

Next Generation HSA™

For Individuals & Families

Wisconsin Benefit Chart

| Plan Choice | 100% Plan | | 80% Plan | |
|---|------------------------|-------------|----------|-------------|
| | Network | Non-Network | Network | Non-Network |
| Individual Benefit Period Deductible The network and non-network benefit period deductibles are separate and charges incurred under one deductible will not be applied to the other deductible. | \$1,100* | \$2,200* | \$1,100* | \$2,200* |
| | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| | \$2,100 | \$4,200 | \$2,100 | \$4,200 |
| | \$2,700 | \$5,400 | \$2,700 | \$5,400 |
| | \$3,500 | \$7,000 | \$3,500 | \$7,000 |
| | \$5,000 | \$10,000 | | |
| Family Benefit Period Deductible The network and non-network benefit period deductibles are separate and charges incurred under one deductible will not be applied to the other deductible. | \$2,200* | \$4,400* | \$2,200* | \$4,400* |
| | \$3,000 | \$6,000 | \$3,000 | \$6,000 |
| | \$4,200 | \$8,400 | \$4,200 | \$8,400 |
| | \$5,450 | \$10,900 | \$5,450 | \$10,900 |
| | \$7,000 | \$14,000 | \$7,000 | \$14,000 |
| | \$10,000 | \$20,000 | | |
| Lifetime Policy Maximum | \$5 million per person | | | |
| Networks Available | Health EOS+ | | | |

*These may be adjusted annually for changes in the U.S. Consumer Price Index (CPI)

| | Network Coverage | Non-Network Coverage |
|--|---|--------------------------------|
| | Benefit Percentages Apply After The Deductible Is Met | |
| Individual Benefit Percentage/ Out-Of-Pocket Maximum After Deductible | 100% / NA 80% / \$1,000 | 75% / \$4,000 50% / \$4,000 |
| Family Benefit Percentage/ Out-Of-Pocket Maximum After Deductible | 100% / NA 80% / \$2,000 | 75% / \$4,000 50% / \$8,000 |

| Accident Benefit | |
|------------------|--|
| Accident | We will waive the deductible and pay the covered charges at the benefit percentage shown on the policy schedule for services incurred within 30 days of an injury. The deductible will be applied to any covered charges incurred after the 30-day limit has been met. |

| Physician Services | Network Coverage | Non-Network Coverage |
|---|---|---|
| | Benefit Percentages Apply After The Deductible Is Met | |
| In Physician's Office and Urgent Care Centers • Office Visits • X-rays • Visits for Injury • Office Surgery • Laboratory Tests | 100% or 80% | 75% or 50% |
| In-Hospital Visits by a Physician | | |
| Allergy Testing, Serums and Injections \$500 benefit period maximum per person | | |
| Outpatient Spinal Manipulation \$500 benefit period maximum per person | | |
| Preventive Care \$300 benefit period maximum per person • Immunizations • PSA Testing • Routine Physical Exams • Colonoscopy • Routine Mammograms • Pap Smear • Inoculations or Prophylactic Drugs for Travel • Bone Density Test | 100% or 80% | Not Covered* * Routine Mammograms will be covered at Non-Network providers |

| | Network Coverage | Non-Network Coverage |
|---|--|-----------------------------|
| Hospital Services | Benefit Percentages Apply After The Deductible Is Met | |
| Inpatient Services | 100% or 80% | 75% or 50% |
| Outpatient Surgery | | |
| Diagnostic Services <ul style="list-style-type: none"> • Pre-admission Testing • X-rays • Laboratory Tests • Nuclear Medicine • MRIs • Non-Routine Mammograms • Ultrasounds | | |

| Emergency Services | | |
|---|--|--|
| Emergency Room Services Including Ambulance and ER Physicians (see Accident Benefit on page 1) | Emergency sickness or injury subject to the Network deductible and Network benefit percentage of 100% or 80%. Non-emergency sickness is not covered. | |

| Other Covered Services | | |
|--|---|---|
| Free-Standing Outpatient Surgery Center Facility Charges | 100% or 80% | 75% or 50% |
| Radiology or Diagnostic Services Outside of the Hospital <ul style="list-style-type: none"> • X-rays • MRIs • Non-Routine Mammograms • Nuclear Medicine • Ultrasounds • Laboratory (including lab work sent by a physician to an independent laboratory) | | |
| Outpatient Physical, Occupational and Speech Therapy Limited to 60 visits per person per benefit period (this is a combined total for all therapies) | | |
| Home Health Care Limited to 40 visits per person per benefit period | | |
| Hospice Up to \$200 per day, a lifetime maximum of \$15,000 or 6 months per person, whichever comes first, \$500 bereavement support | | |
| Skilled Nursing Facility Limited to 60 days per person per benefit period | | |
| Temporomandibular Disorders (TMJ) \$1,250 maximum per person per benefit period for diagnostic and non-surgical treatment only | | |
| Prescription Drug Coverage Includes the discount drug card for use at network retail pharmacies, up to a 30-day supply. The mail order program also provides discounts for up to a 90-day supply of maintenance medications. | Discount Program, then 100% or 80% | 75% or 50% |
| Organ Transplants Combined maximum lifetime benefit of \$1 million per person. Includes charges incurred at designated and non-designated transplant facilities. A designated transplant facility is a medically proven, exceptional success rate facility for organ transplants that has agreed to provide approved transplant services to our policyholders. | \$1 million at a designated transplant facility with up to \$10,000 for travel and lodging for the insured and one companion. Meals and lodging are limited to \$150 per person per day. 100% or 80% | \$150,000 at a non-designated transplant facility 75% or 50% |
| Accidental Death & Dismemberment for Primary Insured Only | \$10,000 (Full Amount) | |

| | Network Coverage | Non-Network Coverage |
|--|--|----------------------|
| Plan Options | | |
| Dental Benefit \$1,000 benefit period maximum per person. | Type I procedures: 6-month waiting period, then 80% Type II procedures: 12-month waiting period, \$100 benefit period deductible, then 50% | |
| Maternity benefit for policyholder or spouse only, if spouse is covered under the policy. 270-day waiting period from the effective date of the rider. To be covered, pregnancy must begin after the waiting period. | 100% or 80% | 75% or 50% |
| Embedded Deductible for Family Plans | Allows a single family member to begin receiving benefits at the network/non-network levels as appropriate after that family member's single deductible amount has been reached. Available for a family deductible of \$4,400 or higher. | |

Benefit Period

Benefit Period means the 12-month period beginning on the effective date of your policy and reoccurring every 12 months thereafter.

Pre-existing Conditions Limitation

The plan does not pay for any expense incurred due to a pre-existing condition during the two-year period starting on your effective date of coverage.

Pre-existing condition means:

A medical condition, for which, prior to the effective date of coverage:

1. The Family Member received Medical Advice or Treatment from a Physician within 60 months before the effective date of coverage; or
2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or Treatment within 60 months before the effective date of the Family Member's coverage under this policy.

This includes any medical condition whether diagnosed or not, for which the Family Member received Medical Advice or Treatment. Medical Advice means medical Treatment or consultation; medical care or services; diagnostic tests; or taking of a prescribed drug(s) or medicine(s).

Medicare Coordination and Insurance with Other Insurers

Next Generation HSA contains certain provisions that may reduce benefits under the plan; a full description is contained in the policy.

Eligibility

The following are considered eligible for coverage:

- The key applicant and his or her spouse,
- The key applicant's children and his or her spouse's children and adopted children (regardless of whether a final order granting adoption is ultimately issued), provided they are:
 - Not married
 - Dependent on the key applicant for at least 50% of their support
 - Less than 22 years of age at the time of application, and

- The key applicant's grandchildren and his or her spouse's grandchildren, provided:
 - The grandchild's parent is under the age of 18; and
 - The grandchild is dependent on the key applicant for at least 50% of their support.

Underwriting

The health history provided on the application determines the policy provisions and premium. Therefore, it is important that applicants answer all questions accurately and thoroughly. If the agent assists in completing the application, the applicant should review the answers before signing. The applicant's signature attests to the completeness and accuracy of the answers.

Reviews conducted after the policy is issued may reveal health information that wasn't disclosed on the application. This may result in rescission of coverage, increased premiums, and/or exclusion riders or claims being denied under the policy's pre-existing exclusion.

General Exclusions and Limitations

Some of the services that the Next Generation HSA Plan does NOT cover include:

Pre-existing conditions for the 2-year period starting on the effective date of coverage; Charges in excess of the usual, customary, and reasonable charges for services by physicians and hospitals not in the PPO network; Charges for services that are experimental, investigational, unproven or for research; Charges arising from war, commission of a felony, or participation in a riot or insurrection; Any sickness contracted or injury received while a member of the military; Charges for sickness or injury that are covered by workers' compensation insurance or similar laws; Travel expenses, except as provided in the policy; Preventive medical care, except when provided by the preventive care benefit, or if listed under covered charges; Charges for dental services or supplies, unless the dental benefit rider is purchased; Cosmetic treatment, except as provided in the policy; Care covered under a government program; Eyeglasses; Contact lenses; Eye exams; Hearing aids; Contraceptives; Pregnancy, unless the maternity benefit rider is purchased; Sterilization; Abortion;

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Treatment for hair restoration; Treatment of acne; Treatment for mental or nervous disorders or illnesses, or emotional conditions, even if court ordered; Treatment of substance abuse, including alcoholism; Charges which are not medically necessary; Treatment received in a hospital emergency room for a non-emergency sickness; Charges for which benefits are not provided in the policy.

A complete list of exclusions and limitations is included in the Next Generation HSA policy. See Policy Form ICDHP-HSA for complete terms and conditions.


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