

| Benefits | Network | Non Network |
|---|---|-----------------------|
| Benefit Period | January 1 st through December 31 st | |
| Dependent Age Limit / Older Age Child | 26 - Removal upon End of the Month | |
| Deductible (Single / Family) | \$7,000 / \$14,000 | \$14,000 / \$28,000 |
| Maximum Out-of-Pocket (Single / Family) ¹ | \$7,000 / \$14,000 | \$14,000 / \$28,000 |
| Coinsurance (member cost) | 0% | 0% |
| Physician/Office Services | | |
| Physician Office Visit | 100% after deductible | 100% after deductible |
| Specialist Office Visit | 100% after deductible | 100% after deductible |
| Urgent Care Office Visit | 100% after deductible | 100% after deductible |
| Emergency Services | | |
| Emergency Use of an Emergency Room | 100% after network deductible | |
| Emergency Services (expenses other than Emergency Room) | 100% after network deductible | |
| Non-Emergency Use of an Emergency Room | Not Covered | |
| Routine/Preventive Services² | | |
| Health Care Reform Benefits | 100% | 100% after deductible |
| Health Care Reform Benefits for Women | 100% | 100% after deductible |
| All Immunizations | 100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits | 100% after deductible |
| Routine Physical Exam (age 21 and over) | 100% | 100% after deductible |
| Routine Mammogram (one per benefit period) | 100% | 100% after deductible |
| Routine Pap Test (one per benefit period) | 100% | 100% after deductible |
| Routine Lab, Medical Tests, and X-rays | 100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits | 100% after deductible |
| Routine Endoscopic Services | 100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits | 100% after deductible |
| Well Child Care | | |
| Well Child Care Exams, Immunizations and Labs (to age 21) | 100% | 100% after deductible |
| Hearing Exams | 100% | 100% after deductible |
| Vision Exams | 100% | 100% after deductible |
| Lenses (to age 19; 1 pair per benefit period) | 100% after deductible | 100% after deductible |
| Frames (to age 19; 1 pair per benefit period) | 100% after deductible | 100% after deductible |
| Contacts (in lieu of frames - to age 19; 1 pair per benefit period) | 100% after deductible | 100% after deductible |
| Outpatient Services | | |
| Allergy Testing and Treatments | 100% after deductible | 100% after deductible |
| Physical & Occupational Therapies (40 visits per benefit period/combined) | 100% after deductible | 100% after deductible |
| Speech Therapy (20 visits per benefit period) | 100% after deductible | 100% after deductible |
| Chiropractic Services (12 visits per benefit period) | 100% after deductible | 100% after deductible |
| Cardiac Rehabilitation (36 visits per benefit period) | 100% after deductible | 100% after deductible |
| Surgical Services | 100% after deductible | 100% after deductible |
| Diagnostic Lab, Medical Tests, and X-rays | 100% after deductible | 100% after deductible |
| Diagnostic Imaging | 100% after deductible | 100% after deductible |
| Diagnostic Endoscopic Services | 100% after deductible | 100% after deductible |
| Inpatient Services | | |
| Institutional Services | 100% after deductible | 100% after deductible |
| Maternity | 100% after deductible | 100% after deductible |
| Skilled Nursing Facility (90 days per benefit period) | 100% after deductible | 100% after deductible |

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|---|---|-----------------------|
| Additional Services | | |
| Ambulance | 100% after deductible | 100% after deductible |
| Autism Spectrum Disorders (benefit limits apply - refer to Certificate of Coverage) | 100% after deductible | 100% after deductible |
| Diabetic Education and Training | 100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits | 100% after deductible |
| Durable Medical Equipment | 100% after deductible | 100% after deductible |
| DME - Wigs (1 per benefit period, following cancer treatment) | 100% after deductible | 100% after deductible |
| Home Health Care (100 visits per benefit period) | 100% after deductible | 100% after deductible |
| Hospice | 100% after deductible | 100% after deductible |
| Organ and Tissue Transplants | 100% after deductible | 100% after deductible |
| Organ Transplant Services (includes travel, meals, lodging and transportation) | 100% after deductible | 100% after deductible |
| Private Duty Nursing (90 days per benefit period) | 100% after deductible | 100% after deductible |
| Sterilization | 100% after deductible | 100% after deductible |
| Mental Health & Substance Abuse - Federal Mental Health Parity | | |
| Inpatient Mental Health and Substance Abuse Services | Benefits paid are based on corresponding medical benefits | |
| Outpatient Mental Health and Substance Abuse Services | | |
| Prescription Drug Benefits | | |
| Network Pharmacy / Retail (30 day supply) | 100% after network deductible | |
| Home Delivery / Contracted Provider (90 day supply) (Specialty drugs limited to 30 days supply) | 100% after network deductible | |

¹Network level Out-of-Pocket includes deductible and coinsurance.

²Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine

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.

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.

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.