



OHIO HEALTHPOOL

SMALL-GROUP BENEFIT PLANS



health plans for life



SUPERMED PRODUCTS

PRODUCT NAME	DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM		OFFICE VISIT COPAY		ER COPAY
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	
SUPERMED PLUS PRODUCTS									
SMP 1000/3000	\$1,000/\$3,000	\$2,000/\$6,000	100%	80%	-	\$4,000/\$12,000	\$20	\$40, then 80%	\$100
SMP 1580	\$250/\$500	\$500/\$1,000	80%	60%	\$1,500/\$3,000	\$3,000/\$6,000	\$15	\$25, then 60%	\$100 ³
SMP 1590	-	\$500/\$1,000	90%	70%	\$1,500/\$3,000	\$3,000/\$6,000	\$15	\$25, then 70%	\$100 ³
SMP 2000 w/ MMRx	\$2,000/\$4,000 ²		80%	60%	\$1,000/\$1,500 ⁴		80% ¹	60% ¹	80% ¹
SMP 2000/6000	\$2,000/\$6,000	\$4,000/\$12,000	100%	80%	-	\$8,000/\$24,000	\$20	\$40, then 80%	\$100
SMP 2080-250	\$250/\$500	\$500/\$1,000	80%	60%	\$2,000/\$4,000	\$4,000/\$8,000	\$20	\$40, then 60%	\$100 ³
SMP 2080-500	\$500/\$1,000	\$1,000/\$2,000	80%	60%	\$2,500/\$5,000	\$5,000/\$10,000	\$20	\$40, then 60%	\$100 ³
SMP 2080-750	\$750/\$1,500	\$1,500/\$3,000	80%	60%	\$2,500/\$5,000	\$5,000/\$10,000	\$20	\$40, then 60%	\$100 ³
SMP 2080-1000	\$1,000/\$2,000	\$2,000/\$4,000	80%	60%	\$2,500/\$5,000	\$5,000/\$10,000	\$20	\$40, then 60%	\$100 ³
SMP 2500 w/ MMRx	\$2,500/\$5,000	\$2,500/\$5,000	100%	60%	-	\$1,000/\$1,000	100% ¹	60% ¹	100% ¹
SMP 5000	\$5,000/\$10,000	\$5,500/\$11,000	100%	60%	\$2,000/\$4,000		100% ¹	60% ¹	100% ¹
SMP 15100	\$100/\$200	\$500/\$1,000	100%	90%	-	\$1,000/\$2,000	\$15	\$25, then 90%	\$100 ³
SMP 3000/9000	\$3,000/\$9,000	\$6,000/\$18,000	100%	80%	-	\$12,000/\$36,000	\$20	\$40, then 80%	\$100
SMP Saver 2000/6000	\$2,000/\$6,000	\$4,000/\$12,000	100%	50%	-	\$8,000/\$24,000	\$30	\$60, then 50%	\$200
SUPERMED CLASSIC PRODUCTS									
SMC 250	\$250/\$500	\$250/\$500	80%	60%	\$500/\$1,000	\$2,500/\$5,000	\$20	\$20	\$100
SMC 500	\$500/\$1,000	\$500/\$1,000	80%	60%	\$750/\$1,500	\$2,500/\$5,000	\$20	\$20	\$100
SMC 750	\$750/\$1,500	\$750/\$1,500	80%	60%	\$1,000/\$2,000	\$2,500/\$5,000	\$20	\$20	\$100
SMC 1000	\$1,000/\$2,000	\$1,000/\$2,000	80%	60%	\$1,500/\$3,000	\$2,500/\$5,000	\$20	\$20	\$100

ALL OF THE PLANS COVER THE FOLLOWING SERVICES:

- Well-Child Care: Well-Child exams, labs and immunizations; \$1,000 maximum benefit paid for Well-Child exams and immunizations
- Routine mammogram (one per benefit period)
- Routine PAP test (one per benefit period)
- Routine EKG, chest x-ray, complete blood count, comprehensive metabolic panel, urinalysis, cholesterol, PSA, colorectal and endoscopic cancer screenings and bone density testing.
- All immunizations are covered services
- Outpatient diagnostic services
- Each plan includes a Value Vision discount card

PLAN NOTES:

- Benefit Period: January 1 through December 31
- Any amount of non-network coinsurance that is met is also applied to the network coinsurance maximum
- Fourth quarter deductible carryover applies
- Lifetime maximum \$5 million

¹After deductible

²Maximum Family deductible Family deductible must be met before benefits are provided on a Family contract. The single deductible applies to single contracts.

³Then coinsurance

⁴Maximum family coinsurance out-of-pocket. Family coinsurance out-of-pocket must be met before all benefits are paid at 100% on a family contract. The single coinsurance out-of-pocket applies to single contracts.

Network providers can be located on www.MedMutual.com



SUPERMED PRESCRIPTION DRUG PLANS

PRODUCT NAME	PRESCRIPTION DRUG COVERAGE
SUPERMED PLUS PRODUCTS	
SMP 1000/3000	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 1580	Prescription Drug Option 1,2,3 or 4
SMP 1590	Prescription Drug Option 1,2,3 or 4
SMP 2000 w/ MMRx	80% after deductible (retail 90-day supply); ^{1,2} 80% after deductible (home delivery 90-day supply) ¹
SMP 2000/6000	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 2080-250	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 2080-500	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 2080-750	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 2080-1000	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SMP 2500 w/ MMRx	100% after deductible (retail 90-day supply); ^{1,2} 100% after deductible (home delivery 90-day supply) ¹
SMP 5000	100% after deductible (retail 90-day supply); ^{1,2} 100% after deductible (home delivery 90-day supply) ^{1,2} or Prescription Drug Option 1, 2, 3 or 4
SMP 15100	Prescription Drug Option 1,2,3 or 4
SMP 3000/9000	Prescription Drug Option 1,2,3,4 or No Drug Coverage Option
SUPERMED CLASSIC PRODUCTS	
SMC 250	Prescription Drug Option 1,2,3 or 4
SMC 500	Prescription Drug Option 1,2,3 or 4
SMC 750	Prescription Drug Option 1,2,3 or 4
SMC 1000	Prescription Drug Option 1,2,3 or 4

PRESCRIPTION DRUG OPTIONS 1,2,3 AND 4				
Retail (30-day supply)	Option 1 ²	Option 2	Option 3	Option 4
Generic/Formulary/Non-Formulary Copay	\$10/\$20/\$40	\$10/\$20/\$40	\$15/\$30/\$60	\$20/\$40/\$60
Home Delivery (90-day supply)				
Generic/Formulary/Non-Formulary Copay	\$25/\$50/\$100	\$30/\$60/\$120	\$45/\$90/\$180	\$60/\$120/\$180

DRUG BENEFIT CONTAINS THE FOLLOWING:

- Rx SELECTIONS[®] DRUG LIST:** A list of drugs on the Rx Selections formulary will be used.
- GENERIC INCENTIVE:** If the member or physician requests a brand-name drug, and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- HOME DELIVERY REQUIREMENT:** When a member chooses not to utilize home delivery for maintenance prescriptions a fourth time within 180 days, the member will pay twice the retail copayment.

¹ Plans do not utilize the Rx Selections formulary drug list.

² Home delivery requirement does not apply to products with Major Medical Prescription Drug (MMRx) or Prescription Drug Option 1.



SUPERMED PLUS[®] HEALTH SAVINGS ACCOUNTS (HSAs)

Medical Mutual offers Qualified High-Deductible Health Plans (QHDHPs) that allow interested employees to open a Health Savings Account (HSA). HSAs are tax-favored savings accounts from which money can be drawn to offset eligible healthcare expenses. HSA plans, which were included in the Medicare Prescription Drug Improvement and Modernization Act of 2003, replace Medical Savings Account (MSA) plans and are available to persons under age 65 who have a QHDHP. QHDHPs offered by Medical Mutual are outlined below.

QUALIFIED HIGH-DEDUCTIBLE HEALTH PLANS

PRODUCT NAME	DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
SMP 2500 w/MM Rx	\$2,500/\$5,000	\$3,000/\$6,000	100%	60%	-	\$4,500/\$9,000
SMP 3000 w/MM Rx	\$3,000/\$6,000	\$3,500/\$7,000	100%	60%	-	\$4,000/\$8,000
SMP 4000 w/MM Rx	\$4,000/\$8,000	\$4,500/\$9,000	100%	60%	-	\$3,000/\$6,000
SMP 5000 w/MM Rx	\$5,000/\$10,000	\$5,500/\$11,000	100%	60%	-	\$2,000/\$4,000

All of the QHDHPs include:

- Preventive care benefits are provided at 100% with no deductible for network providers and 60% after deductible for non-network providers for all QHDHPs.
- Embedded deductibles – Once a member satisfies the single deductible, insurance starts to pay for that member in the family. *Per Treasury Notice 2004-50 Question 30*, family coverage with embedded deductibles will allow full HSA contributions.
- No 4th Quarter deductible carryover.



SUPERMED PLUS HEALTH REIMBURSEMENT ACCOUNTS (HRAs)

HRAs are employer-funded accounts that provide reimbursement for certain medical expenses incurred by employees, their spouses and dependents. Each plan year, employers make a contribution to each employee's HRA to help fund their health plan deductible. The HRA can only be used to fund a portion of the deductible and cannot be used for other out-of-pocket expenses such as copayments, coinsurance and non-covered services.

Medical Mutual offers simplified administration for HRAs and pays providers directly for eligible claims without involving a third party:

Simple for Employees:

- Claims still come to Medical Mutual via normal processes.
- HRA activity is noted on their Explanation of Benefits (EOB) and on My Health Plan.
- The doctor, hospital or healthcare professional is paid from the HRA.

Simple for Employers:

- Entire claim is processed at Medical Mutual.
- Employer has the choice of weekly or monthly billing and reporting for HRA activity.
- Low administrative rates of \$2 per employee per month - much less than typical third-party administrator (TPA) fees.
- A variety of funding options are available.

Most health insurers and TPAs send members two separate EOBs for each service; one explaining the benefits of their health plan and one explaining the benefits of the HRA. Medical Mutual includes all information on one, easy-to-read EOB.



SUPERMED[®] VISION

SERVICES	NETWORK	NON-NETWORK ¹
PROFESSIONAL SERVICES (One every 12 months)		
Spectacle Exam	\$15 copayment	\$15 maximum reimbursement
Contact Lens Exam	\$15 copayment + any amount over spectacle exam	\$15 maximum reimbursement
FRAME (One every 12 months)		
	\$0 copayment (up to \$100, 20% off amount over \$100)	\$30 maximum reimbursement
LENSES (Uncoated Plastic. One pair every 12 months)		
Single Vision	\$15 copayment	\$10 maximum reimbursement
Bifocal	\$15 copayment	\$20 maximum reimbursement
Trifocal	\$15 copayment	\$30 maximum reimbursement
Lenticular	\$15 copayment	\$40 maximum reimbursement
CONTACT LENSES (In lieu of lenses and frames. One pair every 12 months)		
Cosmetic	\$15 copayment (up to \$100)	\$40 maximum reimbursement
Medically Necessary	\$15 copayment (up to \$200)	\$75 maximum reimbursement
Disposable	\$15 copayment (up to \$100)	\$40 maximum reimbursement
DEPENDENT AGE LIMIT	19; (23 FULL-TIME STUDENT)	

¹The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.

Listed below are additional ways to save on lens options and contact lenses through the SuperMed Vision program.

LENS OPTIONS: If an EyeMed Vision Care provider is used, members are entitled to a discount in addition to the lens copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan. The available discounted lens options are listed below.

LENS OPTIONS	*DISCOUNTED PRICE	LENS OPTIONS	*DISCOUNTED PRICE
Progressive (no-line bifocal)	\$.65	Anti-reflective coating	\$.45
Polycarbonate	\$.40	Solid tint or Gradient tint	\$.15
Scratch-resistant coating	\$.15	Photochromic20% off retail price
Ultraviolet coating	\$.15	Glass20% off retail price

*Discounted price is in addition to the \$15 copayment listed above. Discounts available through EyeMed Access providers only.

CONTACT LENSES: LISTED BELOW ARE TWO CONVENIENT WAYS TO OBTAIN CONTACT LENSES.

1. Visit a participating EyeMed Vision Care location and save 15% on non-disposable or medically necessary contact lenses.
2. Use the mail-order Vision One Contact Lens Replacement Program and apply discounts when ordering contacts by mail.

The discount schedule for lens options and contact lenses listed above is subject to change by EyeMed Vision Care.

An EyeMed Access network provider must be seen in order for network benefits to apply. Network providers can be located by visiting the SuperMed Vision page on www.MedMutual.com.

Note: Benefits will be determined based on Medical Mutual 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.

DENTAL PLANS

SUPERDENTALS NETWORK PROVIDER IS DENTEMAX. NETWORK PROVIDERS MAY BE LOCATED AT WWW.DENTEMAX.COM

BENEFITS	TRADITIONAL (10+ ENROLLED)	SUPERDENTAL 186 (1+ ENROLLED)		SUPERDENTAL 180 (1+ ENROLLED)	
		NON- NETWORK	NON- NETWORK	NON- NETWORK	NON- NETWORK
Benefit Period	January 1 - December 31	January 1 - December 31	January 1 - December 31	January 1 - December 31	January 1 - December 31
Dependent Age Limit	19; (23 full-time student) removal at end of month	19; (23 full-time student) removal at end of month	19; (23 full-time student) removal at end of month	19; (23 full-time student) removal at end of month	19; (23 full-time student) removal at end of month
Benefit Period Maximum (per Member)	\$1,000 (per member)	\$1,000 (per member)	\$1,000 (per member)	\$1,000 (per member)	\$1,000 (per member)
Benefit Period Deductible	\$50 (per member)	\$50/\$150 (single/family)	\$100/\$300 (single/family)	\$50/\$150 (single/family)	\$100/\$300 (single/family)
PREVENTIVE SERVICES					
Oral Exams (two per benefit period)	100%	100%	80%	100%	80%
Bite Wing X-rays (two sets per benefit period)	100%	100%	80%	100%	80%
Prophylaxis (cleaning) (two per benefit period)	100%	100%	80%	100%	80%
Flouride Treatment (one treatment per benefit period, limited to dependents up to age 19)	100%	100%	80%	100%	80%
Space Maintainers (limited to eligible dependents up to age 19)	100%	100%	80%	100%	80%
Emergency Palliative Treatment (includes emergency oral exam)	100%	100%	80%	100%	80%
ESSENTIAL SERVICES					
Consultations and Other Exams by Specialist	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Diagnostic X-Rays	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Minor Restorative Services	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Endodontics/Pulp Services	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Periodontal Services	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Repairs, Relines & Adjustments of Prosthetics	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Simple Extractions	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Impactions	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Minor Oral Surgery Services	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
General Anesthesia	80% ¹	80% ¹	60% ¹	80% ¹	60% ¹
COMPLEX SERVICES					
Gold Foil Restoration	60% ¹	60% ¹	50% ¹	Not Covered	
Inlays, Onlays (one every five years)	60% ¹	60% ¹	50% ¹	Not Covered	
Crowns (one every five years)	60% ¹	60% ¹	50% ¹	Not Covered	
Bridgework (Pontics & Abutments) (one every five years)	60% ¹	60% ¹	50% ¹	Not Covered	
Partial and Complete Dentures (one every five years)	60% ¹	60% ¹	50% ¹	Not Covered	
ORTHODONTICS OPTIONS (25 or more eligible employees required)					
Orthodontic Lifetime Maximum, (per eligible dependent up to age 19; 23 full-time student) (per member)	\$1,000	\$1,000		-	
Orthodontic Diagnostic Services	60%	60%	50%	Not Covered	
Minor Treatment for Tooth Guidance	60%	60%	50%	Not Covered	
Minor Treatment for Harmful Habits	60%	60%	50%	Not Covered	
Interceptive Orthodontic Treatment	60%	60%	50%	Not Covered	
Comprehensive Orthodontic Treatment	60%	60%	50%	Not Covered	

¹After deductible



ELIGIBILITY REQUIREMENTS

GROUP ELIGIBILITY

For groups to be eligible to enroll the employer must contribute at least 25 percent of the total monthly premium for all coverage, including retirees.

INDIVIDUAL ELIGIBILITY

For individuals to be eligible to enroll, the following must apply:

- Individuals including owners and directors working at least 20-25 hours per week.
- Natural children, stepchildren and adopted children must be under the age limit.
- Persons with compensation reported on Form 1099 are not eligible.

RETIREE ELIGIBILITY*

For retirees to be eligible to enroll, the following must apply:

- The retiree's years of service plus age total at least 60.
- The retiree worked at least 20-25 hours per week prior to retirement.
- The retiree worked for the employer for at least five years prior to retirement.
- The retiree had been covered on the group's policy for at least five years prior to retirement.
- The retiree maintained continuous coverage on the group's policy since retirement.

**Please note: Groups enrolled on or after March 1, 2006, will no longer be eligible for retiree benefits.*

PRE-EXISTING CONDITION CLAUSE

A pre-existing condition is any injury, ailment, condition, disease, disorder or illness for which an employee or a dependent has received medical treatment or was advised by a physician or other professional provider to receive treatment prior to the enrollment date of coverage. No payment will be made for services related to a pre-existing condition following the enrollment date of coverage.

New hires may receive credit for the period of time covered under prior creditable coverage, unless there was more than a 63-day lapse in coverage (except for the probationary period). This information is requested on the employee application.

THE SUPERMED[®] NETWORK

The SuperMed[®] network offers access to top-quality hospitals and will continue to offer access to the finest healthcare available today. To identify the appropriate network, members should refer to the networks defined on their ID cards or visit www.MedMutual.com for current network information. The SuperMed[®] network of physicians, hospitals and other allied health-care professionals provides access to more than 75 percent of the active practitioners throughout Ohio and 95 percent of general acute care hospitals.