

**Medical Insurance Benefits Summary
Mercer-Auglaize Benefit Trust**

Plan Definitions:

First Dollar Plan (Plan I): This plan has two parts. The **Base Plan** Benefit that pays for in- and out-patient care in the hospital from the first dollar. Plus the **Major Medical** that pays for such things as doctor office visits after a deductible /coinsurance.

Comprehensive Plan (Plans II and III): All claim payments under this plan are subject to a deductible /coinsurance. There is a maximum limit on the out of pocket expense to an individual / family in a given year.

Preferred Provider Organization (Plan IV): The PPO provides a **network** of providers that have agreed to provide services on a contract basis. Use of these PPO network providers increases the benefit levels paid by the plan. All **out of network** claims are paid subject to larger deductibles and coinsurance percentages. There is a maximum limit on the out of pocket expense to an individual / family in a given year.

MEDICAL BENEFITS:	First Dollar Plan	Comprehensive Plan A	Comprehensive Plan B	PPO Plan	
				In Network	Out of Network
Individual Calendar Year Deductible	\$ 150 MM Only	\$200	\$200	None	\$200
Family Calendar Year Deductible	\$ 300 MM Only	\$400	\$400	None	\$400
Individual Coinsurance Percentage	20% of next \$ 1,250	20% of next \$ 2,000	20% of next \$ 4,000	10% of next \$6,000	30% of next \$6,000
Individual Coinsurance Maximum	\$ 250 MM Only	\$400	\$800	\$600	\$1,800
Family Coinsurance Percentage	20% of next \$ 2,500	20% of next \$ 4,000	20% of next \$ 8,000	10% of next \$12,000	30% of next \$12,000
Family Coinsurance Maximum	\$ 500 MM Only	\$800	\$1,600	\$1,200	\$3,600
Individual Out-of-Pocket Maximum	\$ 400 MM Only	\$600	\$1,000	\$600	\$2,000
Family Out-of-Pocket Maximum	\$ 800 MM Only	\$1,200	\$2,000	\$1,200	\$4,000
Maximum Lifetime Benefit	\$1,000,000 MM Only	\$1,000,000	\$1,000,000	\$2,000,000	
These coinsurance percentages are after any required deductible					
Allergy Injections	80%	80%	80%	90%	70%
Allergy Testing	100%	80%	80%	90%	70%
Ambulance Air (Max \$ 8000/Trip) (Out of pocket max does not apply)	80%	80%	80%	80%	80%
Ambulance Ground	100%	80%	80%	90%	90%
Ambulatory Surgery Center	100%	80%	80%	90%	70%
Anesthesia Professional	100%	80%	80%	90%	70%
Birthing Facility	100%	80%	80%	90%	70%
Blood/Blood Products	80%	80%	80%	90%	70%
Cardiac Rehab	80%	80%	80%	90%	70%
Chemotherapy	100%	80%	80%	90%	70%
Chiropractic Visits (24 per calendar year)	80%	80%	80%	90%	70%
Clinic Psychotherapy Alcohol/Substance Abuse/Mental Nervous	80%	80%	80%	90%	70%
Consultation Inpatient	100%	80%	80%	90%	70%
Consultation Outpatient	80%	80%	80%	90%	70%
Cosmetic Services (see exclusions)	100%	80%	80%	90%	70%
Dental Services (see exclusions)	100%	80%	80%	90%	70%
Diabetic Education	80%	80%	80%	90%	70%
Dialysis	100%	80%	80%	90%	70%
Durable Medical Equipment	80%	80%	80%	90%	70%
Emergency Room Accident Facility/Physicain (within 72 Hrs.)	100%	80%	80%	90%	90%
Emergency Room Acute Illness Facility/Physician (\$75 Ded PPO only)	100%	80%	80%	90%	70%
Gynecological Routine Exam	100%	100%	100%	100%	100%

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MEDICAL BENEFITS:	First Dollar Plan	Comprehensive Plan A	Comprehensive Plan B	PPO Plan	
				In Network	Out of Network
Hospice	100%	80%	80%	90%	70%
Hospital Inpatient Alcohol/Substance Abuse/Mental Nervous (30 Days)	100%	80%	80%	90%	70%
Hospital Inpatient Medical	100%	80%	80%	90%	70%
Hospital Outpatient Alcohol/Substance Abuse/Mental Nervous	80%	80%	80%	90%	70%
Hospital Outpatient Miscellancous	80%	80%	80%	90%	70%
Hospital Outpatient Surgery	100%	80%	80%	90%	70%
Hospital Visit Inpatient	100%	80%	80%	90%	70%
Infertility Services (see exclusions)	100%	80%	80%	90%	70%
Inhalation Therapy	80%	80%	80%	90%	70%
Injections/Immunizations Medical	80%	80%	80%	90%	70%
IV Therapy	80%	80%	80%	90%	70%
Laboratory	100%	80%	80%	90%	70%
Laboratory Physicians Office	100%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%
Maternity Services	100%	80%	80%	90%	70%
Medical Supplies	80%	80%	80%	90%	70%
Occupational Therapy	80%	80%	80%	90%	70%
Organ/Tissue Transplant Donor / Other (\$1Million Limit)	100%	80%	80%	90%	70%
Organ/Tissue Transplant Procurement (\$10,000 Limit)	100%	80%	80%	90%	70%
Orthotics	80%	80%	80%	90%	70%
Physical Therapy	80%	80%	80%	90%	70%
Physician Office Visit	80%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%
Podiatry Services	80%	80%	80%	90%	70%
Pre-Admission Testing	100%	80%	80%	90%	70%
Prosthetics	80%	80%	80%	90%	70%
Radiation Therapy	100%	80%	80%	90%	70%
Respiratory Therapy	80%	80%	80%	90%	70%
Routine Annual Physical Exam (\$500 Limit)	NC	NC	NC	100%	100%
Routine Immunizations	NC	NC	NC	NC	NC
Routine Lab Pap Smear (1 per calendar year)	100%	100%	100%	100%	100%
Routine Lab PSA (1 per calendar year)	100%	100%	100%	100%	100%
Routine X-Ray/Diagnostic Mammogram (State maximum then)	80%	80%	80%	90%	70%
Second Surgical Opinion	100%	80%	80%	90%	70%
Skilled Nursing Facility	NC	NC	NC	NC	NC
Special Care Facility Alcohol/Substance Abuse/Mental Nervous	80%	80%	80%	90%	70%
Speech Therapy	80%	80%	80%	90%	70%
Surgery Professional	100%	80%	80%	90%	70%
TMJ Services	80%	80%	80%	90%	70%
Urgent Care Visits	80%	80%	80%	90%	90%
Well Child Exam and Immunizations- birth to age 9 (\$500 Annual)	100%	80%	80%	100%	100%
Wellness Benefit -- Age 9 and above (\$500 Annual)	100%	80%	80%	100%	100%
X-Ray/Diagnostic	100%	80%	80%	90%	70%
X-Ray/Diagnostic Physician Office	100%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%