





MedBen Indiana

BENEFIT SUMMARY

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|  | <h3 style="margin: 0;">CONTACTS</h3> <p>MedBen Sales Service (888) 633-2366 • www.medben.com</p> <p>Pharmacy Data Management (PDM) Pharmacy Benefits Manager (800) 800-7364 • www.pdmi.com</p> |  |
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| WELLNESS SERVICES | IN NETWORK | OUT OF NETWORK |
|---|--|--|
| Well Adult Care – Includes one routine physical per year and routine gynecological care | \$20 Copay | Not Covered |
| Well Baby and Child Care | \$20 Copay – Age 18 and under – Includes routine immunizations, development assessment and anticipatory guidance, routine physical exams and medical history | Not Covered |
| * Routine Screening Mammography – One screening per year, age 35 and older | Paid at 100%, no Deductible | Deductible and Coinsurance apply |
| Cytologic Screening | \$20 Copay | Deductible and Coinsurance apply |
| Colorectal Cancer Screening / Prostate Exam | \$20 Copay | Deductible and Coinsurance apply |
| OUTPATIENT SERVICES (Other than maternity, mental health/drug abuse and alcoholism) | IN NETWORK | OUT OF NETWORK |
| Diagnostic Mammography | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Office Visits , including diagnostic x-ray and laboratory services performed in the office | \$20 Copay | Deductible and Coinsurance apply |
| Outpatient Diagnostic X-ray and Laboratory Services Not Performed in the Office , including ultrasounds and amniocentesis | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Outpatient Surgery , including surgery performed in the office | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Outpatient Hospice Care (Subject to \$10,000 lifetime maximum for inpatient/outpatient and in-network/out-of-network combined) | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| INPATIENT SERVICES | IN NETWORK | OUT OF NETWORK |
| Inpatient Hospital Care , including maternity | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Inpatient Hospice Care (Subject to \$10,000 lifetime maximum for inpatient/outpatient and in-network/out-of-network combined) | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Inpatient Physician Services | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Skilled Nursing and Sub-Acute Care (Subject to a maximum of 100 days per year for in-network/out-of-network combined) | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Urgent Care Services | Waiver of Deductible after \$50 Copay, and Coinsurance applies (Copay waived if admitted to hospital directly from urgent care facility) | \$50 Copay, Deductible and Coinsurance apply (Copay waived if admitted to hospital directly from urgent care facility) |
| Emergency Services | Waiver of Deductible after \$100 Copay, and Coinsurance applies (Copay waived if admitted to hospital directly from emergency room) | \$100 Copay, Deductible and Coinsurance apply (Copay waived if admitted to hospital directly from emergency room) |
| Follow-Up Care at Emergency Room | Not Covered | Not Covered |

| MATERNITY | IN NETWORK | OUT OF NETWORK |
|---|---|---|
| Pre- and Post-Natal Care (First visit only, per pregnancy) | \$20 Copay | Deductible and Coinsurance apply |
| Pre- and Post-Natal Care (after first visit), including delivery and in-hospital physician visits for mother and baby | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| OTHER MEDICAL SERVICES | IN NETWORK | OUT OF NETWORK |
| Inpatient Mental Health Services , subject to a maximum of 20 days per year for in-network/out-of-network combined (if less than 50 employees) | Deductible and Coinsurance apply if less than 50 employees; otherwise, paid the same as any other illness | Deductible and 50% Coinsurance apply if less than 50 employees; otherwise, paid the same as any other illness |
| ** Outpatient Mental Health Services , subject to a maximum of 20 visits per year for in-network/out-of-network combined (if less than 50 employees) | Deductible and 50% Coinsurance apply if less than 50 employees; otherwise, paid same as any other illness | Deductible and 50% Coinsurance apply if less than 50 employees; otherwise, paid same as any other illness |
| Inpatient Alcoholism and Drug Abuse | Deductible and 50% Coinsurance apply | Deductible and 50% Coinsurance apply |
| Outpatient Alcoholism and Drug Abuse , subject to a maximum benefit of \$550 per year | Deductible and 50% Coinsurance apply | Deductible and 50% Coinsurance apply |
| Outpatient Physical Therapy and Non-Surgical Spinal or Vertebral Column Treatment , subject to a maximum benefit of \$1,000 per year for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Occupational Therapy , subject to a maximum benefit of \$1,000 per year for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Restorative Speech Therapy , subject to a maximum benefit of \$1,000 per year for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Home Health Care Services , subject to a maximum benefit of 100 visits per year (4 hours = 1 visit) for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| TMJ , subject to a lifetime maximum benefit of \$1,000 for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Durable Medical Equipment , subject to a maximum of \$3,000 per year for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| * Organ Transplants , including allogenic donor searches | Deductible and Coinsurance apply; in-network transplant benefit limited to \$1,000,000 lifetime maximum | Deductible and 50% Coinsurance apply; out-of-network transplant benefit limited to \$5,000 per transplant and \$1,000 per transplant for allogenic donor searches |
| Ground Ambulance , subject to a lifetime maximum benefit of \$1,000 for in-network/out-of-network combined | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| Air Ambulance | Deductible and Coinsurance apply | Deductible and Coinsurance apply |
| PRESCRIPTION DRUG COVERAGE | IN NETWORK | OUT OF NETWORK |
| Covered Prescriptions via Retail Pharmacy (Most self-injected speciality drugs fall under Tier III.) | <ul style="list-style-type: none"> • Tier I – Lower Cost Generic/Brand Drugs & Select OTC – \$10 Copay • Tier II – Higher Cost Generic & Most Brand Drugs – \$25 Copay • Tier III – Higher Cost Brand Drugs – \$50 Copay | 50% Coinsurance for all out-of-network prescriptions |
| Covered Prescriptions via Mail Order (Most self-injected speciality drugs fall under Tier III.) | <ul style="list-style-type: none"> • Tier I – Lower Cost Generic/Brand Drugs & Select OTC – \$25 Copay • Tier II – Higher Cost Generic & Most Brand Drugs – \$60 Copay • Tier III – Higher Cost Brand Drugs – \$125 Copay | Not Covered |
| About Our Prescription Drug Coverage | | |
| MedBen offers a percentage copay option for employers seeking a more cost-effective benefit approach. Plan participants have 24/7 access to Rx claims and benefits information via our RxEOB website . Go to www.medben.com and click on "Online Client Services", select "MedBen Access", log in and click on "My Rx". MedBen uses Pharmacy Data Management for plan oversight and AmeriPharm for mail order service. | | |

This summary of benefits applies only to residents of the State of Indiana. In addition, this summary contains only a partial description of the certificate and policy provisions. All benefits, services and supplies are subject to the terms and conditions of the certificate and policy as issued by Medical Benefits Mutual Life Insurance Co. In the event of a discrepancy between this summary and the actual policy and certificate documents, the certificate and policy will govern. The complete terms of coverage are set forth in the certificate of coverage (CMM-CERT-(MB/IN)-002) and policy (MBM-COMP-GM004-IN) issued by Medical Benefits Mutual Life Insurance Co.

* This may be different than your certificate language as these service enhancements were made after the certificates were issued.

** This includes treatment for ADD/ADHD.