MEDICAL MUTUAL™

Mayfield City Schools
SuperMed Plus

SuperMed Plus®

Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	19 Dependent/24 Student; Removal upon Birth date	
Blood Pint Deductible	0 Pints	
Pre-Existing Condition Waiting Period	Initial Group Waiver, All Others: 6-9	
Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family[1]	$100/$200	
Coinsurance	100%	80%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	N/A	$500 / $1,000

Physician/Office Services		
Office Visit (Illness/Injury)[2]	$15 copay, then 100%	80% after deductible
Urgent Care Office Visit[2]	$20 copay, then 100%	
Surgical Services in Physician's Office	100%	80% after deductible
All Immunizations	100%	80% after deductible
Therapeutic Injections and Administration	100%	80% after deductible
Allergy Testing and Treatment	100%	80% after deductible

Preventative Services	100%	80% after deductible
Routine Physical Exams[2]	100%	80% after deductible
Well Child Care Services including Exam and Immunizations[2]	100%	80% after deductible
Well Child Care Laboratory Tests	100%	80% after deductible
Routine Vision Exams (including Refraction)	100%	80% after deductible
Routine Hearing Exams	100%	80% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible
Routine Laboratory, X-Rays and Medical Tests	100%	80% after deductible
Routine Endoscopic Services		

Outpatient Services	100% after deductible	80% after deductible
Surgical Services (other than a physician's office)	100% after deductible	80% after deductible
Diagnostic Services (Laboratory, X-rays and Medical Test)	$15 copay, then 100%	80% after deductible
Physical Therapy – Facility and Professional (50 visits per benefit period)	$15 copay, then 100%	80% after deductible
Occupational Therapy – Facility and Professional (50 visits per benefit period)	$15 copay, then 100%	80% after deductible
Chiropractic Therapy – Professional Only (24 visits per benefit period)	$15 copay, then 100%	80% after deductible
Speech Therapy – Facility and Professional (50 visits per benefit period)	$15 copay, then 100%	80% after deductible
Pulmonary Rehabilitation - Facility (50 visits per benefit period)	$15 copay, then 100%	80% after deductible
Cardiac Rehabilitation-Facility (50 visits per benefit period)	$125 copay, then 100%	
Emergency use of an Emergency Room[3,4]	$125 copay, then 100%	$125 copay, then 80%
Non-Emergency use of an Emergency Room[3,4]		

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	100% after deductible	80% after deductible
Diagnostic Services (Laboratory, X-Rays and Medical Test)	100% after deductible	80% after deductible
Professional Services	100% after deductible	80% after deductible
Maternity	100% after deductible	80% after deductible
Skilled Nursing Facility (60 days per benefit period)	100% after deductible	80% after deductible
Inpatient Rehabilitation (60 days per benefit period	100% after deductible	80% after deductible
Additional Services		
Ambulance	100% after deductible	100% after deductible
Dental (Accident Only)	100% after deductible	100% after deductible
Durable Medical Equipment (Limited to $50,000 per benefit period)	100% after deductible	80% after deductible
Home Healthcare (60 visits per benefit period)	100% after deductible	80% after deductible
Hospice (360 days lifetime maximum)	100% after deductible	80% after deductible
Organ Transplants	100% after deductible	80% after deductible ($30,000 per Transplant)
Weight Loss Surgical Services including complications from Weight Loss Surgery	Not Covered	Not Covered
Private Duty Nursing	Not Covered	Not Covered
TMJ Services	100% after deductible	80% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health Services (30 days per benefit period)	100% after deductible	80% after deductible
Inpatient Substance Abuse (30 days per benefit period)	100% after deductible	80% after deductible
Outpatient Mental Health Services (27 visits per benefit period)	$15 copay, then 100% for Individual Therapy; $5 copay, then 100% for Group Therapy; 100% for All Other Services	80% after deductible
Outpatient Substance Abuse (27 visits per benefit period)	$15 copay, then 100% for Individual Therapy; $5 copay, then 100% for Group Therapy; 100% for All Other Services	80% after deductible

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

Deductible and Coinsurance expenses incurred for services by a network provider will only apply to the network deductible and coinsurance out-of-pocket limits. Deductible and Coinsurance expenses incurred for services by a non-network provider will only apply to the non-network deductible and coinsurance out-of-pocket limits.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

[1]Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.
[2]The office visit copay applies to the cost of the office visit only.
[3]The copay amount accumulates to the out-of-pocket maximum and stops being taken when the maximum out-of-pocket has been met.
[4]Copay waived if admitted.

Mayfield City Schools
Prescription Drug Program[1]

Benefits	Copay	Day Supply
Benefit Period	January 1st through December 31st	
Dependent Age Limit	Same as Medical	

Formulary Retail Program with Oral Contraceptive Coverage [1]		
Generic Copayment (Required Unless DAW)	$5	30
Formulary Copayment	$10	30
Non-Formulary Copayment	$20	30
Diabetic Supplies[2]	$0	30

Formulary Mail Order Program with Oral Contraceptive Coverage [1]		
Generic Copayment (Required Unless DAW)	$5	90
Formulary Copayment	$10	90
Non-Formulary Copayment	$20	90
Diabetic Supplies[2]	$0	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

[1]Includes Preferred Rx
[2]Includes over-the-counter items, as well as insulin, syringes and needles, glucose monitors, meters or glucowatch