STARK COUNTY SCHOOLS COUNCIL OF GOVERNMENTS

SuperMed

HEALTH CARE CONSORTIUM

SCHEDULE OF BENEFITS

MEDICAL MUTUAL

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PLAN PROVISIONS		
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible	$250/person* $500/family*	$500/person** $1,000/family**
Coinsurance Out-of-Pocket Limit (Excluding Deductible)	$750/person* $1,500/family*	$1,500/person** $3,000/family**
Maximum Out-of-Pocket Limit (Sum of Deductible and Coinsurance)	$1,000/person* $2,000/family*	$2,000/person** $4,000/family**
Non-Emergency Care Out-of- Pocket Limit	$8,600/person*** $15,400/family***	$8,600/person*** $15,400/family***
Maximum Out-of-Pocket limit not to exceed the ACA maximum	$8,700/$17,400	
CARE-IN-HOSPITAL		
Semi-Private Room	90%*	80%**
Surgery	90%*	80%**
Anesthesia	90%*	80%**
In-hospital (medical)	90%*	80%**
X-Ray and Radioactive Therapy	90%*	80%**
Respiratory Therapy	90%*	80%**
Acute Kidney Dialysis	90%*	80%**
Diagnostic Lab/X-Ray	90%*	80%**
Emergency Care of accident/acute life threatening illness (Emergency Room Facility)	90%*	90%**
Non -Emergency Care (Emergency Room Facility)	$175 copayment, then 90%***	$175 copayment, then 80% UCR***
Surgical Assistance	90%*	80%**
Pre-Admission Testing	90%*	80%**
AS AN OUTPATIENT		
Lab/X-Ray/Diagnostic Services	90%*	80%**
Same Day Surgery	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
MATERNITY CARE	90%*	80%**
MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE		
Inpatient Care Based on corresponding medical benefits	90%*	80%**
Outpatient Care Based on corresponding medical benefits	90%*	80%**
OTHER SERVICES		
Home Health Care (Plan Approval Required)	90%*	80%**
Hospice Care (Plan Approval Required)	90%*	80%**
Skilled Nursing (Plan Approval Required)	90%*	80%**
Durable Medical	90%*	80%**
Ambulance	80%* (after network deductible)	
Allergy Extracts	80%* (after network deductible)	

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PRESCRIPTION DRUG PROGRAM (see benefit booklet)	Patient pays 20% Mandatory maintenance mail order Mandatory generic	
PREVENTIVE CARE		
Eligible preventive services have been determined by recommendations and comprehensive guidelines of governmental scientific committees and organizations. For further details, refer to your benefit book or Summary Benefit Plan (SPD), or call your plan at the phone number shown on your ID card.		
Routine Physical Exam (one per calendar year)	100%	80%**
Prostate Screening (one per calendar year)	100%	80%**
Adult Immunization	100%	80%**
Routine GYN Exam (one per calendar year)	100%	80%***
Routine Mammography (one per calendar year)	100%	80%**
Pap Test (one per calendar year)	100%	80%**
Well Child Care (including immunizations- up to 21 years of age)	100%	80%**
Colon Cancer Screening (beginning at 45 years of age)	100%	80%**
PHYSICIAN'S OFFICE		
Allergy Testing/Injections	90%*	80%**
Visits for Illness	90%*	80%**
Emergency Care	90%*	80%**
Minor Surgery	90%*	80%**
Diagnostic Testing	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
AFFILIATES		
Chiropractors	90%*	80%**
Podiatrists	90%*	80%**

PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.

* An annual deductible of $250 per person/$500 per family is applied first before any benefits are paid to Network Providers. Coinsurance is subject to an annual maximum of $750 per person/$1,500 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.

** An annual deductible of $500 per person/$1,000 per family is applied first before any benefits are paid to Non-Network Providers. Benefit payments for Non-Network Provider services are based on an Allowed Amount. Coinsurance is subject to an annual maximum of $1,500 per person/$3,000 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

*** A Copayment of $175 is applied first before benefits are paid for the Non-Emergent use of the emergency room, to Network or Non-Network Providers. Benefits for Non-Network Provider services are based on an Allowed Amount. The Copayment and Coinsurance is subject to an annual maximum of $8,600 per person/$15,400 per family. Once you have satisfied the annual Maximum Out-of-Pocket, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

The age limit for an eligible dependent child is the end of month which the child attains age 26. See Dental and Vision plan summaries for details.

Preventive Care Services

Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

Child Preventive Care (Birth to Age 21)

- Preventive Physical Exams
- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol and lipid level screening
- Dental cavities prevention (including application of fluoride varnish to all primary teeth)
- Depression screening
- Development and psycho-social behavioral assessments
- Hearing screening for newborns
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Screening and behavioral counseling related to tobacco and drug use
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision screening

Child Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenza type B
- Hepatitis A and Hepatitis B
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)

Adult Preventive Care (Age 21 and older)

- Preventive Physical Exams
- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol and lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy
- Depression screening
- Diabetes screening
- Hepatitis B screening if at high risk for infections
- Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening and counseling for sexually transmitted infections
- Screening for lung cancer
- Tuberculosis Screening

Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening and behavioral counseling to reduce alcohol abuse
- Screening and behavioral counseling related to tobacco use
- Screening and nutritional counseling for obesity

Adult Immunizations

- Hepatitis A and Hepatitis B
- Herpes Zoster (shingles)
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Tetanus, Diphtheria, Pertussis

Women's Services

- Breast and ovarian cancer susceptibility screening counseling and testing (including BRCA testing)
- Breast cancer screening (mammogram, including 3D)
- Breast feeding counseling and rental of breast pumps and supplies up to the purchase price
- Bone density test to screen for osteoporosis
- Cervical cancer screening (Pap test)
- Chlamydia screening
- Discussion of chemoprevention with women at high risk for breast cancer
- FDA-approved contraception methods and counseling for women, including sterilization
- HPV DNA testing
- Lactation classes
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes)
- Prenatal services
- Primary care intervention to promote breastfeeding
- Screening and counseling for interpersonal and domestic violence
- Well woman visits

Prescription Drugs

- Aspirin
- Colonoscopy preparations
- Contraceptives
- Fluoride (to age 6)
- Folic acid
- HIV pre-exposure PrEP
- Medication to reduce the risk of primary breast cancer in women
- Tobacco cessation aids

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act). For plan years beginning on or after September 23, 2010, non-grandfathered health plans must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Futures, endorsed by the American Academy of Pediatrics. Please note: Some services and products may be subject to age, gender or other restrictions and are subject to change. Refer to USPreventiveServicesTaskForce.org or Healthcare.org for details. In addition, some prescription drugs or services may be subject to medical management techniques, such as prior authorization, quantity limits, etc.

If these services are performed by a network provider, members cannot be charged a coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.