



STARK COUNTY SCHOOLS COG

OPEN ENROLLMENT

2024

**MEDICAL
PRESCRIPTION
DENTAL
VISION**

MEDICAL BENEFITS

Welcome to the Stark County Schools COG open enrollment period for 2024. The following information is designed to keep you informed so you can make the best benefit decision for you and/or your family.

The Stark County Schools Council of Governments (COG) Health Benefits Plan Book – Revision 2024 is in the final stages of publication and will be effective January 1, 2024. This book will be released to your employer as an online document as soon as possible, but no later than December 31, 2023.

The Revised Plan Book has incorporated any and all plan changes that have occurred since the 2015 Revision.

November is Open Enrollment - you can choose to:

1. For those of you who live in an area where the AultCare network is available, you have the choice of Medical Mutual SuperMed or AultCare for your medical insurance carrier. AultCare is typically available in Stark County and the five surrounding counties.
2. Add eligible dependents that are not currently on your plan.
3. Add coverage if you currently don't carry coverage and are eligible for coverage.
4. Enroll in a Flexible Spending Account (informational materials will be in a separate document). You don't have to carry insurance to carry Flexible Spending.

Even if you are not planning on making any changes, you should review your current coverage and make sure you are electing what is best for you.

Enrollment in the Flexible Spending Accounts (FSA) is separate and will need to be completed each year. If you do not enroll for the coming year, your FSA will not be active for 2024.

Below you will find an overview of the benefits for your review.

DEDUCTIBLES - \$300/person \$600/family

Once you have met your deductible, claims will be paid at 90% (as long as you are in-network). Prescription claims do NOT go toward this deductible. You pay 20% for prescriptions all the time, they are not subject to the deductible.

OUT-OF-POCKET (OOP) - \$900/person \$1,800/family

After your deductible is met you will pay 10% for medical claims. This 10% automatically goes toward your OOP max. The 20% you pay for prescriptions also goes toward this OOP max. When the combination of the 10% you pay for medical claims and the 20% you pay for

prescriptions meets the OOP max listed above, all claims (medical and prescription) are covered at 100% for the remainder of the calendar year (as long as you are in-network).

NON-EMERGENCY USE OF THE EMERGENCY ROOM

The Plan imposes a copay for members who use the Emergency Room for non-emergency use. Copay for non-emergency use of the ER will be incurred even after a member meets their deductible and coinsurance limits. Members should utilize alternative treatment options such as Doctor's Office, Urgent Care, Convenience Clinics, Telehealth Services, and Nurse Lines for services that are not limb or life threatening. If you seek care and/or advice from one of the above and they recommend you go to the ER, there will not be a copay imposed.

All Non-Emergency use of the Emergency Room - Eff. 7/01/2023 - \$250 Copay

A Symptom Reference Chart is located at the end of this document for you to look at when determining where to go for service.

DEPENDENTS

Dependents can be covered under the medical, dental, and vision plans until the end of the month they reach age 26. They do not have to be a student, they can be married or have a job that offers insurance. As long as they are your child, they can be covered.

PREVENTIVE CARE

The plan covers many eligible preventive care services. Remember preventive care services are covered at 100% with no deductible. Preventive visits should be an important part of your continued wellness plan. Routine covered services include but are not limited to:

Routine Physical Exam- adults and children – one per calendar year

Prostate Screening – one per calendar year

Adult and Child Immunizations

Routine Mammogram – one per calendar year

Pap Test – one per calendar year

Well Child Care (including immunizations)

Colon Cancer Screening (beginning at age 45)

Bone Density Testing

Prenatal Services, Breast Feeding Counseling and rental of equipment, Lactation Classes

Eye Exam under medical plan for dependents up to 21 years old. Need to see in-network Optometrist or Ophthalmologist.

SPOUSE/DEPENDENT COVERAGE

If you were hired after June 30, 2015 and your spouse is eligible for insurance through their own employer, they will be required to take their employer's insurance as primary. There are two ways your spouse can be on your insurance and not take their own employer's insurance:

1) They are required to pay 40% or more of the cost of the single premium of their employer's plan or 2) they are ONLY offered a High Deductible Health Plan with a HSA. If your spouse is required to be primary on their employer's plan, you can cover them as secondary on your plan unless they have a HSA that will continue to be contributed to. Under HSA rules, you cannot be secondary on our plan if that is the case.

You can carry your children as primary on your plan, regardless if your spouse has to carry their own insurance.

PROGRAMS AND SERVICES

This is also a good time to familiarize yourself with the programs and services available through Medical Mutual and AultCare. These programs are voluntary and are designed to support and educate our members. These are just some of the services available to you through the plans.

MEDICAL MUTUAL	AULTCARE
<u>Weight Watchers Reimbursement</u> Receive up to \$150 of the registration fees per calendar year. For information, call 866-204-2878	<u>Aultman Weight Management</u> Receive a 30% discount on the initial screening at Aultman Weight Mgmt. and Free access to any Aultman Fitness Facility
<u>Smoking Cessation</u> Four- to eight-week supply of nicotine replacement therapy at no out-of-pocket expense. For information, call 866-845-7702	<u>Tobacco Cessation</u> 5 week free "Give it up" program at Aultman Hospital. For information, call 330-363-7848 or go to www.aultman.org
<u>Nurse Line</u> You can call a nurse 24/7 for medical advice – 888-912-0636	<u>Nurse Line</u> You can call a nurse 24/7 for medical advice – 866-422-9603 or 330-363-7620
<u>Hearing Aids</u> Beltone offers up to a 20% discount on all hearing aid models. Simply show your ID card at a participating Beltone location (found at Beltone.com) or call 800-235-8663	<u>Education & Support Services</u> <ul style="list-style-type: none"> - Health Talks – Community educational sessions on a variety of topics
<u>MedMutual.Com Online Services</u> <ul style="list-style-type: none"> - Locate SuperMed Plus network providers - Log onto <i>My Health Plan</i> to: <ul style="list-style-type: none"> • Review claims status • Order ID cards • Take a Health Assessment • Health Resource Center 	<u>AultCare.Com Online Services</u> <ul style="list-style-type: none"> - Locate AultCare network providers - Log onto <i>Manage My Account</i> <ul style="list-style-type: none"> • Review claims history • Access Explanation of Benefits • Order ID Cards • Download Forms - Access to HealthFinder.gov
<u>Disease Management Programs</u> Help with managing the follow conditions: Asthma <u>Chronic Obstructive Pulmonary Disease</u> Congestive Heart Failure	<u>Disease Management Programs</u> Help with managing the follow conditions: <u>Chronic Obstructive Pulmonary Disease</u> Congestive Heart Failure Diabetes

Coronary Artery Disease Diabetes Call 800-861-4826, Option 2, to enroll in a program	Mental Health Complex Medical Conditions
<u>Fitness Discounts</u> Membership discounts at various fitness centers including Curves, Anytime Fitness, FitWorks Fitness Centers and Snap Fitness	<u>Weight Management Discount</u> If you join the Aultman Weight Management Program, you get a 30% Discount. Insurance does not cover the program, but if you join as an AultCare member, you would get this discount.
<u>TeleMedicine</u> You can have an online appointment with a Cleveland Clinic physician for non-emergency issues.	<u>AultmanNow</u> You can have an online appointment with a U.S. board certified physician for non-emergency issues.
<u>My Care Compare</u> Access to cost comparison tool to find estimates for medical services like lab work, x-rays, MRI, etc.	<u>Medical Cost Estimator</u> This tool can help compare the cost of a certain procedure with different providers.
<u>Urgent Care Facilities</u> Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.	<u>Urgent Care Facilities</u> Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.

MOBILE APPS

Both AultCare and Medical Mutual have mobile apps. You can download your insurance card to the mobile app, check claims, obtain eligibility information, look at the provider directory, as well as deductible and out of pocket information.

STARK COUNTY SCHOOLS COUNCIL OF GOVERNMENTS



HEALTH CARE CONSORTIUM SCHEDULE OF BENEFITS



MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PLAN PROVISIONS		
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible	\$300/person* \$600/family*	\$600/person** \$1,200/family**
Coinsurance Out-of-Pocket Limit (Excluding Deductible)	\$900/person* \$1,800/family*	\$1,800/person** \$3,600/family**
Maximum Out-of-Pocket Limit (Sum of Deductible and Coinsurance)	\$1,200/person* \$2,400/family*	\$2,400/person** \$4,800/family**
Non-Emergency Care Out-of-Pocket Limit	\$7,900/person*** \$15,800/family***	\$7,900/person*** \$15,800/family***
Network Maximum Out-of-Pocket limit not to exceed the ACA maximum \$9,100/\$18,200		
CARE-IN-HOSPITAL		
Semi-Private Room	90%*	80%**
Surgery	90%*	80%**
Anesthesia	90%*	80%**
In-hospital (medical)	90%*	80%**
X-Ray and Radioactive Therapy	90%*	80%**
Respiratory Therapy	90%*	80%**
Acute Kidney Dialysis	90%*	80%**
Diagnostic Lab/X-Ray	90%*	80%**
Emergency Care of accident/acute life threatening illness (Emergency Room Facility)	90%*	90%**
Non -Emergency Care (Emergency Room Facility)	\$250 copayment, then 90%***	\$250 copayment, then 80% UCR***
Surgical Assistance	90%*	80%**
Pre-Admission Testing	90%*	80%**
AS AN OUTPATIENT		
Lab/X-Ray/Diagnostic Services	90%*	80%**
Same Day Surgery	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
MATERNITY CARE	90%*	80%**
MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE		
Inpatient Care Based on corresponding medical benefits	90%*	80%**
Outpatient Care Based on corresponding medical benefits	90%*	80%**
OTHER SERVICES		
Home Health Care (Plan Approval Required)	90%*	80%**
Hospice Care (Plan Approval Required)	90%*	80%**
Skilled Nursing (Plan Approval Required)	90%*	80%**
Durable Medical	90%*	80%**
Ambulance	80%* (after network deductible)	
Allergy Extracts	80%* (after network deductible)	

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PRESCRIPTION DRUG PROGRAM (see benefit booklet)	Patient pays 20% Mandatory maintenance mail order Mandatory generic	
PREVENTIVE CARE Eligible preventive services have been determined by recommendations and comprehensive guidelines of governmental scientific committees and organizations. For further details, refer to your benefit book or Summary Benefit Plan (SPD), or call your plan at the phone number shown on your ID card.		
Routine Physical Exam (one per calendar year)	100%	80%**
Prostate Screening (one per calendar year)	100%	80%**
Adult Immunization	100%	80%**
Routine GYN Exam (one per calendar year)	100%	80%***
Routine Mammography (one per calendar year)	100%	80%**
Pap Test (one per calendar year)	100%	80%**
Well Child Care (including immunizations- up to 21 years of age)	100%	80%**
Colon Cancer Screening (beginning at 45 years of age)	100%	80%**
PHYSICIAN'S OFFICE		
Allergy Testing/Injections	90%*	80%**
Visits for Illness	90%*	80%**
Emergency Care	90%*	80%**
Minor Surgery	90%*	80%**
Diagnostic Testing	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
AFFILIATES		
Chiropractors	90%*	80%**
Podiatrists	90%*	80%**

PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.

* An annual deductible of \$300 per person/\$600 per family is applied first before any benefits are paid to Network Providers. Coinsurance is subject to an annual maximum of \$900 per person/\$1,800 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.

** An annual deductible of \$600 per person/\$1,200 per family is applied first before any benefits are paid to Non-Network Providers. Benefit payments for Non-Network Provider services are based on an Allowed Amount. Coinsurance is subject to an annual maximum of \$1,800 per person/\$3,600 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

*** A Copayment of \$250 is applied first before benefits are paid for the Non-Emergent use of the emergency room, to Network or Non-Network Providers. Benefits for Non-Network Provider services are based on an Allowed Amount. The Copayment and Coinsurance is subject to an annual maximum of \$7,900 per person/\$15,800 per family. Once you have satisfied the annual Maximum Out-of-Pocket, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

The age limit for an eligible dependent child is the end of month which the child attains age 26. See Dental and Vision plan summaries for details.

Preventive Care Services

Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

Child Preventive Care (Birth to Age 21)

- Preventive Physical Exams
- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol and lipid level screening
- Dental cavities prevention (including application of fluoride varnish to all primary teeth)
- Depression screening
- Development and psycho-social behavioral assessments
- Hearing screening for newborns
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Screening and behavioral counseling related to tobacco and drug use
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision screening

Child Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenza type B
- Hepatitis A and Hepatitis B
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)

Adult Preventive Care (Age 21 and older)

- Preventive Physical Exams
- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol and lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy
- Depression screening
- Diabetes screening
- Hepatitis B screening if at high risk for infections
- Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening and counseling for sexually transmitted infections
- Screening for lung cancer
- Tuberculosis Screening

Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening and behavioral counseling to reduce alcohol abuse
- Screening and behavioral counseling related to tobacco use
- Screening and nutritional counseling for obesity

Adult Immunizations

- Hepatitis A and Hepatitis B
- Herpes Zoster (shingles)
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Tetanus, Diphtheria, Pertussis

Women's Services

- Breast and ovarian cancer susceptibility screening counseling and testing (including BRCA testing)
- Breast cancer screening (mammogram, including 3D)
- Breast feeding counseling and rental of breast pumps and supplies up to the purchase price
- Bone density test to screen for osteoporosis
- Cervical cancer screening (Pap test)
- Chlamydia screening
- Discussion of chemoprevention with women at high risk for breast cancer
- FDA-approved contraception methods and counseling for women, including sterilization
- HPV DNA testing
- Lactation classes
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes)
- Prenatal services
- Primary care intervention to promote breastfeeding
- Screening and counseling for interpersonal and domestic violence
- Well woman visits

Prescription Drugs

- Aspirin
- Colonoscopy preparations
- Contraceptives
- Fluoride (to age 6)
- Folic acid
- HIV pre-exposure PrEP
- Medication to reduce the risk of primary breast cancer in women
- Tobacco cessation aids
- Contraceptives

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act). For plan years beginning on or after September 23, 2010, non-grandfathered health plans must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Futures, endorsed by the American Academy of Pediatrics. Please note: Some services and products may be subject to age, gender or other restrictions and are subject to change. Refer to USPreventiveServicesTaskForce.org or Healthcare.org for details. In addition, some prescription drugs or services may be subject to medical management techniques, such as prior authorization, quantity limits, etc.

If these services are performed by a network provider, members cannot be charged a coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.

Where to Find Care

Understanding your options can help you save time and money



When it comes to taking care of yourself or your loved ones, you want to get the best care as quickly and affordably as possible. When you are ill, injured or feeling like you need immediate care, always call your primary care physician (PCP) first. If you can't reach your PCP or you don't have time for an office visit, you have options.

Telehealth (Telemedicine)

A service that allows you to connect with your provider virtually using a smart phone, tablet or computer. Many providers offer scheduled telehealth appointments. You may also have access to an on-demand telehealth service that is available 24/7. Please reference your certificate/benefit guide for more information about telehealth services available to you or call Customer Care at the phone number on your ID card.

Convenience Clinic

A walk-in clinic located in some drug and grocery stores, staffed by a physician's assistant or nurse practitioner. Convenience clinics don't require an appointment and have shorter than average wait times.

Nurse Line

A free call-in service offered by Medical Mutual, providing 24/7 access to registered nurses for answers to your health-related questions. Call 1-888-912-0636.

Urgent Care

A walk-in clinic that saves time and money compared to an emergency room. Many are open evenings and weekends. Urgent care facilities don't require an appointment and have average wait times.

Emergency Room (ER)

A facility located in a hospital, providing 24/7 care in case of emergencies. ER visits for non-emergency symptoms may result in extremely long wait times and significantly higher costs.

Symptom Reference Chart



	ER/911	Urgent Care	Convenience Clinic	Primary Care Physician	Telehealth
Allergic reactions*	●	●		●	
Allergies		●	●	●	●
Annual preventive care visit				●	
Asthma		●		●	
Back pain (minor)		●	●	●	
Bleeding (heavy)	●				
Broken bone (major)	●				
Broken bone (minor)		●		●	
Bronchitis		●	●	●	●
Change in vision (sudden)	●				
Chest pain	●				
Cold and flu symptoms		●	●	●	●
Cut/burn (major)	●				
Cut/burn (minor)		●		●	●
Ear infection		●	●	●	●
Head injury (severe)	●				
Infection		●		●	
Insect bite		●		●	●
Pink eye		●	●	●	●
Rash		●		●	●
Respiratory infection		●	●	●	●
Shortness of breath	●				
Sinus problems		●	●	●	●
Spinal injury	●				
Sprain or strain		●		●	●
Trouble speaking (sudden)	●				
Urinary tract infection		●	●	●	●
Vaccinations (also flu shots)			●	●	
Wheezing		●		●	
X-ray		●		●	

*Severe allergic reactions, such as tongue/throat swelling, difficulty speaking, swallowing or breathing should be seen in an ER.

Please Note: This is a sample list of services and may not be all-inclusive. This does not take the place of professional medical advice, diagnosis or treatment. Although this information is intended to help make the best decision for care, if you feel that your situation is life-threatening, go to the nearest emergency room.

PRESCRIPTION BENEFITS

In order to ensure that the Prescription Drug Benefit remains cost-effective and also to maximize drug manufacturers' assistance programs, effective January 1, 2024, the following changes will be enacted:

Generics	Remain at 20% Coinsurance
Preferred Brands	Remain at 20% Coinsurance, if medically necessary
Non-Preferred Brands	Increase to 30% Coinsurance, if medically necessary

If you are currently taking a Non-Preferred Brand Drug, you will receive a tier change letter from CVS Caremark. You will be provided with the option to change to a Preferred Brand or Generic Drug. If you choose to continue with a Non-Preferred Brand Drug, you will pay 30% Coinsurance. Your out-of-pocket maximums will still apply.

To see the list of medications that are on the Preferred Brand Formulary (Specialty medications included), go to caremark.com, sign in, and look at the black bar at the top under Plan & Benefits. Scroll down to Covered Drug Lists and look for Advance Control Formulary with a January 2024 date at the top.

REMEMBER – Generic medications are still required if they are available. If you cannot take a generic medication, a letter of medical necessity from the provider will be required.

SPECIALTY MEDICATIONS

If you are prescribed a Specialty Medication, you will be contacted by CVS Caremark and/or The PrudentRX Solution. The PrudentRX Solution will assist you in obtaining copay assistance from drug manufacturers to reduce your cost share for eligible medications to \$-0-. You must register for the copay assistance program through PrudentRX to receive this benefit. Eligible members who fail to enroll in an available copay assistance program or who opt out of the PrudentRX Solution will be responsible for the full 30% coinsurance on specialty medication that are eligible for the PrudentRX Solution.

If a medication is not eligible for The PrudentRX Solution, the member will continue to pay the 20% coinsurance.

Keep in mind – if you normally set aside funds in your FSA (TASC) account to pay for these specialty medications, you may need to adjust the amount you put in the FSA account since you will pay \$-0- for the medications if you are in the PrudentRX program.

DENTAL BENEFITS

As a Stark County Schools member, you have the freedom to choose any dentist you wish. You have the *option* to receive covered dental services from a dentist who participates in the SuperDental Network. Choosing to receive dental services from a SuperDental provider protects you from balance bills (the difference between the amount billed by the provider and the amount allowed by Medical Mutual). SuperDental providers agree to accept Medical Mutual's payment and not bill for the balance.

Coverage Information

Check-Ups – 2 per calendar year (they do not need to be six months apart) Paid at 100%

Deductible - \$25/person and \$75/family

Basic and Major Services – Paid at 80% of usual and customary charges after deductible

Annual Maximum - \$3,000 is the maximum paid for dental claims per person per year

Orthodontics – Lifetime Maximum of \$2,000 per person, any age

To find a SuperDental provider:

1. Go to www.medmutual.com
2. Click "Find a Provider"
3. Click "Group" then Next
4. Click "Dental"
5. Select "SuperDental" Network and agree to leave site
6. Enter search requirements
7. Or call 866-336-8251



MEDICAL MUTUAL®

Stark County Schools Council of Governments

Traditional Dental Benefit Summary

With Orthodontia

General Information		
Dependent Age	26	
Dependent Removal	End of Month	
Claims Filing Limit	12 months	
How Claims are Paid		
Benefit Period	January 1st through December 31st	
Benefit Period Deductible - Single	\$25	
Benefit Period Deductible - Family	\$75	
Preventive and Diagnostic Services Coinsurance	100%	
Basic Services Coinsurance	80%	
Major Services Coinsurance	80%	
Overall Benefit Period Maximum	\$3,000	
Orthodontic Services Coinsurance	60%	
Orthodontic Lifetime Maximum	\$2,000 per eligible member	
Preventive/Diagnostic Services	Frequency/Limits	Benefit
BiteWing X-rays	2 sets per benefit period	100%
Emergency Palliative Treatment Services	Includes emergency exams and pain treatment, incision and drainage of abscess and excision of pericoronal gingiva	100% (Emergency Exam and Palliative Treatment; 80% after deductible for all other services.)
Exams/Evaluations	2 per benefit period	100%
Fluoride Treatments	2 per benefit period	100%
Prophylaxis (cleaning)	2 per benefit period	100%
Non-Preventive Exams/Evaluations		100%
Diagnostic X-rays	Full Mouth/Panorex are limited to 1 every rolling 36 months	100%
Space Maintainers		100%
Basic Services	Frequency/Limits	Benefit
Consultation/Professional Visits		80% after deductible
Minor Restorations		80% after deductible
Endodontics		80% after deductible
Periodontal Services		80% after deductible
Relines/Rebase of Dentures - Complete Dentures; Partial Dentures	1 every rolling 36 months; but not within 6 months of placement of a denture	80% after deductible
Repairs – Crowns; Fixed Partial Dentures; Partial and Complete Dentures		80% after deductible
Extractions		80% after deductible
Impactions		80% after deductible
Oral Surgery		80% after deductible
Anesthesia		80% after deductible
Major Services	Frequency/Limits	Benefit
Gold Foil Restorations	1 per tooth every 5 years	80% after deductible
Inlay/Onlays	1 per tooth every 5 years	80% after deductible
Crowns	1 per tooth every 5 years	80% after deductible
Major Restorative		80% after deductible

Fixed Partial Dentures	1 per tooth every 5 years	80% after deductible
Dentures	1 every 5 years	80% after deductible
Orthodontic Services	Frequency/Limits	Benefit
Orthodontic Services	Available for all members	60% up to \$2,000 maximum

SuperDental Network Option

As a Stark County Schools Council of Governments member you have the freedom to choose any dentist and receive these benefits. You have the *option* to receive covered dental services from a dentist who participates in the SuperDental Network. Choosing to receive covered dental services from a **SuperDental network provider protects you from balance bills** (the difference between the amount paid by Medical Mutual and providers billed amount). SuperDental providers agree to accept Medical Mutual's payment and not bill Stark County School's members for the balance.

About SuperDental

- All dentists go through an advanced credentialing process and are re-credentialed every three years.
- No referral is needed. You won't be limited on referral and your dentist will work directly with you on your treatment plans.
- SuperDental is hassle free. Change dentists at any time without paperwork or waiting period, and each family member can choose their own dentist.

Find a SuperDental Provider

- Visit MedMutual.com
- Click "Find a Doctor or Hospital"
- Click "Dental"
- Select "SuperDental" Network
- Enter search requirements
- Or call: 1-866-336-8251

VISION BENEFITS

Under the plan, you don't have to choose a vision care provider from a network, you can go to any provider you choose. Dependents are covered until the end of the month they turn 26.

Coverage Information

- **Vision Exam** – Covered at 100% every 12 months – has to be at least 12 months between exams.
- **Lenses** – 1 pair of lenses every 12 months – has to be at least 12 months between the purchase of lenses
 - **Single Vision Lenses** - \$75 per pair
 - **Bifocal Lenses** - \$100 per pair
 - **Trifocal Lenses** - \$125 per pair
 - **Lenticular Lenses** - \$200 per pair
- **\$170 toward frames** every 24 months – has to be at least 24 months between purchases.

Please have provider bill the lenses as either single, bifocal or trifocal, NOT progressive lenses. Since our plan pays different amounts for different lenses, Medical Mutual needs to know exactly what the lenses are.

- **Contact Lenses** – you get \$150 every 12 months (has to be at least 12 months between) towards the cost of contact lenses. If you purchase contacts, glasses will not be covered in the same year. You get one or the other each year.
- **Medically Necessary Contact Lenses** - \$400 per pair. Eligible for Medically Necessary Contacts are:
 - Lenses that are necessary after cataract surgery;
 - Visual acuity cannot be corrected to 20/70 in either eye with other lenses, but can be corrected to at least 20/70 in either eye with contact lenses, or;
 - The lenses are necessary for the treatment of anisometropia for keratoconus.



MEDICAL MUTUAL®

Stark County Schools Council of Governments Traditional Vision Benefit Summary

General Information	
Dependent Age	26
Dependent Removal	End of Month
Claims Filing Limit	12 months
How Claims are Paid	
Vision Examinations Frequency Limit	1 every rolling 12 months
Vision Examinations	Covered at 100% for either spectacle or contact lens examination
Lenses-Prescription	
Lenses Frequency Limit	1 pair every rolling 12 months
Single Vision	\$75 allowance per pair
Bifocal	\$100 allowance per pair
Trifocal	\$125 allowance per pair
Lenticular	\$200 allowance per pair
Lenses-Contacts	
Contacts are provided in lieu of	Lenses and Frames
Cosmetic Lenses	\$150 allowance every rolling 12 months
Medically Necessary Lenses	\$400 allowance every rolling 12 months
Frames	
Frames Frequency Limit	1 every rolling 24 months
Frames	\$170 per frame

Notes

Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.
Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if: <ul style="list-style-type: none"> (a) the lenses are necessary following cataract surgery; (b) visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses; or (c) the lenses are necessary for the treatment of anisometropia for keratoconus.

As always, please feel free to contact us with your questions or for help with insurance issues. We can be reached at Kim Sanford, Stark County ESC – 330-492-8136, ext. 1356 or kim.sanford@starkesc.org or Betty Tyler, Stark County ESC – 330-492-8136, ext. 1390 or betty.tyler@starkesc.org