

MercyCare HMO, Inc. Individual HMO Policy

OUTLINE OF COVERAGE

PLEASE READ YOUR POLICY CAREFULLY - This outline of coverage briefly explains some of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself explains in detail the rights and responsibilities of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Your policy provides to insured members, coverage for major hospital, medical and surgical costs that are the result of a covered injury or illness. Coverage provided for medical expenses is subject to any deductibles, copayments, coinsurance or limitations as defined in the policy and detailed in the Schedule of Benefits.

Changes in some state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

TO ENROLL

To be eligible for enrollment as the subscriber in the policy this outline of coverage refers to, an individual must:

- Must be a citizen of the United States or a resident legal alien;
- Must not be eligible for or enrolled in Medicare at the time of application;
- Must not be incarcerated; and
- Must reside within the plan's service area.

Eligible dependents as defined in the policy may also be enrolled. See the policy for more information on eligible dependents, enrollment periods and coverage effective dates.

BENEFITS

Services covered under the policy include but are not limited to the following –

- Medical Benefits
- Physician Services
- Chiropractic Services
- Hospital Services
- Emergency and Urgent Care Services
- Preventive Care Services
- Prescription Drug Benefits
- Behavior Health and Substance Use Disorder Services
- Durable Medical Equipment
- Home Health Care
- Hospice Care

- Skilled Nursing Facility Services
- Surgical Services
- Therapy Services
- Virtual Visits
- X-ray, Laboratory and Diagnostic Services
- Other benefits mandated to be provided under state or federal law

Cost-sharing for covered services is specified in the Schedule of Benefits.

THIS IS A SUMMARY ONLY. PLEASE SEE YOUR POLICY FOR MORE INFORMATION.

EXCLUSIONS

Services excluded under the policy include but are not limited to the following –

- Acupuncture
- Coma stimulation/recovery programs Dental care
- Excision of excessive skin, subcutaneous tissue, and/or fat, including but not limited to such surgery to the abdomen, thigh, leg, hip, buttock or arm (except when done as part of post-mastectomy reconstruction.)
- Long-term care services
- Maintenance care
- Non-emergency care when traveling outside of the United States
- Reversal of vasectomies
- Routine eye care (Adult)
- Services and supplies include physical exams, immunizations, and other services and supplies required for employment (including travel for employment), licensing, marriage, adoption, insurance, camp, school, and sports
- Medical expenses resulting from the commission or attempted commission of a civil or criminal battery or felony.
- Services or supplies for holistic medicine, including homeopathic medicine, or other programs with an objective to provide complete personal fulfillment.
- Weight loss programs
- The removal by any method of common warts and plane flat warts
- Skin tag removal
- Charges related to childbirth in the home setting (home delivery)

THIS IS A SUMMARY ONLY. PLEASE SEE YOUR POLICY FOR A DETAILED EXPLANATION OF ALL NON-COVERED AND EXCLUDED SERVICES.

RENEWABILITY OF COVERAGE

Generally, this policy is guaranteed renewable at your option, unless stated otherwise in the policy. See the policy for more information on termination of coverage and disenrollment provisions. You must promptly provide notification of any event triggering termination of coverage.