

CVCH Health Plans

Major medical insurance for groups of 2–50 employees

Bronze plan

Calendar-year maximum	\$5 million
Physician office visit	Covered charges apply to deductible and coinsurance
<p>Deductible The deductible options listed apply per covered person, per calendar year to in-network charges.</p> <p>In-network and out-of-network deductibles accumulate separately. However, when the out-of-network deductible is satisfied, the in-network deductible will be considered satisfied for the remainder of the calendar year.</p>	<p>D Family deductible: Two times the individual deductible amount</p> <p>Out-of-network deductible: Two times the in-network deductible amount</p>
<p>Coinsurance After the deductible has been satisfied, the plan will pay the selected coinsurance percentage of covered in-network charges.</p>	<p>D Out-of-network coinsurance: 60% when the 80% in-network coinsurance is selected, 50% when the 70% or 60% in-network coinsurance is selected</p>
<p>Coinsurance out-of-pocket maximum* In addition to the deductible, the insured person is responsible for the selected out-of-pocket amount per calendar year for in-network charges.</p> <p>In-network and out-of-network out-of-pocket amounts accumulate separately. However, when the out-of-network out-of-pocket is satisfied, the in-network out-of-pocket will be considered satisfied for the remainder of the calendar year.</p>	<p>D Family out-of-pocket: Two times the individual out-of-pocket</p> <p>Out-of-network out-of-pocket: Two times the in-network out-of-pocket</p>
Outpatient diagnostic lab and X-ray	Covered charges apply to deductible and coinsurance
<p>Emergency room The copay will be waived if admitted inpatient immediately following the emergency room visit.</p>	<p>\$150 copay After the copay, the plan pays 100% of the emergency room covered charges.</p>
<p>Emergency ambulance services Coverage includes ground, air and water ambulance services.</p>	<p>\$150 copay After the copay, the plan pays 100% of the ambulance service covered charges.</p>

* Expenses incurred for the following charges do not accumulate toward the out-of-pocket maximum: outpatient treatment of mental, nervous or chemical dependency disorders; precertification deductibles; copays; deductible amounts; and charges excluded under the policy.

Out-of-network charges are subject to the Usual, Reasonable and Customary Charge.

Note: This plan overview must be presented with the CVCH Health Plans insurance brochure. Please refer to the separate CVCH Prescription Drug overview for outpatient prescription drug coverage information.

Additional CVCH plan benefit information

All benefits listed apply per covered person.

- ▶ **Routine mammography and cytological screening**
100%—in- and out-of-network covered charges are not subject to a plan copay, deductible or coinsurance
- ▶ **Preventive services**
Covered preventive services are those rated with an “A” or “B” by the United States Preventive Services Task Force (USPSTF) along with well-child care, routine adult physicals, prostate cancer screening, colorectal cancer screening services and annual flu shots.
In-network: 100%—covered charges are not subject to a plan copay, deductible or coinsurance
Out-of-network: no coverage
- ▶ **Inpatient and outpatient facilities, surgical services, durable medical equipment and maternity**
Subject to deductible and coinsurance
- ▶ **Outpatient physical, occupational or speech therapy**
Subject to deductible and coinsurance up to a maximum benefit of 30 treatments per calendar year for any one type of therapy and 60 treatments per calendar year for any combination of therapies
- ▶ **Mental, nervous and chemical dependency disorders**
Covered charges for all mental, nervous and chemical dependency disorders are subject to deductible and coinsurance.

Inpatient mental and nervous care: maximum benefit of 30 days per calendar year
Outpatient mental and nervous care: maximum benefit of 30 visits per calendar year
Outpatient chemical dependency care: maximum benefit of \$25 per visit
- ▶ **Organ transplant**
Covered human organ and tissue transplants include those for bone marrow, cornea, heart, heart-lung, pancreas, pancreas-kidney, kidney, liver and small bowel.

Center of Excellence provider: subject to deductible and coinsurance up to the plan’s \$5 million calendar-year maximum benefit

Non-Center of Excellence in-network provider: subject to deductible and coinsurance up to a maximum benefit of \$400,000 per transplant.

Non-Center of Excellence out-of-network provider: subject to deductible and coinsurance up to a maximum benefit of \$200,000 per transplant.
- ▶ **Non-surgical back treatment (including chiropractic care)**
Subject to deductible and coinsurance up to a maximum benefit of 20 visits per calendar year
- ▶ **Oral surgery**
Subject to deductible and coinsurance up to a maximum benefit \$5,000 per surgery
- ▶ **Skilled nursing care**
Subject to deductible and coinsurance up to a maximum benefit of 30 days per calendar year
- ▶ **Home health care**
Subject to deductible and coinsurance up to a maximum benefit of 60 visits per calendar year
- ▶ **Hospice care**
Maximum benefit of six months per calendar year
In-network: 100% after deductible
Out-of-network: subject to deductible and coinsurance

Cedar Valley Community Healthcare manages and distributes this health insurance plan that is underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National Life is a member of The IHC Group, an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 30 years.

This plan overview is intended as a summary only. Provisions and availability may vary by state. For complete details, refer to the group policy (MNL MMP 0205). CVCH Health Plans are underwritten by Madison National Life Insurance Company, Inc.