gold and qualified high deductible plans. Under this plan design prescription drugs are subject to the plan deductible, coinsurance and out-of-pocket maximum.

Prescription Drug Copay Cards (Rx Copay Card) are copay prescription drug cards that can replace the standard prescription drug benefit option to the SuperMed Plus or SuperMed Classic Gold Plans. The Rx Copay Cards are the standard prescription drug option for the Multiple Option, 1000-2000-3000, and 2080 plans and can not be replaced.

The Rx Copay Cards can be used at a network retail or mail order pharmacy. The Rx Copay Cards cover up to a 30-day supply of medication after the member pays the appropriate generic/preferred brand (formulary) non-preferred brand (non-formulary)/specialty copay at a network retail pharmacy. The Rx Copay Card covers up to a 90-day supply of medication after the member pays the appropriate generic/preferred brand (formulary)/non-preferred brand (non-formulary)/specialty copay at a network mail order pharmacy.

There are four Rx copay cards to choose from, three include the SuperMed Script program:

1. Generic Incentive

The cost of drugs has increased substantially, especially for those with brand names. Brand name drugs whose patents have expired have a generic equivalent. Generic drugs are required by the U.S. Food and Drug Administration to have the EXACT same chemical make-up as their brand counterpart, but are manufactured at a lower cost. To encourage the use of generic drugs, members who request a prescription for a brand-drug when a generic equivalent is available will pay more for the brand-name drug. If a member uses a brand-name drug when a generic could have been used, the member will pay the difference between the brand-name drug and the generic drug, plus the generic copay. This policy applies even for dispensed-as-written prescriptions.

2. Home Delivery (mail-order) Incentive

Another method to help control costs is the home delivery or mail-order option for maintenance medications (a medication that is refilled every month). To encourage home delivery, the COSE Medical Mutual plan design provides an incentive for members who are on maintenance medications. Through home delivery, members receive a convenient 90-day supply of the drug delivered to their homes instead of having to return to the retail pharmacy every month. Members who want to continue to receive their maintenance prescriptions from a retail pharmacy can continue to receive substantial prescription benefits; however, their copay will increase to two times the retail copay after the third retail fill, as well as subsequent retail pharmacy refills. Short-term prescription drugs (Example: antibiotics) are still to be filled at a retail pharmacy.

3. Rx Selections® Formulary

In an effort to continue our commitment to quality care and help contain the increasing cost of prescriptions drug coverage, a prescription drug formulary list is included with some of the prescription drug programs. A formulary drug is a FDA-approved prescription medication reviewed by an independent pharmacy and therapeutics committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives. If you have a question about what level a drug will be reimbursed at, enrolled members may contact Medco at 800/417-1961 or visit their Web site at medcohealth.com.

STEP 3: HOW MUCH DOES THE PLAN COST?

Whether you are a new group or an existing group already insured with Medical Mutual, you have the option to choose from a variety of Medical Mutual plans at a variety of costs. If you are a group renewing your healthcare plan, you have the month prior to your renewal and the month of your renewal to make a plan change.

We encourage you to seek assistance from your COSE Service representative at 216/592-2222, or your independent broker in selecting the right plan for your company's needs.

ELIGIBILITY REQUIREMENTS

PRE-EXISTING CONDITION WAITING PERIOD

The COSE-sponsored health plans through Medical Mutual have a pre-existing condition waiting period which is applied to all initial applicants, new hires, late entrants and any other additions to your group health plan.

A pre-existing condition is any injury, ailment, condition, disease, disorder or illness for which an individual incurred medical expenses, received treatment or was advised by a physician or other professional provider to receive treatment for in the six months prior to the effective date of coverage (as specified in the schedule of benefits).

For most health plans if a pre-existing condition existed six months before an individual's effective date of health insurance coverage, Medical Mutual will provide benefits only *after* 12 months following such effective date.

No pre-existing condition limitations are applied to: Pregnancy, newborns or adopted children who are covered on a policy within 31 days of birth or adoption.

This 12-month waiting period can be reduced by one month for every month of prior health insurance coverage. This is as a result of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Also known as the Kassebaum/Kennedy Law, HIPAA prevents families from losing health insurance coverage as a result of changing or losing a job.*

In order to receive the reduction, your new employee must provide the HIPAA documentation (known as a Certificate of Creditable Coverage) from the previous carrier or employer where coverage was in effect. This documentation must include the effective date of coverage, the termination date of coverage, a list of covered members and what portion of the pre-existing condition waiting period has been met. This HIPAA documentation should accompany the application.

There cannot be more than a 63-day break (exclusive of employer-imposed probationary periods) between the end of coverage (termination date) of the previous carrier's coverage and the effective date of coverage with Medical Mutual.

PREMIUM CONTRIBUTIONS

Companies must contribute at least 25 percent to the health insurance premium for each enrolled contract – this includes both enrolled **Active** employees and **Retired** employees.

MINIMUM ENROLLMENT REQUIREMENTS

Groups must meet the following enrollment requirements for all health products:

- For groups with one to four employees, Medical Mutual will require enrollment of 100 percent of the group's net active eligible employees.
- For groups with 5-99 employees, Medical Mutual will require a minimum enrollment of 75 percent of the group's net active eligible employees.
- In determining a group's minimum enrollment requirement, Medical Mutual will exclude any employee who declines coverage because they are:
 - Covered by a spouse's employer-sponsored health plan.
 - Covered by another employer.
 - Enrolled in a Medicaid or Medicare plan.
 - Covered by a retiree plan from another employer.
 - Covered under their parent's plan.

COSE health insurance coverage is available to new and existing groups which reside in one of the following Ohio counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage or Summit.

To be eligible for coverage, employees, including seasonal employees, must work at least 40 weeks per year. Eligible employees are full-time employees working the minimum number of hours as specified by the employer. Any employee working at least 20-25 hours per week is eligible for coverage. The Employer/Group enrollment application must specify this 25 hour requirement. Groups with 50 or more full time employees may have a different hours requirement. Please contact your Service Representative for more information.

- Consultants, independent contractors, owners, shareholders, attorneys, accountants, etc. are not eligible for coverage under the group contract unless they are actual employees of the group who draw a regular paycheck (compensation is usually reported to the IRS on W-2 forms, NOT 1099 forms). In addition, such actual employees must work the minimum number of hours per week specified in the group's contract.
- Dependent children will be covered up to age 19. Dependent children between the ages of 19 and 25 will be required to certify status as a full-time student with a minimum of 12 credit hours per quarter/semester in order to remain eligible for coverage.
- Same-sex domestic partnerships may be eligible for enrollment if the required criteria are met. Applicants must complete the Declaration of Domestic Partnership Form (L8000) confirming the required criteria have been met and submit with their application for enrollment form. This change is effective for new and renewing business effective July 1, 2009 and beyond. Eligible domestic partners may apply during your group's annual election period. Please note the employee and domestic partner will be billed as two separate contract holders, at the single employee rate for each.

Probationary Periods

Companies must clearly state their probationary period and may not assign the effective date on a case-by-case basis or waive the probationary period for any specific employee. Employers may choose a probationary period (when coverage will begin) for their eligible full-time active employees and/or rehires from the following list:

- Coverage begins on the date of hire
- Coverage begins the first of the month after date of hire
- Coverage begins on the 30th day after date of hire

- Coverage begins the first of the month after a 30-day wait
- Coverage begins on the 60th day after date of hire
- Coverage begins the first of the month after a 60-day wait
- Coverage begins on the 90th day after date of hire

Companies may impose a maximum probationary period of 90 days from the full-time date of hire. Full-time date of hire is defined as the date on which an employee began working the minimum number of hours required by the employer to be eligible for healthcare benefits. A probationary period of "first of the month following 90 days" is not available and is not allowed for small groups in Ohio.

To verify your group probationary period please contact Medical Mutual. We regret that an assigned effective date cannot be changed for any employee. To change your company's future probationary period policy, please submit a request in writing to Medical Mutual. This change would only apply to employees hired or rehired after the date Medical Mutual receives the request. Companies may select different probationary periods for new hires and rehires. If your company does not have a specific probationary period stated for rehires, the new hire probationary period will apply.

The maximum probationary period allowed for small groups in the state of Ohio is 90 days.

NEW HIRES AND REHIRS

All new hires and rehires must submit a new employee application including Medical History Questionnaire within 31 days of the employee's eligibility date. The effective date of coverage will then be determined by the group probationary period. To avoid retroactive billing, new hire and rehire applications should be received by Medical Mutual prior to the employee's effective date.

LATE ENTRANTS

If the application for any new hire is not received by Medical Mutual within 31 days of eligibility, the applicant will be considered a late entrant.

All late entrants may apply for coverage during their employer's annual election period which coincides with the employer's renewal. The late entrant will have the month prior to the effective date of the renewal, as well as the month in which the renewal is effective, to enroll. If the application is received outside of the two month open enrollment period that application will be returned.

Late Entrants with a Qualifying Event – The HIPAA Certificate of Creditable Coverage is not valid documentation for a late entrant with a qualifying event. Please provide the required documentation as indicated on the following pages. Please review the Small Group Qualifying Events and Late Entrant Policies to determine the required documentation. These individuals cannot be declined coverage for health reasons according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

RETIREES

Retirees are eligible for coverage if the following criteria are met:

- The retiree was continuously employed by and covered under the group health plan by the company for five years prior to retirement.

- The retiree's total length of service with the company plus his or her age equals 60 or more.
- The retiree is not eligible for group health insurance elsewhere as an active employee.
- The company contributes at least 25 percent toward the health insurance program.
- The retiree has been covered under the company's health insurance continuously from the date of retirement.
- Surviving spouses of former employees, of former owners or of former retirees are NOT ELIGIBLE for coverage on the group policy, except to the extent required by law, such as COBRA, for companies regulated by such laws.

BILLING

Medical Coverage and Premium Billing Effective Date Changes

For groups who are rated as age-banded (typically groups with less than 10 enrolled employees), the monthly premium amount will increase on the birthday of the subscriber and/or spouse, and will be pro-rated.

For example:

Age Band Rate: 25-29. Employee has birthday on July 5 and turns 30 years old. For the first four days of July, the member would be billed the rate for the 25-29 age band and for the remainder of the month they would be billed at the 30-34 age band rate.

Employer Link

Medical Mutual offers COSE members access to its award-winning enrollment administration tool, EmployerLink. Users can take advantage of a variety of different features such as ordering ID cards, paying monthly invoices, viewing certificate books and changing personal and dependent information online. And the best part? EmployerLink is completely free. To register for EmployerLink, visit MedMutual.com and go to the Employers tab.

BILLING CONTACTS

INDIVIDUALS WITH THE FOLLOWING QUALIFYING EVENTS ARE NOT CONSIDERED TO BE LATE ENTRANTS

	Occurrence	Date of Event	Required Documentation
Originally waived coverage due to coverage through spouse, or has coverage with a 2nd employer. Desires to enroll self, or self and dependents.	Spouse's employment or employees' 2nd employment is either terminated or hours reduced from full-time to part-time	Date of termination Date hours reduced	Letter from spouse's employer stating date of termination, or date of reduction in hours. Must be on company letterhead and signed by officer of the company.
	Divorce or legal separation	Date of divorce or legal separation	Signed legal documents with date of divorce or legal separation
	Spouse's death	Date of death	Copy of death certificate
	Spouse takes a leave of absence	Date health benefit ends	Letter from spouse's employer stating the date the health benefits will end due to spouse going on a leave of absence, due to spouse exhausting disability benefits or due to termination of employer group health plan
	Spouse's disability benefits cease	Date health benefit ends	
	Spouse's employer cancels entire group health plan, or plan cancelled by carrier, and spouse remains employed, (or 2nd employer coverage so terminated)	Date of health plan termination	
	Spouse's employment ends, spouse elects COBRA coverage, COBRA expires	Date COBRA coverage expires	Appropriate documentation as to expiration date of COBRA coverage
	Cessation of employer contribution by spouse's employer	Date spouse's company contribution ends	Letter or memo to employee on company letterhead
Originally waived coverage because employee still eligible for coverage under parent's policy	Employee attains age at which no longer eligible for coverage under parent's policy	Birthday at which no longer eligible	Current benefit booklet and birth certificate
	Employee loses student eligibility, thus no longer eligible for coverage under parent's policy	Date eligibility ends	Current benefit booklet and birth certificate
	Employee gets married	Date of marriage	Marriage certificate
Employee originally waived coverage with no reason. Special enrollment period for self and new dependents	Employee gets married	Date of marriage	Marriage certificate
	Adopts a child	Date of placement Date of adoption	Placement papers or adoption papers
	Is ordered by court to cover children	Effective date as in court order	Court order
	Becomes a legal guardian to a child	Effective date of legal guardianship	Legal guardianship papers
	Has a newborn child	Date of birth	None, other than employee application adding newborn

PLEASE NOTE: An application and all required documentation must be received within 31 days from either the date of event or from the date coverage ends due to the event. Assuming the application and documentation are received within the 31 day period, the effective date of coverage will be the date of termination of prior coverage (which may be the date of the event itself or date when coverage ceased due to the event).

INDIVIDUALS WITH THE FOLLOWING QUALIFYING EVENTS ARE NOT CONSIDERED TO BE LATE ENTRANTS

	Occurrence	Date of Event	Required Documentation
Has single, two-person or family coverage, but spouse waived. Spouse then desires to enroll.	Spouse's employment is either terminated or hours reduced from full-time to part-time	Date of termination Date hours reduced	Letter from spouse's employer stating date of termination, or date of reduction in hours. Must be on company letterhead and signed by officer of the company.
	Spouse takes a leave of absence	Date health benefit ends	Letter from spouse's employer stating the date the health benefits will end due to spouse going on a leave of absence, due to spouse exhausting disability benefits or due to termination of employer group health plan. Must be on company letterhead and signed by an officer of the company
	Spouse's disability benefits cease	Date health benefit ends	
	Spouse's employer cancels entire group health plan, or plan cancelled by carrier, and spouse remains employed	Date of health plan termination	
Spouse's employment ends, spouse elects COBRA coverage, COBRA expires	Date COBRA coverage expires	Appropriate documentation as to expiration date of COBRA coverage	
Has single, two-person or family coverage	Marries	Date of marriage	None, other than employee application adding spouse (and any of spouse's dependents)
<i>PLEASE NOTE: All required documentation must be received within 31 days from the date of the event. The effective date of coverage for both the spouse and any of the spouse's prior dependents will be the date of marriage. This 31 day rule applies even if the employee covered by Medical Mutual already has a family contract.</i>			
Has single, two-person or family coverage	Adopts a child	Date of placement or date of adoption	Placement papers or adoption papers
	Is ordered by court to cover children	Effective date in court order	Court order
	Becomes a legal guardian to a child	Effective date of legal guardianship	Legal guardianship papers
	Has a newborn child	Date of birth	None, other than employee application adding newborn
<i>PLEASE NOTE: All required documentation must be received within 31 days from the date of event. The effective date for the child will be the date of: birth, adoption/placement, guardianship or court order. If the current contract to which a newborn or newly adopted child causes a contract change & a rate change the 31 day enrollment period applies, and any applications for such dependents received after that period are considered late dependents. However, in instances where no rate change occurs, the application to add a new born or newly adopted child(ren) must be received within one year.</i>			
Employee originally waived coverage due to enrollment in a government supported program	Loss of Medicaid benefits	Date coverage ends	Notice of loss of coverage from Medicaid
	Loss of Medicare disability benefits	Date disability benefits end	Notice from Medicare
	Loss of COBRA benefits	Date COBRA coverage expires	Appropriate documentation as to expiration date of COBRA coverage
Employee and/or dependent originally waived coverage due to enrollment in a government supported program	Loss of Medicaid or Child Health Insurance Program (CHIP) coverage as a result of loss of eligibility.	Date coverage ends	Notice of Loss of Coverage from Medicaid. ¹
Employee and/or dependent originally waived coverage	Becomes eligible for a premium assistance subsidy under Medicaid or CHIP	Date eligibility begins	Notice of Premium Assistance subsidy eligibility from Medicaid or CHIP. ²

¹ Notice of Loss of Coverage from Medicaid must be received by MMO within 60 days of the loss of coverage.

² Notice of Premium Assistance subsidy eligibility from Medicaid or CHIP received within 60 days of when eligibility was determined

INDIVIDUALS WITH THE FOLLOWING QUALIFYING EVENTS ARE CONSIDERED TO BE LATE ENTRANTS

Occurrence

Originally waived coverage due to coverage through spouse, or has coverage with a 2nd employer, desires to enroll self or self and dependents

For any reason spouse *voluntarily* withdraws from coverage or employee voluntarily withdraws from 2nd employer's coverage, but remains employed and would otherwise have remained covered.

Originally waived coverage due to coverage through spouse, or has coverage with a 2nd employer, desires to enroll self or self and dependents

Reduction in percentage of employer contribution to other healthcare program, however, employer still contributes to program

Enrolled through own or spouse's COBRA program

Canceling COBRA coverage before the end of COBRA period

Has single coverage, two-person, or family coverage but spouse waived, spouse then desires to enroll

For any reason spouse voluntarily withdraws from coverage, or employee voluntarily withdraws from 2nd employer's coverage, but remains employed and would otherwise have remained covered

Has single or two-person coverage only

Adopts a child, is ordered by a court to cover child(ren), becomes legal guardian to child(ren) or has a newborn, and fails to submit required documentation within 31 days from date of event.

Has family coverage

Adopts a child, is ordered by a court to cover child(ren), becomes legal guardian to child(ren) or has a newborn, and fails to submit required documentation within one year from date of event.

Has single, two-person or family coverage, or waived Medical Mutual coverage

Experiences any of the qualifying events listed above but fails to submit application and documentation materials within the time frames described above.

PLEASE NOTE: These regulations apply to all Medical Mutual small group medical plans, including SuperMed Classic Gold, SuperMed Plus®, SuperMed Plus Multiple Option, HMO Health Ohio, HSA and High Deductible Plans.

TERMINATION OF COVERAGE

If you have not remitted the full premium amount due, in accordance with its policies, Medical Mutual may elect to cancel your coverage. Benefits will terminate on the last day of the month of your ineligibility, or the last day of the month in which you have paid premiums to Medical Mutual, whichever comes first. When terminating group healthcare coverage, the employer must give a written notification to Medical Mutual at least 31 days prior to the requested termination date. Failure to provide written documentation of cancellation will result in termination of coverage due to lack of payment.

HOW AND WHEN YOUR COVERAGE STOPS

- By termination of the Group Contract including termination for non-payment. This automatically ends all of your coverage, and you are not offered a conversion privilege. It is the responsibility of the Group to notify enrolled employees of such termination.
- On the date a Covered Person stops being an Eligible Dependent or the date the Full-time Student status ends. You are responsible for notifying Medical Mutual immediately of any change to the eligibility status of a Full-time Student.
- On the date that the Certificate Holder becomes ineligible, when a Covered Person stops being an eligible Certificate Holder.
- At the end of the period for which the premium was made when a Covered Person does not pay the next required contribution.
- On the day a final decree of divorce, annulment or dissolution of the marriage is filed, a Certificate Holder's spouse will no longer be eligible for coverage, subject to any available conversion offer.
- Immediately upon notice if:
 - a Covered Person allows a non-Covered Person to use his/her identification card to obtain or attempt to obtain benefits; or
 - a Covered Person intentionally misrepresents a material fact provided to Medical Mutual or commits fraud or forgery.

Employee termination requests must be received within 31 days of the requested termination date to be eligible for any retroactive billing adjustment.

CONTINUATION OF COVERAGE

CONSOLIDATED OMNIBUS RECONCILIATION ACT OF 1985 AS AMENDED (COBRA)

If you employ 20 or more individuals, you may be subject to the provisions of the COBRA Continuation Law of 1985 as amended. Medical Mutual has contracted with Ceridian to provide administrative services for you and your employees. This service is provided at no additional cost to you and is required of all Medical Mutual groups unless you have specifically waived this service. If you think your company qualifies for COBRA and you are not currently utilizing this service, please contact Ceridian at 800/488-8757. Please note that upon plan Renewal, it is your Group's responsibility to notify Ceridian of any new plan(s) annually.

The American Recovery and Reinvestment Act of 2009 (ARRA) reduces the continuation coverage premium in some cases with a loss of coverage that occurred during the period that begins with September 1, 2008 and ends with December 31, 2009. Continuants may be eligible for the temporary premium reduction for up to nine months.

If you employ 20 or more individuals, and need help determining whether an employee can get the ARRA premium reduction, or require further information on Continuation Rights/Responsibilities, please contact Ceridian at 800/488.8757.

How to Update Your Carrier

COBRA regulations consider you, the employer, to be responsible for interaction with your carrier as part of ongoing plan administration. Once a month, Ceridian will send you a complete summary of activity for the previous month, together with a check for the premium collected. Please use this report to update your carrier. Please reference your *COBRA Compliance Implementation Kit* from Ceridian for complete details regarding COBRA administration.

What Is A Qualifying Event?

Any of the following events which cause a loss of coverage by a Qualified Beneficiary is considered a Qualifying Event:

- Termination of the employee's employment for any reason (other than for gross misconduct)
- Reduction of hours worked by employee
- Death of the employee
- Divorce or legal separation
- Dependent child ceasing to meet eligibility requirements
- If dependent coverage is lost because the active employee (or COBRA continuant) becomes entitled to Medicare
- Corporate bankruptcy

OHIO STATE CONTINUATION/MINI-COBRA

Ohio Revised Code, Section 3923.38 (the twelve-month continuation-of-coverage statute) provides an opportunity for eligible employees to continue their group hospital, surgical and medical insurance for a period of twelve months after the insurance coverage would otherwise end because of termination of employment. Unlike COBRA, the twelve-month continuation period is available to terminated employees of a group regardless of group size. The twelve-month continuation-of-coverage statute also sets forth: who is considered an eligible employee for purposes of coverage; what events trigger the right to continuation; the cost of the continuation coverage; and what events will cause a cessation of continuation coverage.

1. Eligible Persons

As stated in subsection (B) of the continuation statute, continuation coverage is available to eligible employees and their eligible dependents. Pursuant to subsection (A) of the statute, an "eligible employee" includes any employee who:

- I. has been continuously insured under a group policy during the entire three-month period preceding the employee's termination of employment;
- II. has been involuntarily terminated, other than for gross misconduct.
- III. is not and does not become covered by or eligible for Medicare coverage; and
- IV. is not and does not become covered by or eligible for group hospital, surgical or medical coverage and under which the person was not covered immediately prior to his or her termination.

It should be noted that each of the four conditions noted above must be met before the person is considered an "eligible employee" for purposes of continuation coverage.

2. Qualifying Events

The sole qualifying event under the continuation statute is termination of employment. Unlike in the conversion statute (Section 3923.122), events such as death, divorce, annulment and reaching the limiting age of coverage do not trigger an individual's continuation rights.

3. Employer's Responsibility

When the employer notifies the employee of his continuation right at the time of termination of employment—a requirement under the statute—the employer must also inform the employee of the amount of contribution required. When the employee elects to continue coverage, he or she must tender the first contribution, and it must be received by the employer no later than the earlier of the following dates:

- I. 31 days after the date the employee's coverage would otherwise terminate; or
- II. 10 days after the date the employee's coverage would otherwise terminate, if notice of the continuation right was provided to the employee prior to that date; or
- III. 10 days after notice is provided, if notice is provided after the date the employee's coverage would otherwise terminate.

4. Termination of Continuation Rights

Continuation coverage for an eligible employee will terminate in any of the following instances;

- I. the employee becomes eligible for coverage under Medicare;
- II. the employee becomes eligible for group hospital, surgical or medical coverage;
- III. the twelve-month continuation period ends;
- IV. the employee fails to make a timely premium payment (coverage ceases at the end of the period for which contributions were made); or
- V. the group policy is terminated, or the employer terminates participation under the policy.

The American Recovery and Reinvestment Act of 2009 (ARRA) reduces the continuation coverage in some cases with a loss of coverage that occurred during the period that begins with September 1, 2008 and ends with December 31, 2009. Continuants may be eligible for the temporary premium reduction for up to nine months.

For more information on state continuation, visit the Ohio Department of Insurance Web site at ohioinsurance.gov.

MEDICARE ELIGIBLES

MEDICARE CARVE-OUT

Medical Mutual's Medicare Carve-out product applies to Medicare-eligible individuals that qualify as either an employee of a group or a dependent of an employee of a group. This product allows Medical Mutual to coordinate what Medicare pays first and then pay additional benefits to bring the subscriber's coverage equal to those of the rest of the group.

While enrollment in Medicare Part A is automatic, to maximize benefits and payment of claims, members electing a Medicare Carve-out plan should be enrolled in **BOTH Medicare Part A and Part B**. Payment of claims is significantly reduced when a member is not enrolled in both parts of Medicare.

In addition, please note the following:

- Medicare Primary retirees are not eligible for the Medicare Carve-out product and are required to remain on Medifil.
- Individuals who are Medicare primary due to disability, will have the choice of a Medifil plan or the Medicare Carve-out plan.
- Individuals currently enrolled in Medical Mutual's Medifil product will still be allowed to continue in the Medifil plan or switch to the Medicare Carve-out product.
- Medicare Carve-out can only be offered at benefit levels that correspond to the benefits of non-Medicare Primary individuals.
- The prescription drug benefit included in the Carve-out product may not be considered creditable by government standards associated with the Medicare Part-D Program. Visit medicare.gov for specific information on Creditable Coverage determination.

MEDICARE PART D

Beginning January 1, 2006, anyone who is eligible for Medicare can begin taking advantage of the new Medicare Prescription Drug Coverage, Part D. For additional information on Medicare Part D, visit the *Medicare Part D Resource Center* on Medical Mutual's Web site at MedMutual.com or visit medicare.gov.

MEDIFIL FOR FULL-TIME ELIGIBLES

(Medifil products are not available to groups with an effective date of 4-1-07 or beyond)

Benefits

The Medifil Plan is a healthcare benefit program specially designed to enhance your Medicare Insurance and which covers expenses that Medicare Parts A and B do not fully cover. The Medifil Plan also pays 100 percent of the annual deductibles and copayments under Medicare Parts A and B.

While enrollment in Medicare Part A is automatic, to maximize benefits and payment of claims, members electing a Medifil plan should be enrolled in **BOTH Medicare Part A and Part B**. Payment of claims is significantly reduced when a member is not enrolled in both parts of Medicare.

Once you notify Medicare of your supplemental coverage, your Medicare Part A and Part B claims automatically are submitted to Medical Mutual after Medicare has completed its processing. Therefore, there are no hospital and medical claims to file. Prescription claims are covered under the Medifil Plan, subject to deductible and coinsurance.

Note: The drug benefit included in the current COSE Medical Mutual Medifil plan is considered creditable by government standards associated with the Medicare Part D Program.

In addition, Medical Mutual has an additional product offering, *Medifil without prescription drug coverage*. Individuals currently enrolled in the Medifil product will have the opportunity to switch to this additional product offering at renewal.

UNDERSTANDING WHEN MEDICARE IS PRIMARY AND SECONDARY (AGE)

*For employers with fewer than 20 W-2 employees, Medicare is Primary**

Medical Mutual requires eligible employees and/or their dependents who are eligible by law for Medicare on the basis of age, to select a Medicare carve-out or a Medifil** product. Such individuals are not permitted to select a regular group contract in which Medical Mutual is Primary.

Employee/Age/Status	Spouse under 65	Spouse 65 and over
Employee under 65, actively at work	Family contract or two-person contract	Employee – Single contract Spouse – Medifil** or Medicare carve-out
Employee under 65,retired	Family contract or two-person contract	Employee – Single Contract Spouse – Medifil**
Employee 65 or older, actively at work	Employee-Medifil** or Medicare carve-out Spouse – Single contract	Employee – Medifil** or Medicare carve-out Spouse – Medifil** or Medicare carve-out
Employee 65 or older, retired	Employee – Medifil** Spouse – Single contract	Employee – Medifil** Spouse – Medifil**

**If your company had less than 20 W-2 employees in the previous year, and the subscriber is working the minimum number of hours required by the group to be considered full time (must work at least 25 hours a week) the Medicare is primary and any subscriber and/or dependent currently enrolled who are ages 65 or older must enroll with a Medicare carve-out or a Medifil or contract.*

***Medifil coverage is not available to any group whose effective date is April 1, 2007, or later.*

For employers with 20 W-2 employees or more, Medicare is Secondary**

Eligible employees who are actively at work must elect a contract in which Medical Mutual is Primary.

Employee/Age/Status	Spouse under 65	Spouse 65 and over
Employee under 65, actively at work	Family contract or two-person contract	Family contract or two-person contract
Employee under 65, retired	Family contract or two-person contract	Employee – Single Contract Spouse – Medifil**
Employee 65 or older, actively at work	Family contract or two-person contract	Family contract or two-person contract
Employee 65 or older, retired	Employee – Medifil** Spouse – Single contract	Employee – Medifil** Spouse – Medifil**

**If your company had 20 or more W-2 employees in the previous year, and the subscriber is working the minimum number of hours required by the group to be considered full time (must work at least 25 hours a week) any subscriber and/or dependent currently enrolled who are ages 65 or older will remain on the Medical Mutual benefit as primary payor and the Medicare Part A and Part B as secondary payor.*

***Medifil coverage is not available to any group whose effective date is April 1, 2007, or later.*

UNDERSTANDING WHEN MEDICARE IS PRIMARY AND SECONDARY (DISABILITY)

For employers with fewer than 100 W-2 employees, Medicare is Primary*

Medical Mutual requires eligible employees and/or their dependents who are eligible by law for Medicare on the basis of disability, to select a Medifil** or a Medicare Carve-Out product. Such individuals are not permitted to select a regular group contract in which Medical Mutual is Primary.

Employee/Disabled Spouse/Not Disabled	Employee/Not Disabled Spouse/Disabled
Employee – Medifil** or Medicare carve-out	Employee – Single contract
Spouse – Single contract	Spouse – Medifil** or Medicare carve-out

If your company has fewer than 100 W-2 employees; any subscriber and/or dependent that is classified as disabled, Medicare Part A and Part B are primary payor and Medical Mutual is secondary payor under the Medifil and Medicare Carve-Out plans.*

***Medifil coverage is not available to any group whose effective date is April 1, 2007, or later.*

For employers with 100 W-2 employees or more, Medicare is Secondary*

Eligible employees who are actively at work must elect a regular group contract in which Medical Mutual is primary.

Employee/Disabled Spouse/Not Disabled	Employee/Not Disabled Spouse/Disabled
Two-person contract	Two-person contract

**If your company has 100 W-2 employees or more; any subscriber and/or dependent that is classified as disabled, Medical Mutual is the primary payor and Medicare A & B are secondary.*

***Medifil coverage is not available to any group whose effective date is April 1, 2007, or later.*

UNDERSTANDING WHEN MEDICARE IS PRIMARY AND SECONDARY END-STAGE RENAL DISEASE (ESRD)

If an employee and/or dependent is eligible for Medicare due to End-Stage Renal Disease (kidney failure), Medical Mutual will pay primary for a 30-month coordination period. This coordination period starts the first month in which the Medicare beneficiary is eligible for Medicare Parts A and B benefits. Medicare coverage typically begins the fourth month of dialysis treatment.

At the end of the 30-month coordination period, Medicare becomes the primary payor and Medical Mutual the secondary payor. Medicare coverage will end one year after the following:

- 1). 12 months after the dialysis treatments cease, or
- 2). 36 months after the month of a successful kidney transplant. Once Medicare coverage ends Medical Mutual will once again become the primary payor.

Any Medicare beneficiary that has Medicare due to ESRD will remain on a traditional Medical Mutual benefit and claim payments will be coordinated with Medicare payments.

HEALTH SAVINGS ACCOUNTS (HSAs)

What are Health Savings Accounts?

Health Savings Accounts are part of the new wave of consumer-driven health plans. They combine a less expensive, qualified high-deductible health plan with a tax-advantaged spending account that allows your employees to save and pay for routine medical expenses with pre-tax dollars. Employees use these tax-free funds to pay for routine medical expenses and satisfy the deductible for the corresponding health plan. The high deductible health plan provides comprehensive coverage once the deductible is satisfied.

First, the employer sets up a qualified lower-premium, higher-deductible health plan. Then employees' set-up their own health savings account. Employers and/or employees can make tax-free contributions to the account in amounts equal to the deductible of the corresponding health plan. For 2009, the maximum contribution amounts are \$3,000 for individuals and \$5,950 for families – employer and employee combined.

Employees over the age of 55 can make additional contributions of \$1,000 in 2009. The interest and investment earning generated by the accounts are not taxable while in the fund and there's no taxation on cash withdrawn as long as it's used for qualified medical expenses. All unused funds carry over to the next year and are portable, so employees can take it with them in the event of a job change. Employers and employees are urged to review specific tax implications with their tax advisors.

The Best Time to Enroll in an HSA

Though employers can enroll in an HSA at their health insurance renewal date, the best time to enroll in an HSA plan is in January. January 1 enrollment presents numerous advantages including full-year deductible accumulation.

COSE and Medical Mutual will team up to again offer a special HSA open enrollment in fall 2009, with an HSA plan effective date of January 1, 2010. This special enrollment period is available to all existing COSE groups, allowing them to convert to or add an HSA at the most advantageous time.

Moving to or adding an HSA to your benefit offerings will not affect your renewal. If you always renew in September, for example, and move to an HSA on January 1, you still will renew your plans the following September.

HSA Administration

Medical Mutual members are offered a choice in HSA administration. There are three qualified banks to choose from:

- First Horizon Msaver – a subsidiary of First Horizon National Corporation that initially established its presence in 1997 as an administrator of Medical Savings Accounts. To contact First Horizon Msaver, please call 1-866-889-8584.
- National City became a wholly owned subsidiary of the PNC Financial Services group (PNC), effective December 31, 2008. Currently, PNC is working on detailed plans to transition existing Medical Mutual National City HSA customers to the PNC solution. National City Bank – headquartered in Cleveland, Ohio, is one of the nation's largest financial holding companies providing a full range of banking and financial services. To contact National City Bank, please call 1-866-966-4729.
- Wells Fargo – Wells Fargo Health Benefit Services (HBS) specializes in the administration of HSAs, and has been a provider of healthcare spending accounts since 1987. Wells Fargo was one of the first banks to offer HSAs when they became available in 2004. Features include electronic enrollment, investment options and finders' fees. Contact 866-449-9929 to learn more.

Administration includes:

- Starter checks (each bank has differing rules) and a debit card
- No set up fees
- No additional charges for writing checks or debit card use
- A dedicated toll-free line for brokers and members
- A custom bank account form (or enroll online depending on bank)
- A welcome kit is sent following opening the account
- Investment options are available (bank dependent)
- No set up fees or monthly fees for active groups/members if one of these banks is selected

The HSA information provided is general information only and is not comprehensive for all features. Employers and employees are encouraged to reference the HSA rulings as issued by the Department of Treasury. Medical Mutual is not responsible for HSA accuracy or account compliance.

HEALTH REIMBURSEMENT ACCOUNTS (HRAs)

What are HRAs?

HRAs are employer-funded accounts that provide reimbursement for deductible expenses incurred by employees, their spouses and dependents. Each plan year, employers make a contribution to each employee's HRA to help fund their health plan deductible. The HRA can only be used to fund a portion of the deductible and cannot be used for other out-of-pocket expenses such as copayments, coinsurance and non-covered services.

HRA Administration

Medical Mutual offers seamless administration for the HRAs and pays healthcare professionals directly for eligible claims – without involving a third party.

Five Easy Steps to Enroll in an HRA:

STEP 1: SELECT YOUR BENEFIT PLAN/DEDUCTIBLE LEVEL

The following high deductible plan options are available in conjunction with a HRA account.

- SuperMed Plus 1000/3000 w/Prescription Drug Option 2
- SuperMed Plus 2000/6000 w/Prescription Drug Option 2
- SuperMed Plus 2500/5000 w/Prescription Drug Option 2
- SuperMed Plus 3000/9000 w/Prescription Drug Option 2

STEP 2: SELECT YOUR PLAN DESIGN

A. HRA First

Employer-funded share of the deductible is applied first and the employee-funded portion is applied second.

B. HRA Second

Employee-funded portion of the deductible is applied first and the employer-funded portion is applied second.

STEP 3: COMPLETE YOUR BANK SET-UP FORM

STEP 4: COMPLETE YOUR CONTRACT AMENDMENTS

STEP 5: COMPLETE YOUR HRA DEDUCTIBLE CREDITS/BALANCE TRANSFERS FORM

Important Notes:

- In-network benefits are applied to the HRA.

COST CONTAINMENT AND WELLNESS PROGRAMS

The COSE Medical Mutual health plans include a wide range of cost containment programs, that maintain high standards of healthcare while utilizing alternate, less-costly methods.

Medical Mutual works together with hospitals, physicians, other providers, employers and employees to help keep healthcare costs affordable.

A sampling of cost containment programs are listed below.

CARE MANAGEMENT

As one of Ohio's oldest and largest healthcare insurers, Medical Mutual remains at the forefront in developing innovative solutions to healthcare challenges. At Medical Mutual, care management focuses on the following:

- Ensuring appropriate utilization of healthcare services
- Reducing or controlling the cost of healthcare services
- Ensuring a match between patient needs and the level of care delivered
- Identifying cost-effective healthcare alternatives

Medical Mutual's Care Management department and the PReview managed care system have proven adherence to rigorous, nationally recognized certification standards. Those standards are continued by the recurring accreditation by the American Accreditation Healthcare Commission (URAC) and in 2001, Full Accreditation status by the National Committee for Quality Assurance (NCQA) for our commercial Preferred Provider Organization (PPO) product SuperMed Plus. Medical Mutual has the distinct honor of being the first health insurer in the country to receive this award.

All care management activities, including much of the network credentialing information, referral management, precertification, continued stay/discharge planning, disease management, catastrophic case management and retrospective review, is tracked through PReview. PReview is an efficient relational database system integrated with Medical Mutual claims, membership and provider systems. This system allows every nurse reviewer and physician advisor to have access to all patient information needed to coordinate healthcare within the different areas of the care management program. More than 120 full-time registered nurse reviewers and physician advisors provide daily, on-site and telephone support for review of specific cases and retrospective review of medical records.

SuperWell® Disease and Maternity Management Programs

To help members manage their health better, there are several structured education and support programs for conditions such as:

- Pregnancy
- Depression
- Asthma and COPD
- Diabetes
- Heart Disease
- Chronic pain

Members may enroll by calling 800/861-4826.

These programs have been established to help control overall plan cost by:

- Reducing hospital admissions
- Reducing emergency room visits
- Reducing unscheduled physician office visits
- Improving health
- Increasing quality of life
- Increasing productivity at home and work

SuperWell Quit Line

COSE Medical Mutual members residing in the state of Ohio are eligible to enroll in a free telephone smoking cessation program through the Ohio Tobacco Use Prevention and Control Foundations. Medical Mutual members who are Ohio residents and wish to participate in this smoking cessation program will receive up to eight weeks of free Nicoderm nicotine replacement patches, free printed education materials detailing how to quit and up to five telephone counseling sessions free of charge. For more information, please call 800/QUIT-NOW.

COSEWellness

COSEWellness offers a dynamic wellness program specifically designed for small business members of COSE and Medical Mutual. The Program offers a variety of customized wellness programs including free health screenings to COSE members, their employees and spouses. For more information, visit cose.org/wellness.

Nurse Line

The toll-free Nurse Line 888/912-0636, provides around the clock access to a trained, bilingual registered nurse able to provide you and your family immediate support for everyday health issues and questions that may otherwise lead to unnecessary and costly doctor or emergency room visits.

Online Health Risk Assessment

The Online Health Risk Assessment provides a customized report highlighting risks for heart disease, diabetes, some cancers, depression or stroke as well as opportunities for improvement that you can candidly share with your doctor.

BENEFIT RESOURCES

MedMutual.com and My Health Plan

Medical Mutual's Web site, MedMutual.com, was developed to help bring members the information they need when they need it. Our goal is to provide as many features as possible to our members via the Internet. Some of the available features include using the *Provider Locator* function to easily search for providers by location, speciality or hospital affiliation. This feature also identifies providers who are board certified and accepting new patients. Healthy living information is also available online, including Medical Mutual's wellness and disease prevention programs and links to other sites.

From MedMutual.com members can link to *My Health Plan*, Medical Mutual's member information site where they can Review their benefits and claims information, update personal address and contact information, request a new ID or certificate booklet, e-mail Medical Mutual customer service representatives, change or choose a Primary Care Physician (PCP), locate a network hospital or physician's office and much more.

All of these functions are available 24 hours a day, seven days a week. Only the Medical Mutual policyholder with an in-force policy is permitted to register. To protect the privacy of our policyholders, potential users of *My Health Plan* must register for the service and specify a password.

One-on-One Benefit Review Sessions

One-on-one benefit review sessions provide the opportunity for you to meet individually with a COSE benefits expert who can help you choose the optimal benefits for your company, determine how to better share costs with your employees and more. Call 216/592-2222 to schedule an appointment today.

BENEFIT SUMMARIES



**COSE SUPERMED PLUS
1000-2000-3000 PLANS**



BASE PLAN	1000/3000	2000/6000	3000/9000
Network Benefit Period Deductible Single/Family	\$1,000/\$3,000	\$2,000/\$6,000	\$3,000/\$9,000
Non-Network Benefit Period Deductible Single/Family	\$2,000/\$6,000	\$4,000/\$12,000	\$6,000/\$18,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	N/A	N/A	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$4,000/\$12,000	\$8,000/\$24,000	\$12,000/\$36,000
Office Visit (OV) Copay Network/Non-Network		\$20 / \$40	
Urgent Care (UC) Copay Network /Non-Network		\$40 / \$60	
Coinsurance Network /Non-Network		100% / 80%	
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)	OV copay, then 100%	OV copay, then coinsurance
Urgent Care Office Visit	UC copay, then 100%	UC copay, then coinsurance
All Immunizations	100%	50% after deductible ¹
Preventive Services		
Routine Physical Exam	OV copay, then 100%	50% after deductible ¹
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	coinsurance after deductible
Well Child Immunizations	100%	
Well Child Labs	100%	
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible ¹
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED PLUS 1000-2000-3000 PLANS



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Maternity	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	50% after deductible ¹
Hospice	coinsurance after deductible	50% after deductible ¹
Organ and Tissue Transplants	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ²	None
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)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay , then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – There are several different freestanding drug options available.		

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.

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.

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.

¹ Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

² A separate Value Vision discount program highlight sheet is available.



COSE SUPERMED PLUS 2080 PLANS



BASE PLAN	2080-250	2080-500
Network Benefit Period Deductible Single/Family	\$250/\$500	\$500/\$1,000
Non-Network Benefit Period Deductible Single/Family	\$500/\$1,000	\$1,000/\$2,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$2,000/\$4,000	\$2,500/\$5,000
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit (OV) Copay Network/Non-Network	\$20 / \$40	
Urgent Care (UC) Copay Network/Non-Network	\$40 / \$60	
Coinsurance Network/Non-Network	80% / 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)	OV copay, then 100%	OV copay, then coinsurance
Urgent Care Office Visit	UC copay, then 100%	UC copay, then coinsurance
All Immunizations	100%	50% after deductible ¹
Preventive Services		
Routine Physical Exam	OV copay, then 100%	50% after deductible ¹
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	coinsurance after deductible
Well Child Immunizations	100%	
Well Child Labs	100%	
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible ¹
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED PLUS 2080 PLANS



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Maternity	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	50% after deductible ¹
Hospice	coinsurance after deductible	50% after deductible ¹
Organ and Tissue Transplants	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ²	None
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)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – There are several different freestanding drug options available.		

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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.

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.

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.

¹ Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

² A separate Value Vision discount program highlight sheet is available.



SUPERMED PLUS 2080 WITH RX PLANS



BASE PLAN	2080-750	2080-1000
Network Benefit Period Deductible Single/Family	\$750/\$1,500	\$1,000/\$2,000
Non-Network Benefit Period Deductible Single/Family	\$1,500/\$3,000	\$2,000/\$4,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$2,500/\$5,000	\$2,500/\$5,000
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$5,000/\$10,000	\$5,000/\$10,000
Office Visit (OV) Copay (PCP Only) Network/Non-Network	\$20 / \$40	
Office Visit (OV) Copay (Specialist) Network/Non-Network	\$40 / \$80	
Urgent Care (UC) Copay Network/Non-Network	\$40 / \$60	
Coinsurance Network/Non-Network	80% / 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)	OV copay, then 100%	OV copay, then coinsurance
Urgent Care Office Visit	UC copay, then 100%	UC copay, then coinsurance
All Immunizations	100%	50% after deductible ¹
Preventive Services		
Routine Physical Exam	OV copay, then 100%	50% after deductible ¹
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	coinsurance after deductible
Well Child Immunizations	100%	
Well Child Labs	100%	
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible ¹
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible



SUPERMED PLUS 2080 WITH RX PLANS



Diagnostic Endoscopic Services	100%	coinsurance after deductible
BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	coinsurance after deductible
Maternity	coinsurance after deductible	coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	50% after deductible ¹
Hospice	coinsurance after deductible	50% after deductible ¹
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ²	None
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)	coinsurance after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – There are several different freestanding drug options available.		

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Deductible expenses incurred for services by a PPO Network provider will only apply to the PPO Network deductible. Deductible expenses incurred for services by a Non PPO Network provider will only apply to the Non PPO Network deductible.

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

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.

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.

¹ Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

² A separate Value Vision discount program highlight sheet is available.



COSE SUPERMED PLUS MULTIPLE OPTION PLANS



BASE PLAN	MOP 80	MOP 90	MOP 100
Network Benefit Period Deductible Single/Family	\$100/\$200	None	None
Non-Network Benefit Period Deductible Single/Family	\$250/\$500	\$250/\$500	\$250/\$500
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$1,250/\$2,500	\$1,250/\$2,500	None
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$1,500/\$3000
Office Visit (OV) Copay Network/Non-Network	\$20 / \$25	\$20 / \$25	\$15 / \$15
Urgent Care (UC) Copay Network/Non-Network	\$35 / \$35	\$35 / \$35	\$35 / \$35
Coinsurance Network/Non-Network	80% / 60%	90% / 70%	100% / 70%
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)	OV copay, then 100%	OV copay, then coinsurance
Urgent Care Office Visit	UC copay, then 100%	UC copay, then coinsurance
All Immunizations	100%	50% after deductible ¹
Preventive Services		
Routine Physical Exam	OV copay, then 100%	50% after deductible ¹
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	coinsurance after deductible
Well Child Immunizations	100%	
Well Child Labs	100%	
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible ¹
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED PLUS MULTIPLE OPTION PLANS



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Maternity	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	50% after deductible ¹
Hospice	coinsurance after deductible	50% after deductible ¹
Organ and Tissue Transplants	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ²	None
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)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – There are several different freestanding drug options available.		

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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.

¹ Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

² A separate Value Vision discount program highlight sheet is available.



COSE SUPERMED PLUS PLANS



BASE PLAN	250/500	500/1000	750/1500	1000/2000
Network Benefit Period Deductible Single/Family	\$250/\$500	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Non-Network Benefit Period Deductible Single/Family	\$250/\$500	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$1,250/\$2,500	\$1,250/\$2,500	\$1,500/\$3,000	\$1,500/\$3,000
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Office Visit (OV) Copay Network/Non-Network	\$15 / \$15	\$15 / \$15	\$20 / \$20	\$20 / \$20
Urgent Care (UC) Copay Network/Non-Network	\$35 / \$35	\$35 / \$35	\$35 / \$35	\$35 / \$35
Coinsurance Network/Non-Network	80% / 64%			
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)	OV copay, then 100%	OV copay, then coinsurance
Urgent Care Office Visit	UC copay, then 100%	UC copay, then coinsurance
All Immunizations	100%	50% after deductible ¹
Preventive Services		
Routine Physical Exam	OV copay, then 100%	50% after deductible ¹
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	coinsurance after deductible
Well Child Immunizations	100%	
Well Child Labs	100%	
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	50% after deductible ¹
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED PLUS PLANS



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Maternity	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	50% after deductible ¹
Hospice	coinsurance after deductible	50% after deductible ¹
Organ and Tissue Transplants	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ²	None
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)	coinsurance after deductible	\$250 copay per admission; then coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – Oral Contraceptives Included³		
Retail – 90 Day Supply	network coinsurance after deductible	
Home Delivery – 90 Day Supply		

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Deductible and coinsurance expenses incurred for services by a PPO Network provider will only apply to the PPO Network deductible and 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 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.

¹ Coinsurance does not apply to coinsurance out-of-pocket maximums. These services will not be covered at 100% once Coinsurance out-of-pocket maximums are met.

² A separate Value Vision discount program highlight sheet is available.

³ Prescription Drug coverage included in Major Medical benefits. Failure to present an ID card may result in decreased benefits. There are several different freestanding drug options available, please refer to the separate Drug benefit page for those options.



**COSE SUPERMED PLUS
HSA 1500 AGGREGATE
WITH MMRX**



BASE PLAN	1500/3000 AGGREGATE
Network Benefit Period Deductible Single/Family ¹	\$1,500/\$3,000
Non-Network Benefit Period Deductible Single/Family ¹	\$3,000/\$6,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family ²	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family ²	\$3,000/\$6000
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)	coinsurance after deductible	coinsurance after deductible
Urgent Care Office Visit	coinsurance after deductible	coinsurance after deductible
All Immunizations	100%	coinsurance after deductible
Preventive Services		
Routine Physical Exam	100%	coinsurance 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%	coinsurance after deductible
Well Child Immunizations		
Well Child Labs		
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	coinsurance after deductible
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance 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	coinsurance after deductible	coinsurance after deductible
Diagnostic Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



**COSE SUPERMED PLUS
HSA 1500 AGGREGATE
WITH MMRX**



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
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
Additional Services		
Ambulance	coinsurance after deductible	coinsurance after deductible
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	coinsurance after deductible
Hospice	coinsurance after deductible	coinsurance after deductible
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	coinsurance after deductible	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ¹	None
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)	coinsurance after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Prescription Drug - Oral Contraceptives Included (Failure to present an ID card may result in increased cost)		
Retail - 90 Day Supply	network coinsurance after deductible	
Home Delivery - 90 Day Supply	network coinsurance after deductible	

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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.

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.

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.

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 A separate Value Vision discount program highlight sheet is available.



COSE SUPERMED PLUS 2000/4000 AGGREGATE PLAN



BASE PLAN	2000/4000 AGGREGATE
Network Benefit Period Deductible Single/Family ¹	\$2,000/\$4,000
Non-Network Benefit Period Deductible Single/Family ¹	\$2,000/\$4,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family ²	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family ²	\$1,500/\$3,000
Coinsurance Network/Non-Network	100% / 80%
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)	coinsurance after deductible	coinsurance after deductible
Urgent Care Office Visit	coinsurance after deductible	coinsurance after deductible
All Immunizations	100%	coinsurance after deductible
Preventive Services		
Routine Physical Exam	100%	coinsurance 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%	coinsurance after deductible
Well Child Immunizations		
Well Child Labs		
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	coinsurance after deductible
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance 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	coinsurance after deductible	coinsurance after deductible
Diagnostic Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



**COSE SUPERMED PLUS
2000/4000 AGGREGATE PLAN**



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
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
Additional Services		
Ambulance	coinsurance after deductible	coinsurance after deductible
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	coinsurance after deductible
Hospice	coinsurance after deductible	coinsurance after deductible
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	coinsurance after deductible	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ³	None
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)	coinsurance after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Prescription Drug - Oral Contraceptives Included (Failure to present an ID card may result in increased cost)		
Retail - 90 Day Supply	network coinsurance after deductible	
Home Delivery – 90 Day Supply	network coinsurance after deductible	

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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.



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)	coinsurance after deductible	coinsurance after deductible
Urgent Care Office Visit	coinsurance after deductible	coinsurance after deductible
All Immunizations	100%	coinsurance after deductible
Preventive Services		
Routine Physical Exam	100%	coinsurance after deductible
Well Child Care Services. Well Child Exams & Immunizations are limited to a \$1,000 maximum per benefit period. 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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	coinsurance after deductible
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance 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	coinsurance after deductible	coinsurance after deductible
Diagnostic Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED PLUS HSA PLANS



BENEFITS	PPO NETWORK	NON PPO NETWORK
Inpatient Services		
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
Additional Services		
Ambulance	coinsurance after deductible	coinsurance after deductible
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	coinsurance after deductible
Hospice	coinsurance after deductible	coinsurance after deductible
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	coinsurance after deductible	coinsurance after deductible
Routine Vision Exams	100%	coinsurance after deductible
Value Vision	Discount ¹	None
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)	coinsurance after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Prescription Drug - Oral Contraceptives Included (Failure to present an ID card may result in increased cost)		
Retail - 90 Day Supply	network coinsurance after deductible	
Home Delivery – 90 Day Supply	network coinsurance after deductible	

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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.

¹ A separate Value Vision discount program highlight sheet is available.



COSE SUPERMED CLASSIC GOLD PLANS



BASE PLAN	250/500	500/1000	750/1500	1000/2000
Network Benefit Period Deductible Single/Family	\$250/\$500	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Non-Network Benefit Period Deductible Single/Family	\$250/\$500	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$1,250/\$2,500	\$1,250/\$2,500	\$1,500/\$3,000	\$1,500/\$3,000
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) Single/Family	\$1,250/\$2,500	\$1,250/\$2,500	\$1,500/\$3,000	\$1,500/\$3,000
Office Visit (OV) Copay	\$15	\$15	\$20	\$20
Urgent Care (UC) Copay	\$35	\$35	\$35	\$35
Coinsurance Network/Non-Network	90% / 80%			
Lifetime Maximum	\$5,000,000			

BENEFITS	PPO NETWORK FACILITY	NON PPO NETWORK FACILITY / ANY PROFESSIONAL PROVIDER
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)	OV copay, then 100%	
Urgent Care Office Visit	UC copay, then 100%	
All Immunizations	100%	
Preventive Services		
Routine Physical Exam	OV copay, then 100%	
Well Child Care Services. Exams and Immunizations are limited to a \$1,000 maximum per benefit period.		
Well Child Care Exams	OV copay, then 100%	OV copay, then 100%
Well Child Immunizations	100%	100%
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
Outpatient Services		
Allergy Testing and Treatments	coinsurance after deductible	coinsurance after deductible
Physical & Occupational Therapies (40 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Speech Therapy (20 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Chiropractic Services (12 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Cardiac Rehabilitation (24 visits per benefit period)	coinsurance after deductible	coinsurance after deductible
Emergency Use of an Emergency Room	\$150 copay, then network coinsurance	
Non-Emergency Use of an Emergency Room	\$150 copay, then coinsurance	\$150 copay, then coinsurance
Emergency Services	network coinsurance	
Surgical Services	coinsurance after deductible	coinsurance after deductible
Diagnostic Services (excluding MRI's and CT Scans)	100%	coinsurance after deductible
MRI's and CT Scans	coinsurance after deductible	coinsurance after deductible
Diagnostic Endoscopic Services	100%	coinsurance after deductible



COSE SUPERMED CLASSIC GOLD PLANS



BENEFITS	PPO NETWORK FACILITY	NON PPO NETWORK FACILITY / ANY PROFESSIONAL PROVIDER
Inpatient Services		
Semi-Private Room and Board	coinsurance after deductible	coinsurance after deductible
Maternity	coinsurance after deductible	coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	coinsurance after deductible	coinsurance after deductible
Additional Services		
Ambulance	\$50 copay, then coinsurance	\$50 copay, then coinsurance
Durable Medical Equipment	coinsurance after deductible	coinsurance after deductible
Home Health Care	coinsurance after deductible	coinsurance after deductible
Hospice	coinsurance after deductible	coinsurance after deductible
Organ and Tissue Transplants	coinsurance after deductible	coinsurance after deductible
Private Duty Nursing (\$1,000 maximum per benefit period)	coinsurance after deductible	coinsurance after deductible
Diabetic Education and Training	100%	coinsurance after deductible
Routine Vision Exams		100%
Value Vision	Discount ¹	None
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)	coinsurance after deductible	coinsurance after deductible
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then coinsurance after deductible	OV copay, then coinsurance after deductible
Prescription Drug – Oral Contraceptives Included ²		
Retail – 90 Day Supply Home Delivery – 90 Day Supply	non-network coinsurance after deductible	

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

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.

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.

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.

¹ A separate Value Vision discount program highlight sheet is available.

² Prescription Drug coverage included in Major Medical benefits. Failure to present an ID card may result in decreased benefits. There are several different freestanding drug options available, please refer to the separate Drug benefit page for those options.



COSE
HMO HEALTH OHIO



BENEFITS	
Benefit Period	January 1 st through December 31 st
Dependent Age Limit	19 Dependent, 25 Student; Removal upon End of Month
Lifetime Maximum	Unlimited
Benefit Period Deductible	None
Coinsurance	None
Coinsurance Out-of-Pocket Maximum (Excluding Deductible)	None
Physician/Office Services	
Office Visit (Illness/Injury)	\$15 copay
Urgent Care Office Visit	\$15 copay
Eye Exam (One per benefit period) ¹	\$15 copay
Hearing Exams	\$15 copay
Ambulatory Surgery (In office)	\$15 copay
All Immunizations	Covered in full
Allergy Treatments	\$15 copay
Allergy Testing	\$25 copay
Preventive Services	
Physical Exam	\$15 copay
Well Child Care	\$15 copay
Routine Mammogram (One per benefit period)	Covered in full
Routine Pap Test	Covered in full
Routine Diagnostic Services	Covered in full
Outpatient Services	
Surgical Services	Covered in full
Diagnostic Services	Covered in full
Physical, Chiropractic and Occupational Therapies (20 visits per benefit period)	\$15 copay
Speech Therapy (10 visits per benefit period)	\$15 copay
Cardiac Rehabilitation	Covered in full
Emergency Services in an Emergency Room	\$75 copay per visit
Non Emergency Services in an Emergency Room	\$75 copay per visit
Inpatient Facility	
Semi-Private Room and Board	\$100 deductible per admission per person
Medical/Surgical	Covered in full
Maternity	\$100 deductible per admission per person
Skilled Nursing Facility (100 days per benefit period)	\$100 deductible per admission per person
Additional Services	
Ambulance	\$50 copay
Durable Medical Equipment	Not Covered
Home Healthcare	Covered in full
Hospice	Covered in full
Organ Transplants	Covered in full
Value Vision	Discount ²



COSE
HMO HEALTH OHIO



BENEFITS	
Mental Health and Substance Abuse	
Inpatient Mental Health and Substance Abuse Services (30 days per admission, limited to two admissions per benefit period)	\$100 deductible per admission per person
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	\$15 copay
Prescription Drug – There are several different freestanding drug options available.	

Benefits will be determined based on Medical Mutual’s medical and administrative policies and procedures. This document is only a partial listing of healthcare 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.

Copayments on any single covered basic health care service will not exceed 40% of the average cost to Medical Health Insuring Corporation of Ohio of providing the service.

All services must be authorized by your HMO Health Ohio primary care physician. However, obstetrical/gynecological services may be obtained from any of the network HMO obstetrical/gynecological physicians without a referral from the primary care physician.

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.

HMO Health Ohio is made available through Medical Health Insuring Corporation of Ohio, a health insuring corporation that is a wholly owned subsidiary of Medical Mutual of Ohio.

¹A SuperMed Vision provider must be used for a routine vision exam.

²A separate Value Vision discount program highlight sheet is available.



**COSE RX OPTION I
PRESCRIPTION DRUG PROGRAM**



BENEFITS	COPAY	DAY SUPPLY
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Retail Program with Oral Contraceptive Coverage ^{1,2}		
Generic Copayment	\$10	30
Formulary Copayment	\$20	30
Non-Formulary Copayment	\$40	30
Home Delivery Program with Oral Contraceptive Coverage ^{1,2}		
Generic Copayment	\$25	90
Formulary Copayment	\$50	90
Non-Formulary Copayment	\$100	90

Note: Benefits will be determined based on Medical Mutual’s medical and administrative policies and procedures.

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¹ Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.

²Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.



**COSE RX OPTION 2
SUPERMED® SCRIPT¹
PRESCRIPTION DRUG PROGRAM**



BENEFITS	COPAY	DAY SUPPLY
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug		
Generic Copayment	\$10	30
Formulary Copayment	\$20	30
Non-Formulary Copayment	\$40	30
SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug		
Generic Copayment	\$20	30
Formulary Copayment	\$40	30
Non-Formulary Copayment	\$80	30
SuperMed Script Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	\$30	90
Formulary Copayment	\$60	90
Non-Formulary Copayment	\$120	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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.

¹SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.



**COSE RX OPTION 3
SUPERMED® SCRIPT¹
PRESCRIPTION DRUG PROGRAM**



BENEFITS	COPAY	DAY SUPPLY
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Calendar Year Deductible	\$100 per member	
SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug		
Generic Copayment	\$10	30
Formulary Copayment	\$20	30
Non-Formulary Copayment	\$40	30
SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug		
Generic Copayment	\$20	30
Formulary Copayment	\$40	30
Non-Formulary Copayment	\$80	30
SuperMed Script Mail Order Program with Oral Contraceptive Coverage		
Generic Copayment	\$30	90
Formulary Copayment	\$60	90
Non-Formulary Copayment	\$120	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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.

¹SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.



RX OPTION 4 SUPERMED® SCRIPT ¹ PRESCRIPTION DRUG PROGRAM

BENEFITS	COPAY	DAY SUPPLY
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Calendar Year Deductible	\$250 per member	
SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug		
Generic Copayment	\$10 under \$600 threshold \$180 over \$600 threshold	30
Formulary Copayment	\$35 under \$600 threshold \$180 over \$600 threshold	30
Non-Formulary Copayment	\$60 under \$600 threshold \$180 over \$600 threshold	30
SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug		
Generic Copayment	\$20 under \$600 threshold \$360 over \$600 threshold	30
Formulary Copayment	\$70 under \$600 threshold \$360 over \$600 threshold	30
Non-Formulary Copayment	\$120 under \$600 threshold \$360 over \$600 threshold	30
SuperMed Script Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	\$30 under \$1800 threshold \$540 over \$1800 threshold	90
Formulary Copayment	\$105 under \$1800 threshold \$540 over \$1800 threshold	90
Non-Formulary Copayment	\$180 under \$1800 threshold \$540 over \$1800 threshold	90

In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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.

¹SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.



COSE MEDIFIL WITHOUT RX

BENEFIT PERIOD: CALENDAR YEAR

Part A Benefits	Part B Benefits										
<p><u>Hospital Stays</u></p> <p>Benefits include days of a hospital stay during a Medicare benefit period in a hospital that contracts with either Medical Mutual or Medicare.</p> <p>Medical Mutual pays for 365 days of stay per in-hospital benefit period:</p> <ul style="list-style-type: none"> • When Medicare pays a portion of the stay, we will pay the Part A Medicare eligible expenses not paid by Medicare. • After all of the hospital days of stay available from Medicare have been exhausted, we will pay 100% of the provider's reasonable charge to a contracting hospital for any remaining days. We will pay 70% of the charges to a non-contracting hospital. <p><u>Skilled Nursing Facility</u></p> <p>Medical Mutual pays 100 days of stay per Medicare benefit period.</p> <ul style="list-style-type: none"> • When Medicare pays a portion of such a stay, we will pay the Part A Medicare eligible expenses not paid by Medicare. <p><u>Outpatient Care for Mental Illness</u></p> <p>This benefit is unlimited.</p> <p><u>Outpatient Care for Drug Abuse and Alcoholism</u></p> <p>This benefit is unlimited.</p>	<p>Medical Mutual pays the Medicare Part B deductible.</p> <p>After the Medicare Part B deductible:</p> <ul style="list-style-type: none"> • If the provider accepts Medicare assignment, we pay the coinsurance amount for Part B Medicare eligible expenses. • If the provider does not accept Medicare assignment, we pay the provider's reasonable charge or the Medicare reasonable charge, whichever is higher, minus the amount paid by Medicare. <p><u>Office Visits (definite condition or injury)</u></p> <p><u>Medical Care Received While Traveling Outside of the United States</u></p> <p>For services or supplies determined Part B, Medicare-eligible expenses: 100% of the provider's reasonable charge.</p> <p><u>Supplemental Major Medical</u></p> <table style="width: 100%; border: none;"> <tr> <td>Lifetime Maximum</td> <td style="text-align: right;">\$5,000,000</td> </tr> <tr> <td>Deductible Per Calendar Year</td> <td style="text-align: right;">\$350</td> </tr> <tr> <td>Coinsurance.....</td> <td style="text-align: right;">80% after deductible</td> </tr> <tr> <td>Out-of-Pocket Limit (excluding deductible).....</td> <td style="text-align: right;">\$750</td> </tr> <tr> <td>Private Duty Nursing Calendar Year Maximum</td> <td style="text-align: right;">\$1,000</td> </tr> </table>	Lifetime Maximum	\$5,000,000	Deductible Per Calendar Year	\$350	Coinsurance.....	80% after deductible	Out-of-Pocket Limit (excluding deductible).....	\$750	Private Duty Nursing Calendar Year Maximum	\$1,000
Lifetime Maximum	\$5,000,000										
Deductible Per Calendar Year	\$350										
Coinsurance.....	80% after deductible										
Out-of-Pocket Limit (excluding deductible).....	\$750										
Private Duty Nursing Calendar Year Maximum	\$1,000										
<p><u>Value Vision Discount Program</u> - A separate Value Vision discount program highlight sheet is available.</p>											

Eligible participants must have Medicare Part A (hospital) and Part B (doctor) to qualify for the Medifil Supplemental coverage.

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

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COSE MEDIFIL

BENEFIT PERIOD: CALENDAR YEAR

Part A Benefits	Part B Benefits												
<p><u>Hospital Stays</u></p> <p>Benefits include days of a hospital stay during a Medicare benefit period in a hospital that contracts with either Medical Mutual or Medicare.</p> <p>Medical Mutual pays for 365 days of stay per in-hospital benefit period:</p> <ul style="list-style-type: none"> When Medicare pays a portion of the stay, we will pay the Part A Medicare eligible expenses not paid by Medicare. After all of the hospital days of stay available from Medicare have been exhausted, we will pay 100% of the provider's reasonable charge to a contracting hospital for any remaining days. We will pay 70% of the charges to a non-contracting hospital. <p><u>Skilled Nursing Facility</u></p> <p>Medical Mutual pays 100 days of stay per Medicare benefit period.</p> <ul style="list-style-type: none"> When Medicare pays a portion of such a stay, we will pay the Part A Medicare eligible expenses not paid by Medicare. <p><u>Outpatient Care for Mental Illness</u></p> <p>This benefit is unlimited.</p> <p><u>Outpatient Care for Drug Abuse and Alcoholism</u></p> <p>This benefit is unlimited.</p>	<p>Medical Mutual pays the Medicare Part B deductible.</p> <p>After the Medicare Part B deductible:</p> <ul style="list-style-type: none"> If the provider accepts Medicare assignment, we pay the coinsurance amount for Part B Medicare eligible expenses. If the provider does not accept Medicare assignment, we pay the provider's reasonable charge or the Medicare reasonable charge, whichever is higher, minus the amount paid by Medicare. <p><u>Office Visits (definite condition or injury)</u></p> <p><u>Medical Care Received While Traveling Outside of the United States</u></p> <p>For services or supplies determined Part B, Medicare-eligible expenses: 100% of the provider's reasonable charge.</p> <p><u>Supplemental Major Medical</u></p> <table style="width: 100%; border: none;"> <tr> <td>Lifetime Maximum.....</td> <td style="text-align: right;">\$5,000,000</td> </tr> <tr> <td>Deductible Per Calendar Year</td> <td style="text-align: right;">\$350</td> </tr> <tr> <td>Coinsurance.....</td> <td style="text-align: right;">80% after deductible</td> </tr> <tr> <td>Out-of-Pocket Limit (excluding deductible).....</td> <td style="text-align: right;">\$750</td> </tr> <tr> <td>Prescription Drugs.....</td> <td style="text-align: right;">80%</td> </tr> <tr> <td>Private Duty Nursing Calendar Year Maximum</td> <td style="text-align: right;">\$1,000</td> </tr> </table>	Lifetime Maximum.....	\$5,000,000	Deductible Per Calendar Year	\$350	Coinsurance.....	80% after deductible	Out-of-Pocket Limit (excluding deductible).....	\$750	Prescription Drugs.....	80%	Private Duty Nursing Calendar Year Maximum	\$1,000
Lifetime Maximum.....	\$5,000,000												
Deductible Per Calendar Year	\$350												
Coinsurance.....	80% after deductible												
Out-of-Pocket Limit (excluding deductible).....	\$750												
Prescription Drugs.....	80%												
Private Duty Nursing Calendar Year Maximum	\$1,000												
<p><u>Value Vision Discount Program</u> - A separate Value Vision discount program highlight sheet is available.</p>													

Eligible participants must have Medicare Part A (hospital) and Part B (doctor) to qualify for the Medifil Supplemental coverage.

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

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COSE VALUE VISION III ZERO TO SIXTY PROGRAM DISCOUNT PROGRAM

SERVICES	MEMBER FEE
Eye Exams	
Comprehensive	\$45
Intermediate	\$35
Contact Lens (fitting fee not included)	\$50
Office Calls	\$16
Frames	
Priced to \$60 retail ¹	\$0
Priced \$61 to \$120 retail	50% off retail
Priced \$121.00 and above	40% off retail
Lenses (uncoated plastic)	
Single vision	\$40
Bifocal (D28)	\$60
Trifocal (7 x 28)	\$70
No line Bifocal:	\$95
Value Line Progressive: XL, VIP, Image and Navigator (Scratch Protection included at no additional charge)	
Contact lenses ²	20% off retail

There is a \$6 dispensing fee for glasses.

Listed below are additional ways to save on lens options³

	Member Fee
All Mid-Range Progressives not listed above	\$60
Premium Progressives: Percepta, Compact, Natural, Varilux, Outlook, Life 2, Life XS and AT	\$85
Polycarbonate	
Single Vision	\$28
Bifocal	\$45
Glass Photochromic	
Single Vision	\$20
Bifocal	\$30
Scratch-resistant	\$15
Ultraviolet coating	\$12
Gradient or Solid tint	\$12
Anti-reflective coating	\$38
Premium Anti-Reflective Coating (Transparence, Crizal)	\$56

All products not listed above such as contact lens solution, accessories and non-prescription sunglasses are subject to a 25% discount off regular retail prices

Discounts apply only if services are received from a Value Vision III participating provider. A Value Vision provider can be located by visiting www.Valuevision3.com or calling 1-888-436-2720.

This is not a contract of insurance. Prices are subject to change without notice.

¹This feature cannot be used as a credit toward any other purchases, including higher priced frames.

²Contact Lens discount does not apply to disposable replacement lenses.

³Lens options are in addition to the lens price.



COSE SUPERMED VISION[®]
VSP OPTION I*
VISION SERVICE PLAN NETWORK



SERVICES	VSP NETWORK	NON-VSP NETWORK ¹
Dependent Age Limit	19 Dependent, 25 Student; Removal upon End of Month	
Professional Services (One every 12 months) Spectacle exam	Covered in full after \$10 copayment	\$35 maximum after \$10 copayment
Frames (One every 12 months)	\$15 copayment (Up to \$130 Allowance. 20% off anything more than \$130)	\$45 maximum after \$15 copayment
Lenses (Uncoated plastic. One pair every 12 months) Single vision	Covered in full after \$15 copayment	\$25 maximum after \$15 copayment
Bifocal	Covered in full after \$15 copayment	\$40 maximum after \$15 copayment
Trifocal	Covered in full after \$15 copayment	\$55 maximum after \$15 copayment
Lenticular	Covered in full after \$15 copayment	\$80 maximum after \$15 copayment.
Contact Lenses (In lieu of lenses and frames. One pair every 12 months)		
Contacts and contact lens exam (fitting and evaluation)	\$120 Reimbursement	\$105 Reimbursement
Medically necessary	Covered in full after \$15 copayment	\$210 max reimbursement after \$15 copayment

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¹The non-VSP network maximum is the amount a member receives for covered vision services received from a non-network provider.

*This option is 100% employer paid and all full time eligibles are required to enroll.



COSE SUPERMED VISION[®]
VSP OPTION 2*
VISION SERVICE PLAN NETWORK



SERVICES	VSP NETWORK	NON-VSP NETWORK ¹
Dependent Age Limit	19 Dependent, 25 Student; Removal upon End of Month	
Professional Services (One every 12 months) Spectacle exam	Covered in full after \$10 copayment	\$35 maximum after \$10 copayment
Frames (One every 12 months)	\$15 copayment (Up to \$130 Allowance. 20% off anything more than \$130)	\$45 maximum after \$15 copayment
Lenses (Uncoated plastic. One pair every 12 months) Single vision	Covered in full after \$15 copayment	\$25 maximum after \$15 copayment
Bifocal	Covered in full after \$15 copayment	\$40 maximum after \$15 copayment
Trifocal	Covered in full after \$15 copayment	\$55 maximum after \$15 copayment
Lenticular	Covered in full after \$15 copayment	\$80 maximum after \$15 copayment.
Contact Lenses (In lieu of lenses and frames. One pair every 12 months)		
Contacts and contact lens exam (fitting and evaluation)	\$120 Reimbursement	\$105 Reimbursement
Medically necessary	Covered in full after \$15 copayment	\$210 max reimbursement after \$15 copayment

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¹The non-VSP network maximum is the amount a member receives for covered vision services received from a non-network provider.

*This option requires minimum 25% employer contribution (Voluntary Employee enrollment.)



**COSE HMO SUPERMED VISION™
EYEMED ACCESS NETWORK**



SERVICES	NETWORK	NON-NETWORK
Dependent Age Limit	19 Dependent, 25 Student; Removal upon End of Month	
Professional Services (One every 12 months) Spectacle exam Contact lens exam	\$15 copayment \$15 copayment + any amount over spectacle exam	NOT COVERED

Listed below are additional ways to save on lens options and contact lenses through the SuperMed Vision program.

Frames and Lenses: If an EyeMed Vision Care provider is used, members are entitled to a discount. The discount applies to items whether or not they are covered as part of a vision plan. The available discounted frames and lenses are listed below.

Frames

Frames are discounted 35% off of the retail price. A complete pair must be purchased, otherwise the discount is 20% off of the retail price. This discount is available through EyeMed Access providers only.

Spectacle Lenses	Discounted price
Single-vision lenses	\$50
Bifocal lenses.....	\$70

Spectacle Lenses	Discounted price
Trifocal lenses	\$105
Lenticular lenses.....	\$105

Lens options	*Discounted price
Progressive (no-line bifocal).....	\$65 + Lens price
Polycarbonate	\$40 + Lens price
Scratch-resistant coating	\$15 + Lens price
Ultraviolet coating	\$15 + Lens price

Lens options	*Discounted price
Anti-reflective coating	\$35 + Lens price
Solid tint or Gradient tint.....	\$15 + Lens price
Photochromic	20% off retail price
Glass.....	20% off retail price

* Discounted price is in addition to the basic spectacle lens price. Discounts available through EyeMed Access providers only.

Contact lenses: Listed below are two convenient ways to obtain contact lenses

1. Visit a participating EyeMed Vision Care location and save 15% on non-disposable or medically necessary contact lenses.
2. Use the mail-order Vision One Contact Lens Replacement Program and apply discounts when ordering contacts by mail.

The discount schedule for frames and lenses listed above is subject to change by EyeMed Vision Care.

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COSE SUPERDENTAL BASIC PPO



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	same as medical	
Benefit Period Maximum (per member)	\$750	\$500
Benefit Period Deductible – Single/Family	\$50 / \$150	\$75 / \$225
Preventive Services		
Oral Exams – two per benefit period	85%	70% after deductible
Bite Wing X-Rays – two sets per benefit period	85%	70% after deductible
Prophylaxis (cleaning) – two per benefit period	85%	70% after deductible
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	85%	70% after deductible
Space Maintainers- limited to eligible dependents up to age 19	85%	70% after deductible
Emergency Palliative Treatment – includes emergency oral exam	85%	70% after deductible
Essential Services		
Consultations and Other Exams by Specialist	50% after deductible	35% after deductible
Diagnostic X-Rays	50% after deductible	35% after deductible
Minor Restorative Services	50% after deductible	35% after deductible
Endodontics/Pulp Services	50% after deductible	35% after deductible
Periodontal Services	50% after deductible	35% after deductible
Repairs, Relines & Adjustments of Prosthetics	50% after deductible	35% after deductible
Simple Extractions	50% after deductible	35% after deductible
Impactions	50% after deductible	35% after deductible
Minor Oral Surgery Services	50% after deductible	35% after deductible
General Anesthesia	50% after deductible	35% after deductible
Complex Services		
Gold Foil Restoration	NOT COVERED	NOT COVERED
Inlays, Onlays – one every five years	NOT COVERED	NOT COVERED
Crowns – one every five years	NOT COVERED	NOT COVERED
Bridgework (Pontics & Abutments) – one every five years	NOT COVERED	NOT COVERED
Partial and Complete Dentures – one every five years	NOT COVERED	NOT COVERED
Orthodontics		
Orthodontic Lifetime Maximum (per member)	NOT COVERED	
Orthodontic Diagnostic Services	NOT COVERED	NOT COVERED
Minor Treatment for Tooth Guidance	NOT COVERED	NOT COVERED
Minor Treatment for Harmful Habits	NOT COVERED	NOT COVERED
Interceptive Orthodontic Treatment	NOT COVERED	NOT COVERED
Comprehensive Orthodontic Treatment	NOT COVERED	NOT COVERED

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

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No minimum employee participation or employer contribution required.



**COSE SUPERDENTAL
INTERMEDIATE PPO**



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	same as medical	
Benefit Period Maximum (per member)	\$1,000	\$750
Benefit Period Deductible – Single/Family	\$50 / \$150	\$75 / \$225
Preventive Services		
Oral Exams – two per benefit period	100%	85%
Bite Wing X-Rays – two sets per benefit period	100%	85%
Prophylaxis (cleaning) – two per benefit period	100%	85%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	85%
Space Maintainers- limited to eligible dependents up to age 19	100%	85%
Emergency Palliative Treatment – includes emergency oral exam	100%	85%
Essential Services		
Consultations and Other Exams by Specialist	70% after deductible	55% after deductible
Diagnostic X-Rays	70% after deductible	55% after deductible
Minor Restorative Services	70% after deductible	55% after deductible
Endodontics/Pulp Services	70% after deductible	55% after deductible
Periodontal Services	70% after deductible	55% after deductible
Repairs, Relines & Adjustments of Prosthetics	70% after deductible	55% after deductible
Simple Extractions	70% after deductible	55% after deductible
Impactions	70% after deductible	55% after deductible
Minor Oral Surgery Services	70% after deductible	55% after deductible
General Anesthesia	70% after deductible	55% after deductible
Complex Services		
Gold Foil Restoration	55% after deductible	45% after deductible
Inlays, Onlays – one every five years	55% after deductible	45% after deductible
Crowns – one every five years	55% after deductible	45% after deductible
Bridgework (Pontics & Abutments) – one every five years	55% after deductible	45% after deductible
Partial and Complete Dentures – one every five years	55% after deductible	45% after deductible
Orthodontics (5 or more enrolled employees required)		
Orthodontic Lifetime Maximum (per member)	\$1,000	
Orthodontics Benefit Period Deductible (per member)	\$50	
Orthodontic Diagnostic Services	50% after deductible	20% after deductible
Minor Treatment for Tooth Guidance	50% after deductible	20% after deductible
Minor Treatment for Harmful Habits	50% after deductible	20% after deductible
Interceptive Orthodontic Treatment	50% after deductible	20% after deductible
Comprehensive Orthodontic Treatment	50% after deductible	20% after deductible

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No minimum employee participation or employer contribution required.



COSE SUPERDENTAL ADVANCED PPO



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	same as medical	
Benefit Period Maximum (per member)	\$1,500	\$1,250
Benefit Period Deductible – Single/Family	\$25 / \$75	\$50 / \$150
Preventive Services		
Oral Exams – two per benefit period	100%	85%
Bite Wing X-Rays – two sets per benefit period	100%	85%
Prophylaxis (cleaning) – two per benefit period	100%	85%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	85%
Space Maintainers- limited to eligible dependents up to age 19	100%	85%
Emergency Palliative Treatment – includes emergency oral exam	100%	85%
Essential Services		
Consultations and Other Exams by Specialist	85% after deductible	70% after deductible
Diagnostic X-Rays	85% after deductible	70% after deductible
Minor Restorative Services	85% after deductible	70% after deductible
Endodontics/Pulp Services	85% after deductible	70% after deductible
Periodontal Services	85% after deductible	70% after deductible
Repairs, Relines & Adjustments of Prosthetics	85% after deductible	70% after deductible
Simple Extractions	85% after deductible	70% after deductible
Impactions	85% after deductible	70% after deductible
Minor Oral Surgery Services	85% after deductible	70% after deductible
General Anesthesia	85% after deductible	70% after deductible
Complex Services		
Gold Foil Restoration	55% after deductible	45% after deductible
Inlays, Onlays – one every five years	55% after deductible	45% after deductible
Crowns – one every five years	55% after deductible	45% after deductible
Bridgework (Pontics & Abutments) – one every five years	55% after deductible	45% after deductible
Partial and Complete Dentures – one every five years	55% after deductible	45% after deductible
Orthodontics (5 or more enrolled employees required)		
Orthodontic Lifetime Maximum (per member)	\$2,000	\$1,000
Orthodontic Diagnostic Services	50% after deductible	50% after deductible
Minor Treatment for Tooth Guidance	50% after deductible	50% after deductible
Minor Treatment for Harmful Habits	50% after deductible	50% after deductible
Interceptive Orthodontic Treatment	50% after deductible	50% after deductible
Comprehensive Orthodontic Treatment	50% after deductible	50% after deductible

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50% employee participation. 50% employer contribution required.



**COSE SUPERDENTAL ALTERNATIVE
BASIC PPO**



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	same as medical	
Benefit Period Maximum (per member)	\$1,500 maximum for Complex Services only	\$750
Benefit Period Deductible – (per member)	\$75	\$150
Preventive Services		
Oral Exams – two per benefit period	100%	50%
Bite Wing X-Rays – two sets per benefit period	100%	50%
Prophylaxis (cleaning) – two per benefit period	100%	50%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	50%
Space Maintainers- limited to eligible dependents up to age 19	100%	50%
Emergency Palliative Treatment – includes emergency oral exam	100%	50%
Essential Services		
Consultations and Other Exams by Specialist	50%	50%
Diagnostic X-Rays	50%	50%
Minor Restorative Services	50%	50%
Endodontics/Pulp Services	50%	50%
Periodontal Services	50%	50%
Repairs, Relines & Adjustments of Prosthetics	50%	50%
Simple Extractions	50%	50%
Impactions	50%	50%
Minor Oral Surgery Services	50%	50%
General Anesthesia	50%	50%
Complex Services		
Gold Foil Restoration	50% after deductible	50% after deductible
Inlays, Onlays – one every five years	50% after deductible	50% after deductible
Crowns – one every five years	50% after deductible	50% after deductible
Bridgework (Pontics & Abutments) – one every five years	50% after deductible	50% after deductible
Partial and Complete Dentures – one every five years	50% after deductible	50% after deductible
Orthodontics (5 or more enrolled employees required)		
Orthodontic Lifetime Maximum (per member)	\$2,000	\$1,000
Orthodontic Diagnostic Services	50%	50%
Minor Treatment for Tooth Guidance	50%	50%
Minor Treatment for Harmful Habits	50%	50%
Interceptive Orthodontic Treatment	50%	50%
Comprehensive Orthodontic Treatment	50%	50%

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**COSE SUPERDENTAL
ALTERNATIVE ADVANCED PPO**



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	same as medical	
Benefit Period Maximum (per member)	\$1,500 maximum for Complex Services only	\$750
Benefit Period Deductible – (per member)	\$75	\$150
Preventive Services		
Oral Exams – two per benefit period	100%	50%
Bite Wing X-Rays – two sets per benefit period	100%	50%
Prophylaxis (cleaning) – two per benefit period	100%	50%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	50%
Space Maintainers- limited to eligible dependents up to age 19	100%	50%
Emergency Palliative Treatment – includes emergency oral exam	100%	50%
Essential Services		
Consultations and Other Exams by Specialist	100%	50%
Diagnostic X-Rays	100%	50%
Minor Restorative Services	100%	50%
Endodontics/Pulp Services	100%	50%
Periodontal Services	100%	50%
Repairs, Relines & Adjustments of Prosthetics	100%	50%
Simple Extractions	100%	50%
Impactions	100%	50%
Minor Oral Surgery Services	100%	50%
General Anesthesia	100%	50%
Complex Services		
Gold Foil Restoration	50% after deductible	50% after deductible
Inlays, Onlays – one every five years	50% after deductible	50% after deductible
Crowns – one every five years	50% after deductible	50% after deductible
Bridgework (Pontics & Abutments) – one every five years	50% after deductible	50% after deductible
Partial and Complete Dentures – one every five years	50% after deductible	50% after deductible
Orthodontics (5 or more enrolled employees required)		
Orthodontic Lifetime Maximum (per member)	\$2,000	\$1,000
Orthodontic Diagnostic Services	50%	50%
Minor Treatment for Tooth Guidance	50%	50%
Minor Treatment for Harmful Habits	50%	50%
Interceptive Orthodontic Treatment	50%	50%
Comprehensive Orthodontic Treatment	50%	50%

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50% employee participation. 50% employer contribution required.

GLOSSARY OF TERMS

Aggregate Deductible: The family deductible must be met before benefits are provided on a two-person or family contract. Family coinsurance must be met before benefits are provided at the highest level on a family contract. The only COSE Medical Mutual plan with an Aggregate deductible is the SuperMed Plus 2000/4000 plan.

Benefit Period: A benefit period is a calendar year, unless specifically amended. It is also the period of time when benefit maximums, deductibles and coinsurance limits can be accumulated. Note that all COSE Plan Benefit Periods are January 1 through December 31.

Certificate Holder: An eligible employee or participant of the group who has enrolled for coverage under the terms and conditions of the Group Contract. (formerly referred to as "Subscriber").

Copayment: A dollar amount, as specified in the schedule of benefits, that you are required to pay at the time covered services are rendered.

Coinsurance: The arrangement by which the insurer and the insured share a percentage of covered expenses after the deductible is met.

Deductible: The amount of covered expenses that must be incurred by the insured before benefits become payable by the insurer.

Eligible Dependent: An eligible person other than the certificate holder, as defined in the Certificate or Schedule of Benefits.

Embedded Deductible: A member deductible is the same as the single deductible. An individual member's coinsurance begins after a member reaches their individual deductible amount. The maximum amount for an entire family is the family deductible amount.

Hospital Contracting: As the result of written contracts between Medical Mutual and hospitals, our members receive care at contracting hospitals at a rate which is lower than that charged to other patients.

Network Hospital / Network Provider: A hospital and/or provider that has been classified as a member of the SuperMed Network of preferred providers through a contractual agreement with Medical Mutual to service Medical Mutual certificate holders at cost-efficient, reduced rates

Non-Network Hospital / Non-Network Provider: A hospital and/or provider that agreed to accept the Traditional rate but has not been classified as a member of the SuperMed Network of preferred providers. This hospital does not have a contract with Medical Mutual to provide services to SuperMed certificate holders at reduced rates.

Qualified Beneficiary: A qualified beneficiary generally is an individual covered by a group health plan on the day before a qualifying event who is either an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.

Traditional: Traditional is a method of payment to physicians and other professionals using pre-determined fees, based upon commonly charged amounts which are "usual, customary and reasonable" for the service performed. Participating providers agree to accept the Traditional payment as payment in full and do not seek additional payment from patients or Medical Mutual.

