

Muskingum Valley ESC SuperMed Plus Plan "A"		
Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of the Month	
Overall Annual Benefit Period Max	Unlimited	
Benefit Period Deductible - Single/Family ¹	\$1,000 / \$2,000	\$1,000 / \$2,000
Coinsurance	90%	80%
Coinsurance Limit (Excl. Deductible) Single/Family	\$1,000 / \$2,000	\$2,000 / \$4,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$20 copay, then 100%	80% after deductible
Specialist Visit	\$40 copay, then 100%	80% after deductible
Urgent Care Office Visit ²	\$50 copay, then 100%	80% after deductible
Surgical Services in Physician's Office	\$20 copay, then 100%	80% after deductible
All Immunizations	100%	80% after deductible
Preventative Services ³		
Preventative Services ³	100%	70% after deductible
Routine Physical Exams (Age 21 and over)	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 and over)	100%	70% after deductible
Routine Hearing (Age 21 and over)	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 Lab, X-Rays, all Medical Tests (All ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (non physician's 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 co-pay, then 100%	
Non-Emergency Use of ER ^{4 5}	\$200 co-pay, then 90%	\$150 co-pay, then 70%

Medical



Muskingum Valley ESC SuperMed Plus Plan "A" (Continued)		
Inpatient Facility	Network	Non-Network
Semi-Private Room and Board	90% after deductible	80% after deductible
Diagnostic Services (labs, X-rays, Medical Tests)	90% after deductible	80% after deductible
Professional Services	90% after deductible	80% after deductible
Maternity	90% after deductible	80% after deductible
Skilled Nursing Facility (60 days per benefit period)	90% after deductible	80% after deductible
Additional Services		
Ambulance	90% after deductible	90% after deductible
Durable Medical Equipment including Prosthetics and Orthotic Devices (unlimited)	90% after deductible	80% after deductible
Home Healthcare (60 visits per benefit period)	90% after deductible	80% after deductible
Hospice (360 days, lifetime maximum)	90% after deductible	80% after deductible
Organ Transplants	90% after deductible	80% after deductible
Private Duty Nursing (\$5,000 max per benefit period)	100%	80% 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 and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription	Network	Non-Network
Generic	\$5 copay - (1-31 day supply) \$10 copay - home delivery 90 day supply	N/A
Preferred Brand	\$25 copay - (1-31 day supply) \$50 copay - home delivery 90 day supply	N/A
Non-Preferred Brand	\$25 copay - (1-31 day supply) \$50 copay - home delivery 90 day supply	N/A
Specialty Drugs	\$100 or the max of any available manufacturer-funded copay assistance	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.