Medical

MEDICAL MUTUAL

Muskingum Valley ESC SuperMed Plus Plan "B"		
Benefits	**Network**	**Non-Network**
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of Month following 26th birthday	
Overall Benefit Period Maximum	Unlimited	
Benefit Period Deductible- Single/Family[1]	$2,000/$4,000	$4,000/$8,000
Coinsurance	90%	70%
Coinsurance Limit (Excluding Deductible) - Single/Family	$1,000/$2,000	$2,000/$4,000
Physician/Office Services		
Office Visit (Illness/Injury)[2]	$25 copay, then 100%	70% after deductible
Specialist Visit	$45 copay, then 100%	70% after deductible
Urgent Care Office Visit[2]	$50 copay, then 100%	70% after deductible
Surgical Services in Physician's Office	$25 copay, then 100%	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services[3]		
Preventative Services, in accordance with state and federal Law[3]	100%	70% after deductible
Routine Physical Exams (Age 21+)	100%	70% after deductible
Well Child Care Services including Exam 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 Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible
Routine Laboratory, X-Rays, and Medical Tests (All Ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (non physician office)	90% after deductible	70% after deductible
Diagnostic Services	100%	70% after deductible
CT Scans, MRI and Nuclear Medicine	90% after deductible	70% after deductible
Emergency use of ER[4]	$200 copay, then 100%	
Non-Emergency use of ER[4, 5]	$200 copay, then 90%	$150 copay, then 70%

Medical

Muskingum Valley ESC SuperMed Plus Plan "B" (Continued)		
Inpatient Facility	**Network**	**Non-Network**
Semi-Private Room and Board	90% after deductible	70% after deductible
Diagnostic Services (Labs, X-rays, Medical Tests	90% after deductible	70% after deductible
Professional Services	90% after deductible	70% after deductible
Maternity	90% after deductible	70% after deductible
Skilled Nursing Facility (60 days per benefit period)	90% after deductible	70% after deductible
Additional Services		
Ambulance	90% after deductible	70% after deductible
Durable Medical equipment including Prosthetics Appliances and Orthotics Devices	90% after deductible	70% after deductible
Home Healthcare (60 visits per benefit period)	90% after deductible	70% after deductible
Hospice (360 Days, lifetime maximum)	90% after deductible	70% after deductible
Organ Transplants	90% 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 and 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 (one 31 day supply) $10 copay- home delivery (90 day supply)	N/A
Preferred Brand	$25 copay- retail(one 31 day supply) $50 copay- home delivery (90 day supply	N/A
Non-Preferred Brand	$25 copay- retail(one 31 day supply) $50 copay- home delivery (90 day supply	N/A
Specialty Drugs	$100 copay	N/A

[1] Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.

[2] The office visit co-pay applies to the cost of the office visit only.

[3] 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.

[4] Co-pay waived if admitted.

[5] The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.