



CONSUMERS LIFE
INSURANCE COMPANY®

A MEDICAL MUTUAL OF OHIO® Company | *health plans for life*

WEST VIRGINIA BENEFITS

CONSUMERS LIFE INSURANCE COMPANY®



SUPERMED PLUS[®] PRODUCTS

PRODUCT NAME	DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM		OFFICE VISIT COPAY	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
SUPERMED PLUS 1580 PRODUCTS								
SMP 1580-250	\$250/\$500	\$1,000/\$2,000	80%	60%	\$1,500/\$3,000	\$3,000/\$6,000	\$15, then 100%	\$15, then 60%
SMP 1580-500	\$500/\$1,000	\$1,000/\$2,000	80%	60%	\$2,000/\$4,000	\$4,000/\$8,000	\$15, then 100%	\$15, then 60%
SMP 1580-1000	\$1,000/\$2,000	\$2,000/\$4,000	80%	60%	\$2,500/\$5,000	\$5,000/\$10,000	\$15, then 100%	\$15, then 60%
SUPERMED PLUS 1590 PRODUCTS								
SMP 1590-500	\$500/\$1,000	\$1,000/\$2,000	90%	70%	\$2,000/\$4,000	\$4,000/\$8,000	\$15, then 100%	\$15, then 70%
SMP 1590-1000	\$1,000/\$2,000	\$2,000/\$4,000	90%	70%	\$2,500/\$5,000	\$5,000/\$10,000	\$15, then 100%	\$15, then 70%
SUPERMED PLUS 2080 PRODUCTS								
SMP 2080-1500	\$1,500/\$3,000	\$3,000/\$6,000	80%	60%	\$3,000/\$6,000	\$6,000/\$12,000	\$20, then 100%	\$25, then 60%
SMP 2080-2500	\$2,500/\$5,000	\$5,000/\$10,000	80%	60%	\$3,000/\$6,000	\$6,000/\$12,000	\$20, then 100%	\$25, then 60%
SUPERMED PLUS VALUE PLANS								
SMP 3070-500	\$500/\$1,500	\$1,500/\$4,500	70%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3070-1000	\$1,000/\$3,000	\$3,000/\$9,000	70%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3070-1500	\$1,500/\$4,500	\$4,500/\$13,500	70%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3080-1000*	\$1,000/\$3,000	\$3,000/\$9,000	80%	50%	\$4,000/\$8,000	\$8,000/\$16,000	\$30, then 100%	\$50, then 50%
SMP 3080-1500*	\$1,500/\$4,500	\$4,500/\$13,500	80%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3080-2000*	\$2,000/\$6,000	\$6,000/\$18,000	80%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3080-2500*	\$2,500/\$7,500	\$7,500/\$15,500	80%	50%	\$5,000/\$10,000	\$10,000/\$20,000	\$30, then 100%	\$50, then 50%
SMP 3080-5000*	\$5,000/\$15,000	\$15,000/\$30,000	80%	50%	\$7,500/\$15,000	\$15,000/\$30,000	\$30, then 100%	\$50, then 50%

*HRA-compatible plan

ALL OF THE ABOVE PLANS COVER THE FOLLOWING SERVICES AT 100% (WHEN SERVICES ARE RECEIVED AT A NETWORK DOCTOR'S OFFICE OR INDEPENDENT LAB):

- Well-Child Care: Up to age 9 for Well-Child exams and labs; Up to age 16 for Well-Child immunizations. \$500 maximum benefit paid for Well-Child exams.
- Routine PAP test (one per benefit period)
- Routine EKG, chest x-ray, complete blood count, comprehensive metabolic panel, urinalysis, cholesterol, PSA, colorectal and endoscopic cancer screenings
- Adult immunizations (tetanus toxoid, rabies vaccine and meningococcal polysaccharide vaccine) are covered services

PLAN NOTES:

- Benefit Period: January 1 through December 31
- Any amount of non-network coinsurance that is met is also applied to the network coinsurance maximum.
- Fourth quarter deductible carryover applies to the following calendar year.



SUPERMED PLUS ER COPAY AND PRESCRIPTION DRUG PLANS

PRODUCT NAME	ER COPAY	RETAIL GENERIC / FORMULARY / NON-FORMULARY	MAIL ORDER GENERIC / FORMULARY / NON-FORMULARY
SUPERMED PLUS 1580 PRODUCTS			
		30 day supply	90 day supply
SMP 1580-250	\$100	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1580-500	\$100	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1580-1000	\$100	\$10/\$20/\$40	\$25/\$50/\$100
SUPERMED PLUS 1590 PRODUCTS			
SMP 1590-500	\$100	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1590-1000	\$100	\$10/\$20/\$40	\$25/\$50/\$100
SUPERMED PLUS 2080 PRODUCTS			
SMP 2080-1500	\$100	\$15/\$30/\$50	\$38/\$75/\$125
SMP 2080-2500	\$100	\$15/\$30/\$50	\$38/\$75/\$125
SUPERMED PLUS VALUE PLANS			
SMP 3070-500	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3070-1000	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3070-1500	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3080-1000*	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3080-1500*	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3080-2000*	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3080-2500*	\$150	\$15/\$30/\$50	\$38/\$75/\$125
SMP 3080-5000*	\$150	\$15/\$30/\$50	\$38/\$75/\$125

*HRA-compatible plan

DRUG BENEFIT 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



SUPERMED PLUS® HEALTH SAVINGS ACCOUNTS (HSAs)

Consumers Life offers several new Qualified High-Deductible Health Plan (QHDHP) products that are compatible with Health Savings Accounts (HSAs). HSAs are tax-favored savings accounts from which money may be drawn to offset eligible healthcare expenses. HSAs, which were included in the Medicare Prescription Drug Improvement and Modernization Act of 2003, replace Medical Savings Account (MSA) plans and are available to persons under age 65 who have a QHDHP. QHDHP options offered by Consumers Life are outlined below.

QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS

PRODUCT NAME	DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
SMP 2200	\$2,200/\$4,400	\$2,700/\$5,400	100%	60%	-	\$5,000/\$10,000
SMP 2500	\$2,500/\$5,000	\$3,000/\$6,000	100%	60%	-	\$4,500/\$9,000
SMP 3000	\$3,000/\$6,000	\$3,500/\$7,000	100%	60%	-	\$4,000/\$8,000
SMP 4000	\$4,000/\$8,000	\$4,500/\$9,000	100%	60%	-	\$3,000/\$6,000
SMP 5000	\$5,000/\$10,000	\$5,500/\$11,000	100%	60%	-	\$2,000/\$4,000

ALL OF THE QHDHPs INCLUDE:

- Preventive care benefits are provided at 100% with no deductible for network providers and 70% after deductible for non-network providers.
- Embedded deductibles – Once a member satisfies the single deductible, insurance starts to pay for that member in the family. *Per Treasury Notice 2004-50 Question 30*, family coverage with embedded deductibles will allow full HSA contributions.
- No 4th Quarter carryover.



SUPERMED[®] VISION

SERVICES	NETWORK	NON-NETWORK ¹
PROFESSIONAL SERVICES (One every 12 months)		
Spectacle Exam	\$15 copayment	\$15 maximum
Contact Lens Exam	\$15 copayment + any amount over spectacle exam	\$15 maximum
FRAME (One every 12 months)		
	\$0 copayment (Up to \$100) 20% off amount over \$100	\$30 maximum
LENSES (Uncoated Plastic. One pair every 12 months)		
Single Vision	\$15 copayment	\$10 maximum
Bifocal	\$15 copayment	\$20 maximum
Trifocal	\$15 copayment	\$30 maximum
Lenticular	\$15 copayment	\$40 maximum
CONTACT LENSES (In lieu of lenses and frames. One pair every 12 months)		
Cosmetic	\$15 copayment (up to \$100)	\$40 maximum
Medically Necessary	\$15 copayment (up to \$200)	\$75 maximum
Disposable	\$15 copayment (up to \$100)	\$40 maximum
DEPENDENT AGE LIMIT	SAME AS MEDICAL	

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

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

LENS OPTIONS: If an EyeMed Vision Care provider is used, members are entitled to a discount in addition to the lens copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan. The available discounted lens options are listed below.

LENS OPTIONS	*DISCOUNTED PRICE	LENS OPTIONS	*DISCOUNTED PRICE
Progressive (no-line bifocal)	\$65	Anti-reflective coating	\$45
Polycarbonate	\$40	Solid tint or Gradient tint	\$15
Scratch-resistant coating	\$15	Photochromic20% off retail price
Ultraviolet coating	\$15	Glass20% off retail price

*Discounted price is in addition to the \$15 copayment listed above. Discounts available through EyeMed Access Network 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 lens options and contact lenses listed above is subject to change without notice. EyeMed Vision Care Corporation manages SuperMed Vision.

An EyeMed network access provider must be seen in order for network benefits to apply. Network providers can be located by visiting the SuperMed Vision page on ConsumersLife.com.

Note: Benefits will be determined based on Consumers Life 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 Consumers Life may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.



SUPERWELL[®] HEALTH MANAGEMENT PROGRAMS

Consumers Life[®] is dedicated to serving the healthcare needs of our members. That mission includes offering SuperWell[®], a family of special Health Management Programs for people with chronic medical conditions, such as diabetes, musculoskeletal (muscle/joint) and chronic pain conditions, depression, congestive heart failure, asthma, chronic obstructive pulmonary disease (COPD), and end-stage renal disease. There is also a program for members who are pregnant.

There are seven SuperWell health management programs offered at no out-of-pocket cost to eligible members.

- **BabyLink[®]** : Provides education during and immediately after delivery, as well as assessment and support to expectant mothers with both routine and high-risk pregnancies
- **Balanced Outlook[®]** : Provides education and support to adult members dealing with depression
- **Breathe Easy[®]** : Provides education and support to adult and pediatric members diagnosed with asthma or adults diagnosed with chronic obstructive pulmonary disease (COPD)
- **Diabetes Advantage[®]** : Provides education and support to adult and pediatric members diagnosed with diabetes; complimentary supplies are also included.
- **Heart Sense[™]** : Provides education and support to members diagnosed with congestive heart failure
- **Pain SolutionsSM** : Provides education and support to members with musculoskeletal (muscle/joint) pain and chronic pain conditions

THE SUPERWELL PROGRAM¹ PROVIDES:

- Regular phone contact with healthcare professionals
- Printed educational materials
- 24-hour-a-day telephone support lines
- A partnership between the member and his or her physician, caregivers, various healthcare professionals and Consumers Life

¹While the member is enrolled in any of these programs, his or her doctor will continue to direct their care.

ELIGIBILITY REQUIREMENTS

GROUP ELIGIBILITY

For groups to be eligible to enroll, the following must apply:

- Groups must have at least two, but not more than 50 total active eligible employees.
- The employer must contribute at least 25% of the total monthly premium for all coverage, including retirees.

RETIRED EMPLOYEES

Upon retirement, employees can continue their coverage through:

- Retiree coverage if your group policy with Consumers Life was in effect prior to March 1, 2006, and retiree coverage is offered by your group.
- Medicare, if the employee is Medicare-eligible.
- COBRA, if the employee is not Medicare-eligible.
- Direct non-group plan from Consumers Life.

PRE-EXISTING CONDITION CLAUSE

A pre-existing condition is any injury, ailment, condition, disease, disorder or illness for which an employee or a dependent has received medical treatment or was advised by a physician or other professional provider to receive treatment prior to the enrollment date of coverage. No payment will be made for services related to a pre-existing condition following the enrollment date of coverage.

New hires may receive credit for the period of time covered under prior creditable coverage, unless there was more than a 63-day lapse in coverage (except for the probationary period). This information is requested on the employee application.

CONSUMERS LIFE NETWORKS

The Consumers Life network offers access to top-quality hospitals and we will continue to offer access to the finest healthcare available today. Members should refer to the networks identified on their ID cards or visit ConsumersLife.com for current network information. Networks are identified by the physical location where the services are provided.

WEST VIRGINIA



OHIO



ALL OTHER STATES

