

mPowerMed

Your empowered health insurance options

HSA-Qualified Plans

| Plan Specifics | HSA5 PPO | HSA5 Traditional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------------|--------|----------------|-------------|---------------|---------------|--------------|------|-----|-----|-----|-----|---------|---------|-----|------------------|---------|---------|-----|------------------|---------|---------|-----|--|------------|--------|-------------|---------------|------|-----|-----|---------|------------------|---------|------------------|---------|
| Lifetime Maximum | \$5,000,000 | \$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Critical Illness Primary insured only | \$5,000 | \$5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year Maximum | \$2,000,000 | \$2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Office Visit | Covered charges are subject to the plan deductible and coinsurance | Covered charges are subject to the plan deductible and coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year Deductible ¹ | <u>In-network</u> <u>Individual</u> • \$1,500 • \$2,500 • \$3,500 • \$5,000 • \$5,650 <u>Family</u> • \$3,000 • \$5,000 • \$7,000 • \$10,000 • \$11,300 <u>Out-of-network deductible: 2 times the in-network deductible</u> | <u>Individual</u> • \$1,500 • \$2,500 • \$3,500 • \$5,000 • \$5,560 <u>Family</u> • \$3,000 • \$5,000 • \$7,000 • \$10,000 • \$11,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance and Out-of-Pocket Maximum ¹ | <table border="1"> <thead> <tr> <th>In-network</th> <th>Individual</th> <th>Family</th> <th>Out-of-network</th> </tr> <tr> <th>Coinsurance</th> <th>Out-of-pocket</th> <th>Out-of-pocket</th> <th>Coinsurance*</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>\$0</td> <td>\$0</td> <td>70%</td> </tr> <tr> <td>80%</td> <td>\$2,000</td> <td>\$4,000</td> <td>60%</td> </tr> <tr> <td>80%²</td> <td>\$3,000</td> <td>\$6,000</td> <td>60%</td> </tr> <tr> <td>50%²</td> <td>\$3,000</td> <td>\$6,000</td> <td>50%</td> </tr> </tbody> </table> | In-network | Individual | Family | Out-of-network | Coinsurance | Out-of-pocket | Out-of-pocket | Coinsurance* | 100% | \$0 | \$0 | 70% | 80% | \$2,000 | \$4,000 | 60% | 80% ² | \$3,000 | \$6,000 | 60% | 50% ² | \$3,000 | \$6,000 | 50% | <table border="1"> <thead> <tr> <th>Individual</th> <th>Family</th> </tr> <tr> <th>Coinsurance</th> <th>Out-of-pocket</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>\$0</td> </tr> <tr> <td>80%</td> <td>\$2,000</td> </tr> <tr> <td>80%²</td> <td>\$3,000</td> </tr> <tr> <td>50%²</td> <td>\$3,000</td> </tr> </tbody> </table> | Individual | Family | Coinsurance | Out-of-pocket | 100% | \$0 | 80% | \$2,000 | 80% ² | \$3,000 | 50% ² | \$3,000 |
| In-network | Individual | Family | Out-of-network | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance | Out-of-pocket | Out-of-pocket | Coinsurance* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100% | \$0 | \$0 | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% | \$2,000 | \$4,000 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% ² | \$3,000 | \$6,000 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50% ² | \$3,000 | \$6,000 | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual | Family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance | Out-of-pocket | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100% | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% | \$2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% ² | \$3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50% ² | \$3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-pocket limits shown are in excess of the deductible. | *Individual and Family Out-of-Network Out-of-Pocket: 2 times the in-network out-of-pocket for the 60% and 50% out-of-network coinsurance; \$3,000 individual/\$6,000 family on the 70% out-of-network coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Prescription Drugs | <ul style="list-style-type: none"> Same as any other illness; covered prescription drugs are subject to deductible and coinsurance OR Discount only; prescription drugs will not be covered expenses and will not apply toward the deductible or coinsurance. (The discount is not an insurance benefit.) | <ul style="list-style-type: none"> Same as any other illness; covered prescription drugs are subject to deductible and coinsurance OR Discount only; prescription drugs will not be covered expenses and will not apply toward the deductible or coinsurance. (The discount is not an insurance benefit.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wellness Routine Physical Exam, Well Child Exams, PSA Test, Digital Screening and Colorectal Cancer Examination | <u>In-network:</u> 100% up to a combined maximum benefit of \$750 per covered person per calendar year; covered charges exceeding \$750 are subject to deductible and coinsurance <u>Out-of-network:</u> Subject to the out-of-network deductible and coinsurance | 100% up to a combined maximum benefit of \$750 per covered person per calendar year; covered charges exceeding \$750 are subject to deductible and coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ER Copay | No copay; subject to in-network deductible and coinsurance | No copay; subject to deductible and coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------------------------------|---|---|
| Outpatient Surgical Services Copay | No copay; subject to deductible and coinsurance | No copay; subject to deductible and coinsurance |
| Inpatient Hospital Confinement Copay | No copay; subject to deductible and coinsurance | No copay; subject to deductible and coinsurance |

The calendar year deductible and out-of-pocket maximum amounts are subject to annual cost of living adjustments as may be required by federal guidelines to maintain the plan's eligibility as an HSA-qualified plan.

- ¹ For PPO plans, in-network and out-of-network deductibles and out-of-pocket amounts accumulate separately. When the out-of-network amount is satisfied, the in-network amount will be considered satisfied for the remainder of the calendar year.
- ² Options are not available with individual deductibles of \$3,500, \$5,000 and \$5,650 or family deductibles of \$7,000, \$10,000 and \$11,300.

HSA5 Optional Benefits

Life Insurance

Each mPowerMed plan offers a minimum of \$10,000 term life insurance benefit for the primary insured. If the client elects life insurance coverage, he or she may select up to a total of \$100,000, in increments of \$10,000. The life insurance benefit is payable as long as the mPowerMed health plan is in force on the date of the primary insured's death.*

Supplemental Accident

Our Supplemental Accident benefit pays 100 percent up to the selected per-accident maximum of \$500, \$1,000 or \$2,500 and applies to covered charges incurred for treatment of an accidental bodily injury. This benefit also covers subsequent follow-up care received within 3 months from the date of the accident and is available for an unlimited number of accidents while coverage under the rider is in force. Covered charges incurred after the maximum benefit is paid, or 3 months after the accident, are subject to the plan deductible and coinsurance.

* Term life insurance benefits are subject to a reduction schedule based on age. The selected life benefit amount is reduced as follows: Age 65-69: 65%, Age 70-74: 40%, Age 75-79: 25%, Age 80-84: 15%, Age 85+: 10%. Death by suicide, while sane or insane, is not covered if the death occurs within 12 months of the effective date of coverage under this rider.

Benefit Limitations

(limitations apply to PPO and Traditional Plans)

| | HSA5 |
|--|---|
| Skilled Nursing Facility Care After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level. | Maximum of \$100 per day and 50 days per calendar year per covered person |
| Home Health Care After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level. | Maximum of 35 visits per calendar year per covered person |
| Ground, Water and Air Ambulance Services | Covered charges are paid the same as any other illness |
| Physical, Speech and Occupational Therapies After the deductible has been satisfied, covered charges will be paid at the selected coinsurance level. | Maximum of 30 treatments for one type of therapy and up to 60 treatments for any combination of therapies per calendar year per covered person |
| Organ Transplant: Center of Excellence Provider If a Center of Excellence is utilized, a travel expense allowance is included for up to \$5,000 for one companion or two companions if the insured is a minor. | Subject to the policy's calendar year maximum of \$2,000,000 and lifetime maximum of \$5,000,000 |
| Organ Transplant: Provider not listed as a Center of Excellence | For the PPO Plan: in-network: lifetime maximum benefit of \$250,000, out-of-network: lifetime maximum benefit of \$100,000 For the Traditional Plan: lifetime maximum benefit of \$250,000 |

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|---|---|
| Outpatient X-Ray, Lab and Diagnostic Testing | Covered charges are paid the same as any other illness |
| Outpatient Diagnostic Imaging (including but not limited to MRI, CAT Scan and PET Scan) | Covered charges are paid the same as any other illness |
| Mental or Nervous Disorders and Chemical Dependency Disorders Benefits are not provided for inpatient chemical dependency treatment. | Combined lifetime maximum of \$10,000 per covered person while insured |
| Outpatient Mental or Nervous Disorders and Chemical Dependency Disorders | Maximum of \$25 per visit, up to a maximum of \$1,250 per calendar year, subject to the medical plan deductible and coinsurance |
| Inpatient Mental or Nervous Disorders | Maximum of up to \$2,500 per calendar year, subject to the medical plan deductible and coinsurance |
| Non-Surgical Back Treatment (Including but not limited to Chiropractic Care) | Maximum of \$500 per calendar year per covered person, subject to the medical plan deductible and coinsurance |
| Hospice Care | The plan will pay covered expenses for hospice care for up to 6 months, not subject to any copays, deductible and coinsurance* |

For agent use only; this plan overview is not for consumer use or distribution.

For complete details, refer to the certificate of coverage MNL GC 107 and Master Policy MNL 2008-CA-MP, underwritten by Madison National Life Insurance Company, Inc., Madison, Wisconsin.

This is intended as a summary only. Provisions may vary by state. For complete details, see the certificate of coverage. Benefits are subject to usual, reasonable and customary amounts.