

Mercer-Auglaize Benefit Trust Medical Plans

Mercer-Auglaize Benefit Trust (MABT) offers four medical insurance plans. Each district may choose to offer one or more of them. Employees should check with their insurance benefits administrator to determine which plan(s) are available to them.

**Medical Plan Definitions and Comparison of Benefits
Mercer-Auglaize Benefit Trust**

Plan Definitions:

First Dollar Plan: 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 Plans: All claim payments under these plans 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: 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. Two PPO plans are available. The original plan is known as the **Traditional PPO Plan**. Available beginning January 1, 2009, is a new plan, called the **Alternate PPO Plan**.

Eligibility – Dependent Children:

Dependent Children will be covered if:

- They are not married and;
- They have not reached the limiting age of 24; and;
- They are not eligible for benefit through their employer or they have to pay 50% or more of the premium to get the benefits and;

Eligibility ends the last day of the month the dependent child turns age 24.

Eligibility – Spouses:

Spouses who meet all three of the following criteria must take single coverage at their employer; if they do not, they will not be covered under your plan. If they do elect coverage, they can also be on our plan as secondary. Spouses who do not meet the criteria may stay on your plan as primary.

- Employed by an employer who offers medical/prescription drug insurance; and
- Is eligible for coverage on the employer's plan; and
- Is required to contribute less than 50% of the cost of the total premium for the least expensive single medical/prescription drug insurance plan available to him/her.

MEDICAL BENEFITS:	First Dollar Plan	Comprehensive Plan A	Comprehensive Plan B	Traditional PPO Plan		Alternate PPO Plan	
				In Network	Out of Network	In Network	Out of Network
Individual Calendar Year Deductible	\$ 150 MM Only	\$200	\$200	None	\$200	\$500	\$1,000
Family Calendar Year Deductible	\$ 300 MM Only	\$400	\$400	None	\$400	\$1,500	\$3,000
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	15% of next \$6,000	35% of next \$6,000
Individual Coinsurance Maximum	\$ 250 MM Only	\$400	\$800	\$600	\$1,800	\$900	\$2,100
Family Coinsurance Maximum	\$ 500 MM Only	\$800	\$1,600	\$1,200	\$3,600	\$2,700	\$6,300
Individual Out-of-Pocket Maximum	\$ 400 MM Only	\$600	\$1,000	\$600	\$2,000	\$1,400	\$3,100
Family Out-of-Pocket Maximum	\$ 800 MM Only	\$1,200	\$2,000	\$1,200	\$4,000	\$4,200	\$9,300
Maximum Lifetime Benefit	\$1,000,000 MM Only	\$1,000,000	\$1,000,000	\$2,000,000		\$2,000,000	

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MEDICAL BENEFITS:	First Dollar Plan	Comprehensive Plan A	Comprehensive Plan B	Traditional PPO Plan		Alternate PPO Plan	
				In Network	Out of Network	In Network	Out of Network
Allergy Injections	80%	80%	80%	90%	70%	85%	65%
Allergy Testing	100%	80%	80%	90%	70%	85%	65%
Ambulance Air (Max \$ 8000/Trip) (Out of pocket max does not apply)	80%	80%	80%	80%	80%	80%	80%
Ambulance Ground (Emergency)	100%	80%	80%	90%	90%	85%	85%
Ambulatory Surgery Center	100%	80%	80%	90%	70%	85%	65%
Anesthesia Professional Inpatient	100%	80%	80%	90%	70%	85%	65%
Anesthesia Professional Office	100%	80%	80%	90%	70%	85%	65%
Anesthesia Professional Outpatient	100%	80%	80%	90%	70%	85%	65%
Birthing Facility	100%	80%	80%	90%	70%	85%	65%
Blood/Blood Products	80%	80%	80%	90%	70%	85%	65%
Cardiac Rehab	80%	80%	80%	90%	70%	85%	65%
Chemotherapy	100%	80%	80%	90%	70%	85%	65%
Chiropractic Visits (max 24/ calendar yr.)	80%	80%	80%	90%	70%	85%	65%
Clinical Medical	80%	80%	80%	90%	70%	85%	65%
Clinical Psychotherapy	80%	80%	80%	90%	70%	85%	65%
Consultation Inpatient	100%	80%	80%	90%	70%	85%	65%
Consultation Office	80%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%	\$20.00 Copay then 100%	\$20.00 Copay then 65%
Consultation Outpatient	80%	80%	80%	90%	70%	85%	65%
Cosmetic Services (see exclusions)	100%	80%	80%	90%	70%	85%	65%
Dental Services (see exclusions)	100%	80%	80%	90%	70%	85%	65%
Diabetic Education	80%	80%	80%	90%	70%	85%	65%
Dialysis	100%	80%	80%	90%	70%	85%	65%
Durable Medical Equipment	80%	80%	80%	90%	70%	85%	65%
Elective Sterilization	100%	80%	80%	90%	70%	85%	65%
Electroshock Therapy	80%	80%	80%	90%	70%	85%	65%
Emergency Room Accident Facility (within 72 Hrs.)	100%	80%	80%	90%	90%	85%	85%
Emergency Room Accident Professional (within 72 Hrs.)	100%	80%	80%	90%	90%	85%	85%
Emergency Room Acute Illness Facility (\$75 Deductible PPO only)	100%	80%	80%	90%	70%	85%	65%
Emergency Room Acute Illness Professional (\$75 Deduct. PPO only)	100%	80%	80%	90%	70%	85%	65%

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				In Network	Out of Network	In Network	Out of Network
Gynecological Routine Exam	100%	100%	100%	100%	100%	100%	100%
Home Health Care	NC	NC	NC	NC	NC	NC	NC
Hospice Inpatient	100%	80%	80%	90%	70%	85%	65%
Hospice Outpatient	100%	80%	80%	90%	70%	85%	65%
Hospital Inpatient Alcohol/Substance Abuse (30 Days)	100%	80%	80%	90%	70%	85%	65%
Hospital Inpatient Medical (30 Days)	100%	80%	80%	90%	70%	85%	65%
Hospital Inpatient Mental Nervous(30Days)	100%	80%	80%	90%	70%	85%	65%
Hospital Outpatient Alcohol/Substance Abuse	80%	80%	80%	90%	70%	85%	65%
Hospital Outpatient Mental Nervous	80%	80%	80%	90%	70%	85%	65%
Hospital Outpatient Miscellancous	80%	80%	80%	90%	70%	85%	65%
Hospital Outpatient Surgery	100%	80%	80%	90%	70%	85%	65%
Hospital Visit Inpatient Alcohol/Substance Abuse	100%	80%	80%	90%	70%	85%	65%
Hospital Visit Inpatient Medical	100%	80%	80%	90%	70%	85%	65%
Hospital Visit Inpatient Mental Nervous	100%	80%	80%	90%	70%	85%	65%
Hospital Visit Inpatient Newborn	100%	80%	80%	90%	70%	85%	65%
Infertility Services (see exclusions)	100%	80%	80%	90%	70%	85%	65%
Inhalation Therapy	80%	80%	80%	90%	70%	85%	65%
Injections/Immunizations Medical	80%	80%	80%	90%	70%	85%	65%
IV Therapy	80%	80%	80%	90%	70%	85%	65%
Laboratory	100%	80%	80%	90%	70%	85%	65%
Laboratory Physicians Office	100%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%	\$20.00 Copay then 100%	\$20.00 Copay then 65%
Maternity Services	100%	80%	80%	90%	70%	85%	65%
Medical Supplies	80%	80%	80%	90%	70%	85%	65%
Occupational Therapy	80%	80%	80%	90%	70%	85%	65%
Office Alcohol/Substance Abuse	80%	80%	80%	90%	70%	85%	65%
Office Mental Nervous	80%	80%	80%	90%	70%	85%	65%
Office Visit Medical	80%	80%	80%	90%	70%	85%	65%
Organ/Tissue Transplant Donor (\$1Million Limit)	100%	80%	80%	90%	70%	85%	65%
Organ/Tissue Transplant Other (\$1Million Limit)	100%	80%	80%	90%	70%	85%	65%

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Organ/Tissue Transplant Procurement (\$10,000 Limit)	100%	80%	80%	90%	70%	85%	65%
Orthotics	80%	80%	80%	90%	70%	85%	65%
Physical Therapy	80%	80%	80%	90%	70%	85%	65%
Podiatry Services	80%	80%	80%	90%	70%	85%	65%
Pre-Admission Testing	100%	80%	80%	90%	70%	85%	65%
Private Duty Nursing	80%	80%	80%	90%	70%	85%	65%
Prosthetics	80%	80%	80%	90%	70%	85%	65%
Radiation Therapy	100%	80%	80%	90%	70%	85%	65%
Respiratory Therapy	80%	80%	80%	90%	70%	85%	65%
Routine Annual Physical Exam (\$500 Limit)	NC	NC	NC	100%	100%	100%	100%
Routine Lab Pap Smear (1 per calendar year)	100%	100%	100%	100%	100%	100%	100%
Routine Lab PSA	100%	100%	100%	100%	100%	100%	100%
Routine X-Ray/Diagnostic Mammogram (State maximum payment then)	80%	80%	80%	90%	70%	85%	65%
Second Surgical Opinion	100%	80%	80%	90%	70%	85%	65%
Skilled Nursing Facility	NC	NC	NC	NC	NC	85%	NC
Special Care Facility Alcohol/Substance Abuse	80%	80%	80%	90%	70%	85%	65%
Special Care Facility Mental Nervous	80%	80%	80%	90%	70%	85%	65%
Speech Therapy	80%	80%	80%	90%	70%	85%	65%
Surgery Professional Inpatient	100%	80%	80%	90%	70%	85%	65%
Surgery Professional Office	100%	80%	80%	90%	70%	85%	65%
Surgery Professional Outpatient	100%	80%	80%	90%	70%	85%	65%
TMJ Services	80%	80%	80%	90%	70%	85%	65%
Urgent Care Visits	80%	80%	80%	90%	90%	85%	85%
Wellness Benefit (\$500 Annual)	100%	80%	80%	100%	100%	100%	100%
X-Ray/Diagnostic	100%	80%	80%	90%	70%	90%	65%
X-Ray/Diagnostic Physician Office	100%	80%	80%	\$10.00 Copay then 100%	\$10.00 Copay then 70%	\$20.00 Copay then 100%	\$20.00 Copay then 65%

