



CONSUMERS LIFE
INSURANCE COMPANY®

A MEDICAL MUTUAL OF OHIO® Company

health plans for life

PENNSYLVANIA 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	\$500/\$1,000	80%	60%	\$2,000/\$4,000	\$4,000/\$8,000	\$15	\$25
SMP 1580-500	\$500/\$1,000	\$1,000/\$2,000	80%	60%	\$2,500/\$5,000	\$5,000/\$10,000	\$15	\$25
SMP 1580-750	\$750/\$1,500	\$1,500/\$3,000	80%	60%	\$3,000/\$6,000	\$6,000/\$12,000	\$15	\$25
SUPERMED PLUS 1590 PRODUCTS								
SMP 1590-250	\$250/\$500	\$500/\$1,000	90%	70%	\$2,000/\$4,000	\$4,000/\$8,000	\$15	\$25
SMP 1590-500	\$500/\$1,000	\$1,000/\$2,000	90%	70%	\$2,500/\$5,000	\$5,000/\$10,000	\$15	\$25
SUPERMED PLUS 15100 PRODUCTS								
SMP 15100	None	\$250/\$500	100%	80%	None	\$2,000/\$4,000	\$15	\$25
SMP 15100-500	\$500/\$1,000	\$1,000/\$2,000	100%	80%	None	\$5,000/\$10,000	\$15	\$25
SMP 15100-1000	\$1,000/\$2,000	\$2,000/\$4,000	100%	80%	None	\$8,000/\$16,000	\$15	\$25

ALL OF THE 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 21 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
- Outpatient diagnostic 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	HOME DELIVERY
		GENERIC / FORMULARY / Non-FORMULARY	GENERIC / FORMULARY / Non-FORMULARY
SUPERMED PLUS 1580 PRODUCTS			
		30 day supply	90 day supply
SMP 1580-250	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1580-500	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1580-750	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SUPERMED PLUS 1590 PRODUCTS			
SMP 1590-250	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SMP 1590-500	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SUPERMED PLUS 15100 PRODUCTS			
SMP 15100	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SMP 15100-500	\$50	\$10/\$20/\$40	\$25/\$50/\$100
SMP 15100-1000	\$50	\$10/\$20/\$40	\$25/\$50/\$100

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



NORTHWEST PENNSYLVANIA SUPERMED PLUS[®] 3-LEVEL PLANS

PRODUCT NAME	DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET MAXIMUM	OFFICE / ER VISIT COPAYS
PLAN 197-0				
Level 1 PPO Network	-	100%	-	\$15/\$50
Level 2 PPO Network	\$250/\$500	90%	\$2000/\$4000	\$25/\$50
Level 3 Out-of-Network	\$750/\$1500	70%	\$4000/\$8000	\$25/\$50
PLAN 197-250				
Level 1 PPO Network	\$250/\$500	100%	-	\$15/\$50
Level 2 PPO Network	\$500/\$1000	90%	\$2000/\$4000	\$25/\$50
Level 3 Out-of-Network	\$1500/\$3000	70%	\$4000/\$8000	\$25/\$50
PLAN 186-0				
Level 1 PPO Network	-	100%	-	\$15/\$50
Level 2 PPO Network	\$250/\$500	80%	\$2000/\$4000	\$25/\$50
Level 3 Out-of-Network	\$750/\$1500	60%	\$4000/\$8000	\$25/\$50
PLAN 186-250				
Level 1 PPO Network	\$250/\$500	100%	-	\$15/\$50
Level 2 PPO Network	\$500/\$1000	80%	\$2000/\$4000	\$25/\$50
Level 3 Out-of-Network	\$1500/\$3000	60%	\$4000/\$8000	\$25/\$50
PLAN 186-500				
Level 1 PPO Network	\$500/\$1000	100%	-	\$15/\$50
Level 2 PPO Network	\$750/\$1500	80%	\$2000/\$4000	\$25/\$50
Level 3 Out-of-Network	\$2250/\$4500	60%	\$4000/\$8000	\$25/\$50
PLAN 186-1000				
Level 1 PPO Network	\$1000/\$2000	100%	-	\$20/\$50
Level 2 PPO Network	\$2000/\$4000	80%	\$2000/\$4000	\$25/\$50
Level 3 Non-Network	\$3000/\$9000	60%	\$4000/\$8000	N/A/\$50
PLAN 986-500				
Level 1 PPO Network	\$500/\$1000	90%	\$3000/\$6000	\$20/\$50
Level 2 PPO Network	\$750/\$1500	80%	\$4000/\$8000	\$25/\$50
Level 3 Out-of-Network	\$2250/\$4500	60%	\$5000/\$10000	\$25/\$50
PLAN 875-1000				
Level 1 PPO Network	\$1000/\$2000	80%	\$3000/\$6000	\$25/\$50
Level 2 PPO Network	\$2000/\$4000	70%	\$4000/\$8000	\$35/\$50
Level 3 Non-Network	\$3000/\$9000	50%	\$5000/\$10000	N/A/\$50
PLAN 875-1500				
Level 1 PPO Network	\$1500/\$3000	80%	\$3000/\$6000	\$25/\$50
Level 2 PPO Network	\$2500/\$5000	70%	\$4000/\$8000	\$35/\$50
Level 3 Non-Network	\$3500/\$10500	50%	\$5000/\$10000	N/A/\$50
PLAN 875-2500				
Level 1 PPO Network	\$2500/\$5000	80%	\$3000/\$6000	\$25/\$50
Level 2 PPO Network	\$3500/\$7000	70%	\$4000/\$8000	\$35/\$50
Level 3 Non-Network	\$5000/\$15000	50%	\$5000/\$10000	N/A/\$50



PRESCRIPTION DRUG PLANS

PRODUCT NAME	RETAIL	HOME DELIVERY
	GENERIC/FORMULARY/ NON-FORMULARY	GENERIC/FORMULARY/ NON-FORMULARY
Plan 197-0	\$10/\$20/\$40	\$25/\$50/\$100
Plan 197-250	\$10/\$20/\$40	\$25/\$50/\$100
Plan 186-0	\$10/\$20/\$40	\$25/\$50/\$100
Plan 186-250	\$10/\$20/\$40	\$25/\$50/\$100
Plan 186-500	\$15/\$30/\$50	\$38/\$75/\$125
Plan 186-1000	\$15/\$30/\$50	\$38/\$75/\$125
Plan 986-500	\$15/\$30/\$50	\$38/\$75/\$125
Plan 875-1000	\$15/\$30/\$50	\$38/\$75/\$125
Plan 875-1500	\$15/\$30/\$50	\$38/\$75/\$125
Plan 875-2500	\$15/\$30/\$50	\$38/\$75/\$125

DRUG BENEFIT PLAN NOTES:

- **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 2300	\$2,300/\$4,600	\$2,800/\$5,600	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

Preventative care benefits are provided at 100% with no deductible for network providers and 60% after deductible for non-network providers for all HSA plans.

For additional information on HSAs, please contact Business Distribution Solutions.



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 manages SuperMed Vision.

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



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.

RETIREE ELIGIBILITY

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

- The retiree's years of service plus age total at least 60.
- The retiree worked at least the minimum required hours per week prior to retirement.
- The retiree worked for the employer for at least five years prior to retirement.
- The retiree had been covered on the group's policy for at least five years prior to retirement.
- The retiree maintained continuous coverage on the group's policy since retirement.

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 will continue to offer access to the finest healthcare available today. To identify the appropriate network, members should refer to the networks defined on their ID cards or visit www.ConsumersLife.com for current network information.