MEDICAL MUTUAL

Boardman Township Trustees
SuperMed Plus
Effective 1-1-09

SuperMed Plus

Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	To age 25 Dependent Removal upon end of calendar year	
Blood Pint Deductible	0 Pints	
Pre-Existing Condition Waiting Period	Initial Group Waiver, All Others: 6-12	
Lifetime Maximum	$5,000,000	
Benefit Period Deductible – Single/Family[1]	None	$100/$200
Coinsurance	100%	90%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	None	$1,000/$2,000
Physician/Office Services		
Office Visit (Illness/Injury)[2]	$15 copay, then 100%	90% after deductible
Urgent Care Office Visit[2]	100%	90% after deductible
Surgical Services in Physicians Office	$15 copay, then 100%	90% after deductible
All Immunizations	100%	90% after deductible
Allergy Testing	100%	90% after deductible
Allergy Treatments	100%	90% after deductible
Diabetic Education and Training including Certain Medical Nutritional Therapy	$15 copay,then 100%	90% after deductible
Preventative Services		
Routine Physical Exams[2]	$15 copay, then 100%	90% after deductible
Well Child Care Services including Exam and Immunizations (To age 9)[2]	$15 copay, then 100%	90% after deductible
Well Child Care Laboratory Tests (To age 9)	100%	90% after deductible
Routine Vision Exams (includes Refraction)[2]	$15 copay, then 100%	90% after deductible
Routine Hearing Exams[2]	$15 copay, then 100%	90% after deductible
Routine Mammogram (One per benefit period)	$15 copay, then 100%	90% after deductible
Routine Pap Test (One per benefit period)	100%	90% after deductible
Routine Laboratory, X-ray and Medical Tests (Age 9 and older)	100%	90% after deductible
Routine Endoscopic Services (Age 9 and older)	100%	90% after deductible
Outpatient Services		
Surgical Services (other than a physician's office)	100%	90% after deductible
Diagnostic Services	100%	90% after deductible
Diagnostic Mammograms	$15 copay, then 100%	90% after deductible
Physical Therapy – Professional and Facility	100%	90% after deductible
Occupational Therapy – Professional and Facility	100%	90% after deductible
Chiropractic Therapy – Professional Only	100%	90% after deductible
Speech Therapy – Facility and Professional	100%	90% after deductible
Cardiac Rehabilitation	100%	90% after deductible
Emergency use of an Emergency Room	100%	
Non-Emergency use of an Emergency Room	100%	90% after deductible

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	100%	90% after deductible
Diagnostic Services	100%	90% after deductible
Professional Services	100%	90% after deductible
Maternity	100%	90% after deductible
Skilled Nursing Facility (Limited to 90 days per benefit period)	100%	90% after deductible
Inpatient Rehabilitation (60 days per benefit period)	100%	90% after deductible
Additional Services		
Ambulance	100%	100%
Durable Medical Equipment including Prosthetic Appliances and Orthotic Devices	100%	90% after deductible
Home Healthcare (Limited to 90 visits per benefit period)	100%	90% after deductible
Hospice	100%	100%
Organ Transplants	100%	50% after deductible
Private Duty Nursing	100%	90% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health and Substance Abuse Services (45 days per benefit period; Substance Abuse limited to two admissions per lifetime)	100%	90% after deductible $550 maximum combined between inpatient and outpatient Substance Abuse
Outpatient Mental Health and Substance Abuse Services (30 visits per benefit period)	100%	90% after deductible 10 visits for Mental Health $550 maximum combined between inpatient and outpatient Substance Abuse

Note: Services requiring a copayment are not subject to the single/family deductible.

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

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

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.

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.

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[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.

MEDICAL MUTUAL

Boardman Township Trustees
Prescription Drug Program[1]
Effective 1-1-2009

Benefits	Copay	Day Supply
Benefit Period	January 1st through December 31st	
Dependent Age Limit	To age 25 Dependent Removal upon end of calendar year	
Formulary Retail Program with Oral Contraceptive Coverage[1]		
Generic Copayment	$10	30
Formulary Copayment	$15	30
Non-Formulary Copayment	$20	30
Diabetic Supplies[2]	$0	30
Asthmatic Supplies[3]	$0	30
Formulary Mail Order Program with Oral Contraceptive Coverage[1]		
Generic Copayment	$20	90
Formulary Copayment	$30	90
Non-Formulary Copayment	$40	90
Diabetic Supplies[2]	$0	90
Asthmatic Supplies[3]	$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.

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[1]Includes Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
[2]Includes over-the-counter items, as well as insulin, syringes and needles, glucose monitors and meters.
[3]Includes Replacement bags, Peak Flow Meters and Inhalation Spacers only.