

Muskingum Valley ESC SuperMed Plus Plan "C"		
Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of Month	
Overall Annual Benefit Period Maximum	Unlimited	
Benefit Period Deductible - Single/Family	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	80%	70%
Coinsurance Limit (Excluding deductible) Single/Family	\$2,000/\$4,000	\$4,000/\$8,000
Physician/Office Services		
Office Visit (Illness/Injury)	\$30 copay, then 100%	70% after deductible
Specialty Visit	\$50 copay, then 100%	70% after deductible
Urgent Care Office Visit	\$50 copay, then 100%	70% after deductible
Surgical Services in Physician's Office	\$30 copay, then 100%	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services <sup>3</sup>		
Preventative Services, in accordance with State and Federal Law <sup>3</sup>	100%	70% after deductible
Routine Physical Exams (Age 21+)	100%	70% after deductible
Well Child Care Services including Exams and Immunizations (Birth to Age 21)	100%	70% after deductible
Well Child Care Lab Tests (To Age 21)	100%	70% after deductible
Routine Vision Exams (including Refraction, Age 21+)	100%	70% after deductible
Routine Hearing Exam (Age 21+)	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible
Routine Labs, X-Rays, and Medical Tests (All Ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (other than a physician's office)	0% after deductible	70% after deductible
Diagnostic Services	100%	70% after deductible
CT Scans, MRI and Nuclear Medicine	80% after deductible	70% after deductible
Emergency use of ER <sup>4</sup>	\$250 copay	
Non-Emergency use of ER <sup>4, 5</sup>	\$250 copay, then 80%	\$250 copay, then 70%

Muskingum Valley ESC SuperMed Plus Plan "C" (Continued)		
Inpatient Facility	Network	Non-Network
Semi-Private Room and Board	80% after deductible	70% after deductible
Diagnostic Services (LABS, X-rays, medical tests)	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
Maternity	80% after deductible	70% after deductible
Skilled Nursing Facility (60 days per benefit period)	80% after deductible	70% after deductible
Additional Services		
Ambulance	80% after deductible	70% after deductible
Durable Medical Equipment including Prosthetics Appliances and Orthotic Devices (unlimited)	80% after deductible	70% after deductible
Home Healthcare (60 visits per benefit period)	80% after deductible	70% after deductible
Hospice (360 Days, lifetime maximum)	80% after deductible	70% after deductible
Organ Transplants	80% after deductible	70% after deductible
Private Duty Nursing (\$5,000 max per benefit period)	100%	70% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription	Network	Non-Network
Generic	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Preferred Brand	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Non-Preferred Brand	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Specialty Drugs	\$100 or the max of any variable manufacturer-funded copay assistance	N/A

<sup>1</sup> Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.

<sup>2</sup> The office visit co-pay applies to the cost of the office visit only.

<sup>3</sup> Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

<sup>4</sup> Co-pay waived if admitted.

<sup>5</sup> The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.