MEDICAL MUTUAL

M.C.S.E.I.C.
Option – Low Deductible Plan

SuperMed PPO MEDICAL

Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	19 Dependent / 25 Student Removal upon End of Month	
Pre-Existing Condition Waiting Period	Initial Group Waived, All Others 6-9	
Blood Pint Deductible	No Deductible - 0 Pints	
Lifetime Maximum	$2,500,000	
Benefit Period Deductible – Single/Family[1]	$150/$300	$300/$600
Coinsurance	90%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$250/$500	$750/$1,500
Out of Pocket Maximums if using Network & Participating Providers	$400/$800	$1,050/$2,100
Physician/Office Services		
Office Visit (Illness/Injury)[2]	$10 copay, then 100%	70% after deductible
Urgent Care Office Visit[2]	$10 copay, then 100%	70% after deductible
Voluntary Second Surgical Opinion	90% after deductible	70% after deductible
All Immunizations & Injections	90% after deductible	70% after deductible
Preventative Services		
Routine Physical Exams (Ages nine and over)[2]	$10 copay, then 100%	70% after deductible
Well Child Care Services including Exam and Immunizations (To age nine)[2]	$10 copay, then 100%	70% after deductible
Well Child Care Laboratory Tests (To age nine)	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 PSA Test	100%	70% after deductible
Routine tests ordered by physician	100%	70% after deductible
Outpatient Services		
Surgical Services	90% after deductible	70% after deductible
Diagnostic Services	90% after deductible	70% after deductible
Dialysis Treatments	90% after deductible	70% after deductible
Physical Therapy - Facility and Professional (30 visits per benefit period) then subject to Medical Review	90% after deductible	70% after deductible
Occupational Therapy - (30 visits per benefit period) then subject to Medical Review – Facility & Professional	90% after deductible	70% after deductible
Chiropractic Therapy – Professional Only (36 visits per benefit period)	90% after deductible	70% after deductible
Speech Therapy – Facility and Professional (20 visits per benefit period – then subject to Medical Review)	90% after deductible	70% after deductible
Radiation & Chemotherapy – includes Oral	90% after deductible	70% after deductible
Respiratory/Pulmonary Therapy	90% after deductible	70% after deductible
Cardiac Rehabilitation	90% after deductible	70% after deductible
Emergency & Non- Emergency use of an Emergency Room[3]	$50 copay, then 90% after deductible	

MEDICAL MUTUAL

M.C.S. E. I.C.
Low Deductible Plan
Prescription Drug Option

Benefits	Copay	Day Supply
Benefit Period	January 1st through December 31st	
Dependent Age Limit	Same as Medical	
Retail Program with Oral Contraceptive Coverage		
Generic Copayment	$5	30
Brand Name Copayment	$10	30
Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	$10	90
Brand Name Copayment	$20	90

Mandatory Mail Order starting with the 3rd fill and Mandatory Generic under both Retail & Mail Order Drugs. When a member chooses to fill a prescription a third time at a retail pharmacy it will be denied and the member will be liable for the full cost of the prescription drug.

Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the brand copayment PLUS the difference between the cost of the generic drug and the brand-name drug.

Over the counter diabetics supplies are covered when purchased with insulin. (Excluding the meters/monitors).

Exclude:

Infertily Drugs

Included:

Weight Loss Drugs
Growth Hormones Drugs covered up to age 19

Note: 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.

03/17/2006

MEDICAL MUTUAL

M.C.S.E.I.C
Traditional Dental Plan
With Orthodontia
Effective July 01, 2006

TraditionalDental

Benefits	
Benefit Period	January 1st through December 31st
Dependent Age Limit	All dependents covered to age 19 Full time students 19-25 – End of Month
Benefit Period Maximum (per member)	$1,000
Benefit Period Deductible (Single/Family)[1]	$25 / $75
Orthodontic Lifetime Maximum – all ages	$1,500
Preventive Services	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Fluoride Treatment – one treatment per benefit period	100%
Space Maintainers	100%
Emergency Palliative Treatment – includes emergency oral exam	100%
Sealants – one every rolling 36 months per tooth	100%
Essential Services	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General Anesthesia	80% after deductible
Complex Services	
Gold Foil Restoration	50% after deductible
Inlays, Onlays – one every five years	50% after deductible
Crowns – one every five years	50% after deductible
Bridgework (Pontics & Abutments) – one every five years	50% after deductible
Partial and Complete Dentures – one every five years	50% after deductible

MEDICAL MUTUAL OF OHIO

Procedures to Follow When Using Mail Order Prescription Drug Services

- Mail Order provides for up to a 90-day supply of prescription drugs. At the Retail pharmacy, you can get up to a 30-day supply.
- Mail Order Service is for medicines you will be taking ongoing, such as for heart, diabetes, blood pressure, etc. This is NOT for scripts that need immediate attention, such as when you see the doctor for a sore throat and you get a prescription – that is for Retail at the drug store.
- For first time users for Mail Order, you will be required to obtain a new, original prescription from your physician for each prescription that you take.
- If you are on medication where Mail Order is a good alternative, you may need to get two (2) prescriptions from your physician. One will be for Retail (30-day supply) and a second for Mail Order (90-day supply).
- Complete a mail order form for submission with your prescription. Mail the Order Form to Medco along with the original prescription form and payment for your prescription drug copay(s) for each prescription ordered.
- It generally takes 10-14 days from the time you place your initial order to receive your prescriptions at your home address.
- Refills can be ordered over the phone or via the internet. Refills should be ordered up to 14 days in advance of your last medication dose. Medco will provide your next refill order date along with your medication. Using the phone or internet for refills is the quickest way to re-order refills.
- If you have any questions about your order, you may call Medco at 1-800-417-1961.

Benefits	
Orthodontic Services	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

Note: 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.

† 3-month carryover applies.

Preventative Services!

Mahoning County Schools Employee Insurance Consortium

Preventative Care benefits are an integral component of the Mahoning County Schools Employee Insurance Consortium's program. Wellness services are covered at a higher level when using Medical Mutual SuperMed Plus/PPO Network Providers. We encourage you to make the best use of these valuable benefits!

Preventative Care Benefits – One Plan Options

Wellness Benefits:	**Network**	**Non-Network***
Routine Annual Physicals, (Ages Nine and Over)	$10 copay, then 100%	70% UCR after deductible
Well Child Care: Exam / Office Visit / Immunizations (To Age Nine)	$10 copay, then 100%	70% UCR after deductible
Well Child Care Laboratory Tests (To Age Nine)	100%	70% UCR after deductible
Routine Annual Mammogram (One per benefit period)	100%	70% UCR after deductible
Routine Annual PAP Test (One per benefit period)	100%	70% UCR after deductible
All Routine Laboratory, X-Rays and Diagnostic Medical Tests	100%	70% UCR after deductible
Routine PSA Test	100%	70% UCR after deductible
Routine Endoscopic / Colonoscopy Services	100%	70% UCR after deductible
Routine & Medical Immunizations	90% after deductible	70% UCR after deductible

** Use of non-network providers may result in higher out-of-pocket costs to you.*

Routine services versus Medically Necessary services are determined by the claim information submitted by your provider

Note: Refer to your certificate booklet for further details regarding benefits coverage.

10/31/2007

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	90% after deductible	70% after deductible
Maternity Services	90% after deductible	70% after deductible
Newborn Care	100%	70% after deductible
Skilled Nursing Facility (120 days per benefit period)	90% after deductible	70% after deductible
Additional Services		
Allergy Testing and Treatments	90% after deductible	70% after deductible
Ambulance Services – includes air if medically necessary	90% after deductible	
Durable Medical Equipment/Medical Supplies - includes Jobst Stockings	90% after deductible	70% after deductible
Home Healthcare (90 visits per benefit period)	90% after deductible	70% after deductible
Gastric Bypass Services & Follow-up - $30,000 Lifetime Maximum	90% after deductible	70% after deductible
Hospice Services	90% after deductible	70% after deductible
Human Organ Transplant	90% after deductible	70% after deductible
Initial Newborn Exam	90% after deductible	70% after deductible
Private Duty Nursing ($5,000 maximum per benefit period)	90% after deductible	70% after deductible
Sterilization – No Reversals	90% after deductible	70% after deductible
TMJ - $500 Lifetime Maximum	90% after deductible	70% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health Services and Inpatient Substance Abuse Services [5]	90% after deductible	70% after deductible
Outpatient Mental Health and Substance Abuse Services [4,5]	90% after deductible	70% after deductible
NOTE: Biologically Based Mental Health Services are paid the same as any other illness [5]		

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

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

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

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.

[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]Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible.
[4]Not applied to Coinsurance Out-of-Pocket.
[5]Any applicable Deductible, Coinsurance, or Copayment corresponds to the type of service received and is payable on the same basis as any other illness (e.g. office visits for a Biologically Based Mental Illness will be paid according to the physician/office visit section above.)