



**Sandusky County  
SuperMed Plus - Share  
Effective 1-1-2011**



<b>Benefits</b>	<b>Network</b>	<b>Non-Network</b>
<b>Benefit Period</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
<b>Dependent Age Limit</b>	26	
<b>Over Aged Child</b>	28	
	Removal upon End of Month	
<b>Pre-Existing Condition Waiting Period</b> (Does not apply to under the age of 19)	Initial Group Waived, All Others 6-9	
<b>Overall Annual Benefit Period Maximum</b>	\$5,000,000	
<b>3 month Deductible Carryover</b>	Does Not Apply	
<b>Benefit Period Deductible – Single/Family<sup>1</sup></b>	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Coinsurance</b>	80%	60%
<b>Coinsurance Out-of-Pocket Maximum</b> (Excluding Deductible) – Single/Family	\$1,500 / \$3,000	\$9,000 / \$18,000
<b>Physician/Office Services</b>		
<b>Office Visit (Illness/Injury)<sup>2</sup></b>	\$30 copay, then 100%	60% after deductible
<b>Urgent Care Office Visit<sup>2</sup></b>	\$50 copay, then 100%	\$50 copay, then 60%
<b>Surgical Services in Physician's Office</b>	\$30 copay, then 100%	60% after deductible
<b>All Immunizations</b>	100%	60% after deductible
<b>Routine Services</b>		
<b>Routine Physical Exam (Ages nine and over, one exam per benefit period)</b>	100%	60% after deductible
<b>Routine Exam associated with a Pap Test</b> (One per benefit period)	100%	60% after deductible
<b>Well Child Care Services including Exam and Immunizations (To age nine)</b>	100%	60% after deductible
<b>Well Child Care Laboratory Tests</b> (To age nine)	100%	60% after deductible
<b>Routine Mammogram (One per benefit period)</b>	100%	60% after deductible
<b>Routine Pap Test (One per benefit period)</b>	100%	60% after deductible
<b>Routine Laboratory, X-Rays, Medical Tests and Endoscopic Services (Age 9 and older)</b>	100%	60% after deductible
<b>Routine Vision Exam (One per benefit period)</b>	100%	60% after deductible
<b>Routine Hearing Exam (to age 18)</b>	100%	60% after deductible
<b>Outpatient Services</b>		
<b>Surgical Services (other than a physician's office)</b>	Facility - \$50 copay, then 100% Professional – 100%	60% after deductible
<b>Diagnostic Services</b>	100%	60% after deductible
<b>Physical, Occupational and Speech Therapies</b> - Facility and Professional (90 visits combined per benefit period)	\$30 copay, then 100%	60% after deductible
<b>Chiropractic Therapy – Professional Only</b> (20 visits per benefit period)	\$30 copay, then 100%	60% after deductible
<b>Cardiac Rehabilitation (Facility limited to 36 visits and Professional is unlimited)</b>	\$30 copay, then 100%	60% after deductible
<b>Pulmonary Therapy – Facility limited to 36 visits and Professional is unlimited)</b>	\$30 copay, then 100%	60% after deductible
<b>Emergency use of an Emergency Room<sup>3</sup></b>	\$100 copay, then 100%	
<b>Non-Emergency use of an Emergency Room<sup>4</sup></b>	\$100 copay, then 80%	\$100 copay, then 60%
<b>Inpatient Facility</b>		
<b>Semi-Private Room and Board</b>	\$150 copay per admission, then 100% (applies to room/board only)	60% after deductible

<b>Benefits</b>	<b>Network</b>	<b>Non-Network</b>
Ancillaries	80% after deductible	60% after deductible
Physician/Professional Services	80% after deductible	60% after deductible
Surgical Services	80% after deductible	60% after deductible
Diagnostic Services	80% after deductible	60% after deductible
Maternity – Facility	\$150 copay per admission, then 80% (applies to room/board only)	60% after deductible
Maternity - Physician/Professional Services	80% after deductible	60% after deductible
Skilled Nursing Facility	80% after deductible (100 days per benefit period)	60% after deductible (30 days per benefit period)
Physical Medicine and Rehabilitation in a Inpatient Rehabilitation Facility (60 days per benefit period)	80% after deductible	60% after deductible
<b>Additional Services</b>		
Allergy Testing	\$30 copay, then 100%	60% after deductible
Allergy Treatments	100%	60% after deductible
Ambulance	\$25 copay, then 100%	\$25 copay, then 100%
Durable Medical Equipment	80% after deductible	60% after deductible
Home Healthcare (30 visits per benefit period)	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Organ Transplants	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
<b>Mental Health and Substance Abuse- Federal Mental Health Parity</b>		
Inpatient Mental Health Services	<b>Benefits paid are based on corresponding medical benefits</b>	
Inpatient Mental Health and Substance Abuse Services		

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

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

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.

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.

<sup>1</sup>Maximum family deductible. Member deductible is the same as single deductible.

<sup>2</sup>The office visit copay applies to the cost of the office visit only.

<sup>3</sup>Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

<sup>4</sup>Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

MEDICAL MUTUAL OF OHIO



**Sandusky County  
Prescription Drug Program<sup>1</sup>  
Retail Mandatory Generic with Physician  
DAW**

Benefits	Copay	Day Supply
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	Same as Medical	
<b>Retail Program with Oral Contraceptive Coverage</b>		
Generic Copayment	\$12	30
Formulary Copayment	\$30 <sup>2</sup>	30
Non-Formulary Copayment	\$50 <sup>2</sup>	30
Diabetic Supplies <sup>3</sup>	\$0	
<b>Home Delivery Program with Oral Contraceptive Coverage</b>		
Generic Copayment	\$24	90
Formulary Copayment	\$60	90
Non-Formulary Copayment	\$100	90
Diabetic Supplies <sup>3</sup>	\$0	

**Prescription Drug Program Exclusions:**

- Fertility Drugs
- Growth Hormones
- Immunization Agents/Biological Sera

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.

<sup>1</sup>Includes Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.

<sup>2</sup>If the member requests a brand name drug and a generic equivalent drug is manufactured, the member pays the cost of the Formulary or Non-Formulary (brand name) drug. If a generic drug is not manufactured, or the Physician indicates Dispense as Written (DAW), the member pays the Formulary or Non-Formulary Copayment only.

<sup>3</sup>Includes over-the-counter items, as well as glucose monitors and meters. Insulin, insulin needles and syringes subject to the Generic, Formulary and Non-Formulary copays.

# SuperWell®

## Disease and Maternity Management Program

### A Program Tailored to You

Medical Mutual of Ohio® wants to help you manage your condition to stay as healthy as possible, so you can enjoy your favorite activities.

We offer the *SuperWell Disease and Maternity Management Program* to help members who are pregnant or diagnosed with one or more of the following conditions:

- Asthma
- Chronic obstructive pulmonary disease
- Chronic pain conditions
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes

The program offers a unique approach, providing flexible education and personalized attention that is focused on your individual needs. You receive valuable support from a trained health coach who will help you control your condition and prevent complications to achieve your best overall health.



### Enroll Now

There are several ways to enroll in the *SuperWell Disease and Maternity Management Program*:

#### ■ Online

Visit our Web site at [MedMutual.com](http://MedMutual.com):

- Sign in to *My Health Plan*.
- Click the *Health and Wellness* tab.
- Select *Disease and Maternity Management*.
- Complete and submit the form.

#### ■ Mail

Complete the attached form and mail to:

Medical Mutual  
Mail Zone: 22-3S-0511  
2060 East Ninth Street  
Cleveland, OH 44115

#### ■ Fax

Complete the attached form and fax to Medical Mutual at 800/524-9817.

#### ■ Phone

Call 800/861-4826 to enroll or ask questions about the *SuperWell Disease and Maternity Management Program*.

#### Note:

The information provided, including the Web sites and any links, is for your knowledge only. It does not take the place of, nor is intended to substitute for, professional medical advice, diagnosis or treatment from your doctor. The information does not establish or imply coverage for any particular treatment or service. Services recommended or provided by your doctor may not be covered. Eligibility and coverage depend upon the specific terms and conditions of your benefit plan.



## Disease and Maternity Management Program

You must be a Medical Mutual member to participate in this program.

### Member Information (Please print)

Name

Address

City

State

ZIP

Date of birth

Home phone

Work phone

E-mail address

### Insurance Information (From insurance card)

Identification number

Group number

Insurance plan

### Physician Information

Name

Address

City

State

ZIP

Phone number

Date [ ]



### Program Highlights

If you are an eligible Medical Mutual® member, there is no out-of-pocket cost to participate in the *SuperWell Disease and Maternity Management Program*.

- Program participation is voluntary.
- Your doctor will continue to direct your care.
- A health coach is assigned to work with you.
- You will receive education and support specific to your needs.
- You will have access to 24-hour telephone support.

Most program participants enjoy:

- Better overall health and well-being.
- More energy for enjoyable activities.
- Fewer missed work/school days.

### Member Confidentiality

Medical Mutual holds its employees, consultants and business associates to strict policies and procedures that safeguard our members' personal health information. According to written policy, personal health information concerning our members is treated as confidential in accordance with applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## CORE PROGRAMS FOR EMPLOYEES

Medical Mutual offers a wide variety of *SuperWell Wellness Programs* to help employees, spouses and dependents stay healthy.

### Smoking Cessation Program

The Ohio Tobacco Prevention Foundation's QUIT LINE helps smokers give up the habit by offering professional counseling and educational materials. When our members participate in this program, Medical Mutual also offers a four- to eight-week supply of nicotine replacement patches at no cost. Participants must be Ohio residents, 18 years of age and older.

### Walking for Wellness

Medical Mutual provides a walking program overview, helpful information and materials such as personal walking logs and pedometers. This program was pilot-tested on Medical Mutual's employees and has been refined to achieve maximum participation and results.

### Weight Watchers®

Medical Mutual offers our members a special reimbursement for joining Weight Watchers. Employees can join meetings at work or in their communities and receive up to \$150 back from their registration fees annually.

### GlobalFit

GlobalFit offers the lowest rates and flexible membership options at more than 2,000 fitness clubs nationwide.

### Healthy Living Programs

Eleven six-week, online courses are tailored to the individual and designed to help employees make lifestyle changes and achieve their health objectives: losing weight, quitting smoking, eating better, getting fit, reducing stress, preventing disease, managing a chronic condition and aging in a healthy way. Ongoing, individualized communications and follow-up tools encourage high member participation in the programs.

### Employee Assistance Program

Medical Mutual's Employee Assistance Program (EAP) provides professional, confidential, short-term counseling to employees and their families to help them deal with marriage and family problems, stress-related problems, financial and legal difficulties, and psychological and workplace conflicts.

### Nurse Line

A registered nurse is available on a triage line, 24/7, to answer users' medical questions and identify the need for treatment and medical alternatives. After the call, relevant educational information is mailed to the employee.

