

**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.

MEDICAL BENEFITS:	First Dollar Plan	Comprehensive Plan A	Comprehensive Plan B	Traditional PPO Plan		Alternate (High Deductible) 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
<b>Individual Out-of-Pocket Maximum</b>	<b>\$ 400 MM Only</b>	<b>\$600</b>	<b>\$1,000</b>	<b>\$600</b>	<b>\$2,000</b>	<b>\$1,400</b>	<b>\$3,100</b>
<b>Family Out-of-Pocket Maximum</b>	<b>\$ 800 MM Only</b>	<b>\$1,200</b>	<b>\$2,000</b>	<b>\$1,200</b>	<b>\$4,000</b>	<b>\$4,200</b>	<b>\$9,300</b>
Maximum Lifetime Benefit	\$1,000,000 MM Only	\$1,000,000	\$1,000,000	\$2,000,000		\$2,000,000	
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%

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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%
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%

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Hospital Outpatient Miscellaneous	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%
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%

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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%