



**Central State University
SuperMed Plus
Effective 1/1/09**



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	21 Dependent / 25 Student Removal upon Birth Date	
Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family ¹	\$250 / \$500	\$500 / \$1,000
Coinsurance	100%	80%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	None	\$500 / \$1,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$10 copay , then 100%	80% after deductible
Urgent Care Facility Services ²	\$10 copay , then 100%	80% after deductible
All Immunizations	100%	80% after deductible
Preventative Services		
Routine Physical Exam (Ages nine and over; one exam per benefit period) ²	\$10 copay , then 100%	50% after deductible ³
Well Child Care Services including Exam and Immunizations (To age nine, limited to a \$500 maximum per benefit period) ²	\$10 copay , then 100%	80% after deductible
Well Child Care Laboratory Tests (To age nine)	100%	80% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible
Routine lab, x-rays, medical tests, and endoscopic services (Ages nine and over)	100%	50% after deductible ³
Routine Hearing Exam (One exam per benefit period)	\$10 copay , then 100%	50% after deductible ³
Outpatient Services		
Surgical Services	100% after deductible	80% after deductible
Diagnostic Services	100% after deductible	80% after deductible
Physical, Occupational and Chiropractic Therapies (10 visits, then subject to medical necessity)	100% after deductible	80% after deductible
Speech Therapy (10 visits, then subject to medical necessity)	100% after deductible	80% after deductible
Cardiac Rehabilitation	100% after deductible	80% after deductible
Emergency use of an Emergency Room	100% after deductible	
Non-Emergency use of an Emergency Room	100% after deductible	80% after deductible

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	100% after deductible	80% after deductible
Maternity	100% after deductible	80% after deductible
Skilled Nursing Facility	100% after deductible	80% after deductible
Additional Services		
Allergy Testing and Treatments	100% after deductible	80% after deductible
Ambulance	100% after deductible	80% after deductible
Durable Medical Equipment	100% after deductible	80% after deductible
Home Healthcare	100% after deductible	80% after deductible
Hospice	100% after deductible	80% after deductible
Organ Transplants	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	80% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health and Substance Abuse Services (30 days per benefit period)	80% after deductible	80% after deductible
Outpatient Mental Health and Substance Abuse Services (30 visits per benefit period)	\$10 copay, then 100%	\$10 copay, then 80% after deductible

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

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.

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.

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

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

³Not applied to Coinsurance Out-of-Pocket Maximum.