



Benefits Pamphlets

# Outpatient Option

(ACS, OP-1)

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# Affordable Cost Solution

## Fixed Indemnity Policy

### Protection you can count on

An illness or accident resulting in a hospital stay can happen at any time. Help protect your financial security with MedMutual Protect's Affordable Cost Solution Fixed Indemnity Policy.

### Policy Features:

- No deductibles: Receive each benefit that is payable.
- This policy is "flexible" because you select the benefits that best meet your needs.
- You select your own hospital or physician.
- No coordination of benefits: Benefits are paid in addition to any other insurance coverage or health plan you may have.
- This policy is designed to supplement your existing health insurance.
- Benefits may be paid directly to you or to whomever you assign.
- All benefits "reset" each policy year.

### Benefit Overview

- ✓ Hospital Confinement & Observation Care
- ✓ ICU Confinement
- ✓ Inpatient Doctor Visits
- ✓ Surgical Operation
- ✓ Outpatient Chemo/Radiation Therapy
- ✓ Additional benefits for Anesthesiologist and Day of Surgery Services.

*Additional benefits for Anesthesiologist and Day of Surgery Services.*

### Optional Outpatient Rider Benefits

- ✓ Outpatient X-Rays, MRI, CT Scans and Lab Tests
- ✓ Doctor Visits
- ✓ Emergency Room
- ✓ Ambulance
- ✓ Prescriptions
- ✓ Preventive Care Benefits

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

# Your Benefits and Coverage

## BENEFITS PAYABLE IN THE HOSPITAL

Benefit	Benefit Amount	Limitations
<b>Hospital Confinement</b>		180 days/policy year
Day 1-5	\$4,000/day	
Day 6-30	\$2,000/day	
Day 31-180	\$500/day	

You may also apply for daily benefits of \$2,000/\$1,000/\$500.  
If you are confined solely for purposes of observation, the benefit amount will be pro-rated based on the number of hours of observation.

<b>Intensive Care Unit</b>	\$1,000/day	10 days/policy year
<b>Inpatient Doctor Visits</b>	\$75/day	10 visits/policy year

The ICU Confinement Benefit is payable in addition to the Hospital Confinement Indemnity Benefit if all requirements are met.

## BENEFITS PAYABLE OUT OF HOSPITAL

Benefit	Benefit Amount	Limitations
<b>Outpatient Chemotherapy/Radiation</b>	\$1,000/day	20 days/policy year

Administered or directed by or under the supervision of a Physician for the treatment of cancer.

## BENEFITS PAYABLE IN OR OUT OF HOSPITAL

Benefit	Benefit Amount	Limitations
<b>Surgeon's Indemnity Benefit</b>	\$12,000 or \$6,000	Maximum benefit of \$12,000 or \$6,000 as you select for all surgical operations in each Policy Year

Applicable amount shown on the Policy's Schedule of Surgical Operations will be paid for a surgical operation performed by a physician who is the primary surgeon.  
This benefit is payable for **either inpatient or outpatient surgery**.

<b>Anesthesiologist's Indemnity Benefit</b>	25% of amount payable under Surgeon's Indemnity Benefit	
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This benefit is payable in connection with **either inpatient or outpatient surgery**.  
This is payable **in addition** to the Surgeon's Indemnity Benefit

<b>Day of Surgery Indemnity Benefit</b>	125% of amount payable under Surgeon's Indemnity Benefit	
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This benefit is payable in connection with **either inpatient or outpatient surgery**.  
This is payable **in addition** to the Surgeon's Indemnity Benefit, the Anesthesiologist's Indemnity Benefit and any applicable Hospital benefit if all requirements are met.

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# Optional Benefits

## OPTIONAL SUPPLEMENTAL OUT-OF-HOSPITAL INDEMNITY BENEFIT RIDER (S-ACS-OP)\*

All of the below benefits are in Out-of-Hospital Indemnity Benefit Rider Form S-ACS-OP, which is available for an additional premium.

Benefit	Benefit Amount	Limitations
Outpatient Doctors Visits	\$50	1 visit/day and 4 visits/policy year
This benefit is payable if you are treated for an injury or sickness or for a routine checkup.		
Ambulance		
Air Ambulance Transportation	\$1,500	2 air ambulance trips/policy year
Ground Transportation	\$500	4 ground ambulance trips/policy year
Preventive Care Indemnity Benefits		
Pap Smear	\$100	1 pap smear/policy year
Diabetes Blood Test	\$50	1 diabetes blood test/policy year
Prostate Examination (male age 50 or older)	\$75	1 prostate examination/policy year

\*Not available in UT, ID, and KS

## UPGRADE TO OUR OPTIONAL OUT-OF-HOSPITAL INDEMNITY BENEFIT RIDER (ACS-OP)

All of the below benefits are in Out-of-Hospital Indemnity Benefit Rider Form ACS-OP, which is available for an additional premium.

Benefit	Benefit Amount	Limitations
Outpatient Doctor Visits	\$50/visit	1 visit/day and 4 visits/policy year
This benefit is payable if you are treated for an injury or sickness or for a routine checkup.		
Ambulance		
Air Ambulance Transportation	\$1,500	2 air ambulance trips/policy year
Ground Transportation	\$500	4 ground ambulance trips/policy year
Preventive Care Indemnity Benefits		
Pap Smear	\$100	1 pap smear/policy year
Diabetes Blood Test	\$50	1 diabetes blood test/policy year
Prostate Examination (male age 50 or older)	\$75	1 prostate examination/policy year

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# Optional Benefits *(continued)*

Benefit	Benefit Amount	Limitations
<b>Outpatient X-Rays and Lab Tests</b>		\$2,000/policy year
X-ray	\$75	
MRI or CT Scan	\$750	
Lab Test	\$50	
<b>Emergency Room</b>	\$500	1 visit/policy year
<b>Prescription</b>	\$25	\$500 for all prescription drugs each policy year
<b>Additional Preventive Care</b>		
Colonoscopy (age 50 or older)	\$500	1 colonoscopy screening/5 policy years
Mammogram (female age 35 or older)	\$125	Age intervals specified in the policy

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# Supplemental Outpatient Fixed Indemnity Policy

## Outpatient Coverage

### Coverage when you need it

When you need an outpatient procedure or an emergency trip to the hospital, you should not have to be concerned with what impact it will have on your family's finances. Be prepared with MedMutual Protect's **Supplemental Outpatient Fixed Indemnity Policy**.

### Policy Features:

- No deductibles: Receive each benefit that is payable.
- This policy is flexible: Select the benefits that best meet your needs.
- You select your own hospital or physician.
- No coordination of benefits: Benefits are paid in addition to any other insurance coverage or health plan you may have.
- This policy is designed to supplement your existing health insurance.
- Benefits may be paid directly to you or to whomever you assign.
- All benefits reset each policy year.

### Benefit Overview

- ✓ Preventive Care
  - Colonoscopy
  - Prostate Exam
  - Mammogram
  - Pap Smear
  - Diabetes Blood Test
- ✓ Outpatient
  - X-Rays
  - MRI or CT Scan
  - Lab Tests
  - Doctor Visits
- ✓ Ambulance
  - Ground or Air
- ✓ Emergency Room
- ✓ Prescription Drugs
- ✓ Choose the coverage that is right for you!

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# Your Benefits and Coverage

## PREVENTIVE CARE INDEMNITY BENEFITS

Benefit	Benefit Amount	Limitations
Colonoscopy (age 50 or older)	\$500	1/5 policy years
Mammogram (female age 35 or older)	\$125	Age intervals specified in the policy
Pap Smear	\$100	1 pap smear/policy year
Prostate Examination (male age 50 or older)	\$75	1 prostate examination/policy year
Diabetes Blood Test	\$50	1 diabetes blood test/policy year

## CHOOSE YOUR COVERAGE ON THESE BENEFITS

Benefit	Option 1	Option 2
<b>Outpatient X-rays and Lab Tests Indemnity Benefits</b> (As a result of an injury or sickness)		
MRI or CT Scan	\$750	\$500
X-ray	\$75	\$50
Lab Test	\$50	\$25
Maximum Benefit per Policy Year	\$2,000	\$1,000
<b>Outpatient Doctor Visits Indemnity Benefits</b>		
Personal treatment by a Physician in his/her office or clinic (for injury, illness or routine checkup – limited to 1 visit per day and 4 visits per Policy Year)	\$50	\$25
<b>Ambulance Benefit</b>		
Air Ambulance, limited to 2 air ambulance trips per Policy Year	\$1,500	\$1,500
Ground Transportation, limited to 4 ground ambulance trips per Policy Year	\$500	\$250
<b>Emergency Room Indemnity Benefit</b>		
Personal treatment by a Physician in a hospital emergency room (limited to 1 visit per Policy Year)	\$500	\$300
<b>Prescription Indemnity Benefit</b>		
Prescription Drugs	\$25	\$10
Maximum Benefit per Policy Year	\$500	\$250

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