



MICHIGAN 100% WELLNESS HSA PLANS



BASE PLAN	HSA 2500	HSA 3000	HSA 4000	HSA 5000
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	\$5,000/\$10,000	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) — Single/Family ²	N/A	N/A	N/A	N/A
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) — Single/Family ²	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance – Network/Non-Network	100% / %50			
Lifetime Maximum	\$3,000,000			

BENEFITS	PPO NETWORK	NON-PPO NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	19 Dependent, 23 Student; Removal upon End of the Month	
Physician/Office Services		
Office & Urgent Care Visits (Illness/Injury)	100% after deductible	50% after deductible
Standard Immunizations	100% after deductible	50% after deductible
Preventive Services		
Routine Physical Exam	100% no deductible	50% after deductible
Well Child Care Services to age nine. Exams and Immunizations are limited to a \$500 maximum per benefit period.		
Well Child Care Exams, Immunizations & Labs	100% no deductible	50% after deductible
Routine Mammogram (one per benefit period)	100% no deductible	50% after deductible
Routine Pap Tests (one per benefit period)	100% no deductible	50% after deductible
Routine PSA Tests	100% no deductible	50% after deductible
Routine EKG, chest X-ray, comprehensive metabolic panel, urinalysis and complete blood count (one each per benefit period)	100% no deductible	50% after deductible
Outpatient Services		
Allergy Testing and Treatments	100% after deductible	50% after deductible
Physical Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Occupational Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Speech Therapy (20 visits per benefit period)	100% after deductible	50% after deductible
Chiropractic Services (12 visits per benefit period)	100% after deductible	50% after deductible
Cardiac Rehab (20 visits per benefit period)	100% after deductible	50% after deductible
Emergency Use of an Emergency Room	100% after deductible	
Non-Emergency Use of an Emergency Room	100% after deductible	50% after deductible
Surgical Services	100% after deductible	50% after deductible
Diagnostic Services	100% after deductible	50% after deductible
Inpatient Services		
Semi-Private Room and Board	100% after deductible	50% after deductible
Skilled Nursing Facility (\$10,000 maximum per benefit period)	100% after deductible	50% after deductible



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BENEFITS	PPO NETWORK	NON-PPO NETWORK
Additional Services		
Ambulance (\$2,500 Maximum per benefit period)	100% after deductible	
Durable Medical Equipment	100% after deductible	50% after deductible
Home Health Care (60 visits per benefit period)	100% after deductible	50% after deductible
Hospice	100% after deductible	50% after deductible
Organ and Tissue Transplants	100% after deductible	50% after deductible
Diabetic Education and Training	100% after deductible	50% after deductible
Mental Health & Substance Abuse		
Inpatient Mental Health Services (30 days per benefit period)	100% after deductible	50% after deductible ¹
Outpatient Mental Health Services (20 visits per benefit period)	50% after deductible	50% after deductible ¹
Inpatient and Outpatient Substance Abuse Services (\$4,500 limit per benefit period)	100% after deductible	50% after deductible ¹
Prescription Drug – Oral Contraceptives Included (Failure to present an ID card may result in increased cost.)		
Retail – 90 Day Supply	100% after deductible	
Home Delivery – 90 Day Supply	100% after deductible	

This document is not a contract of insurance. It is a partial listing of healthcare benefits. Refer to your certificate for a complete listing of healthcare benefits. Benefits are determined based on Consumers Life Insurance Company's medical and administrative policies and procedures. No person other than an officer of Consumers Life Insurance Company 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, Consumers Life Insurance Company payment may not equal the percentage listed in these charts. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Consumers Life Insurance Company'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. 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.

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 Consumers Life Case Manager (except for corneal transplants). Failure to contact Care Management prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

¹Coinsurance 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.