

**SMPlus 750-1500
SuperMed® Script
Benefit Summary**



| Benefit/Feature | In Network Providers SMP PPO Network www.medmutual.com | Out-of-Network Providers |
|--|---|--------------------------|
| Benefit Period | January 1 st through December 31 st | |
| Dependent Age | 26, Removal end of month after Birthday | |
| Benefit Period Deductible – Single/Family ¹ | \$750 / \$1,500 | |
| Coinsurance | 80% | 64% |
| Out-of-Pocket Maximum (Includes deductible, coinsurance and copays) – Single/Family | \$3,250 / \$6,500 | \$6,500 / \$11,500 |
| Physician/Office Services | | |
| Office Visit (Illness/Injury) / Specialty ² | \$25 copay / \$35 copay then 100% | 64% after deductible |
| Urgent Care Office Visit ² | \$25 copay, then 100% | 64% after deductible |
| Immunizations (tetanus toxoid, rabies vaccine, and meningococcal polysaccharide vaccine are covered services) | 100% | 64% after deductible |
| Preventative Services | | |
| Preventive Services, in accordance with state and federal law³ | | |
| Routine Physical Exam (21 and over) | 100% | 80% after deductible |
| Well Child Care Services including Exam , Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory (To age 21) | 100% | 80% after deductible |
| Routine Colorectal Cancer Screening and Endoscopic Services (all ages) | 100% | 80% after deductible |
| Women Preventive Benefits (unless otherwise specified under the preventive benefits) | 100% | 64% after deductible |
| Mammogram and Pap Test (all ages 1 per benefit period) | 100% | 80% after deductible |
| Routine Vision Exam (21 and over, one per benefit period) | \$25 copay, then 100% | 80% after deductible |
| Routine Prostate Specific Antigen (PSA) (all ages) | 100% | 80% after deductible |
| Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (all ages, one each per benefit period) | 100% | 80% after deductible |
| Outpatient Services | | |
| Surgical Services | 80% after deductible | 64% after deductible |
| Diagnostic Services | 80% after deductible | 64% after deductible |
| Physical Therapy/ Occupational Therapy - Facility and Professional (40 visits per benefit period) | 80% after deductible | 64% after deductible |
| Chiropractic Therapy – Professional Only (12 visits per benefit period) | 80% after deductible | 64% after deductible |
| Speech Therapy – Facility and Professional (20 visits per benefit period) | 80% after deductible | 64% after deductible |
| Cardiac Rehabilitation (20 visits per benefit period) | 80% after deductible | 64% after deductible |
| Emergency use of an Emergency Room ⁴ | \$250 copay, then 80% | |
| Non-Emergency use of an Emergency Room ⁴ | \$250 copay, then 80% | \$250 copay, then 64% |
| Inpatient Facility | | |
| Semi-Private Room and Board | 80% after deductible | 64% after deductible |
| Maternity | 80% after deductible | 64% after deductible |
| Skilled Nursing Facility | 80% after deductible | 64% after deductible |
| Additional Services | | |
| Allergy Testing and Treatments | 80% after deductible | 64% after deductible |
| Ambulance | 80% after deductible | 64% after deductible |
| Durable Medical Equipment | 80% after deductible | 64% after deductible |
| Home Healthcare | 80% after deductible | 64% after deductible |
| Hospice | 80% after deductible | 64% after deductible |
| Organ Transplants | 80% after deductible | 64% after deductible |
| Private Duty Nursing (\$5,000 maximum per benefit period) | 80% after deductible | 64% after deductible |
| Mental Health and Substance Abuse | | |
| Inpatient Mental Health and Substance Abuse Services | Benefits paid are based on corresponding medical benefits. | |
| Outpatient Mental Health and Substance Abuse Services | | |

| Prescription Drug Program | | |
|--|--------------------------------|--------------------------|
| SuperMed Script⁵ Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of the same prescription drug at a retail pharmacy, your copay is: | | |
| Generic Copayment | \$15 | 30 Day Supply |
| Formulary Copayment | \$30 | 30 Day Supply |
| Non-Formulary Copayment | \$50 | 30 Day Supply |
| 4 th Tier Specialty Drug | 25% or \$200 whichever is less | Limited to 30 Day Supply |
| SuperMed Script Program with Oral Contraceptive Coverage – after the third fill of the same prescription drug at a retail pharmacy, your copay is: | | |
| Generic Copayment | \$45 | 30 Day Supply |
| Formulary Copayment | \$90 | 30 Day Supply |
| Non-Formulary Copayment | \$150 | 30 Day Supply |
| SuperMed Script Home Delivery Program with Oral Contraceptive Coverage, your copay is | | |
| Generic Copayment | \$45 | 90 Day Supply |
| Formulary Copayment | \$90 | 90 Day Supply |
| Non-Formulary Copayment | \$150 | 90 Day Supply |
| 4th Tier Specialty Drug | 25% or \$200 whichever is less | Limited to 30 Day Supply |

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

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

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

The Coinsurance percentage will be the same for Non-Contracting Providers as Non-PPO Network Providers but you may still be subject to balance billing and/or Excess Charges. Payments to Contracting Non-PPO Network Providers are based on Allowed Amount. Payments to Non-Contracting Providers are based on the Non-Contracting Amount.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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.

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.

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.

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible.

⁵SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member of 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 Deliver Incentive: When a member choose to fill a prescription on a fourth time at a retail pharmacy within 180 days, the member will pay three times the normal retail copayment.

