

Managed Medical Care Program (MMCP) Summary of Benefits

Program Features	MMCP Benefits	
	In-Network	Out-of-Network
Annual Deductible¹	None	\$300 Individual / \$900 Family
Annual Out-of-Pocket¹ Maximum	\$0	\$2,000 Individual ² / \$4,000 Family ²
Lifetime Benefit Maximum	Unlimited	\$1,000,000
Substance Abuse Maximum	Unlimited	\$100,000
Coordination of Benefits	Yes	Yes
Medical Management³	Responsibility of physician	Responsibility of employee
Services	Benefits	
Inpatient Hospital	MMCP pays 100%	MMCP pays 75% after deductible is met.
Outpatient Hospital	MMCP pays 100%	MMCP pays 75% after deductible is met.
Same-day Surgery	MMCP pays 100%	MMCP pays 75% after deductible is met.
Emergency Care Facility	You pay \$25 per visit	MMCP pays 75% after deductible is met.
Urgent Care Facility	You pay \$25 per visit	MMCP pays 75% after deductible is met.
Skilled Nursing Facility	MMCP pays 100% up to 60 days per calendar year	MMCP pays 75% after deductible is met up to 60 days per calendar year
Physician and Other Health Care		
· Office Visit to a Primary Care Physician (PCP)	You pay \$20 per visit	MMCP pays 75% after deductible is met.
· Office Visit to a Specialist	You pay \$35 per visit	MMCP pays 75% after deductible is met.
· PCP Routine Physicals / Preventive Care / Well Child Care	You pay \$20 per visit ⁴	MMCP pays 75% after deductible is met. ⁵
· Hospital Visits	MMCP pays 100%	MMCP pays 75% after deductible is met.
· Diagnostic Tests	MMCP pays 100%	MMCP pays 75% after deductible is met.
· Surgery/ Anesthesia	MMCP pays 100%	MMCP pays 75% after deductible is met.
Hearing Benefits⁶	MMCP pays 100% up to \$600/year	MMCP pays 75% after deductible up to \$600/year
Cochlear Implants	MMCP pays 100%	MMCP pays 75% after deductible is met.
Hospice Care	MMCP pays 100% up to \$3,000	MMCP pays 75% up to \$3,000 after deductible is met.
Home Health Care	MMCP pays 100%	MMCP pays 75% up to 40 visits per year after deductible is met.
Prescription Drugs⁷	Retail: \$10 Generic \$20 formulary Brand \$30 non-formulary Brand Mail Order: \$20 Generic \$30 formulary Brand \$60 non-formulary Brand	75% of R&C (reasonable & customary)

1 The individual and family deductible and the individual and family out-of-pocket maximum are applied to all expenses incurred for medical, mental health and substance abuse.

2 This excludes deductibles or co-payments made for office or emergency care facility visits under MMCP or co-payments for prescription drugs under the Plan's Managed Pharmacy Services Benefit.

3 Medical management is the division in each health care company that you must notify in advance for various services in order to maximize your benefits. Medical management must be notified before service is rendered or your benefit payment will be reduced by 20% for Out-of-Network services under the Managed Medical Care Program

4 One routine physical examination given each calendar year.

5 Routine immunizations for children age 6 & under (DPT, MMR & polio), PKU tests, routine pap smear/year, baseline mammogram women 25-39, mammogram for women 40-48 every 2 years, annual mammogram women age 50 & older, annual digital rectal exam age 40 & older, proctosigmoidoscopy every 3 years after age 49, office visits for female employees & wives of male employees for the prevention of pregnancy, prescription contraceptive devices

6 Testing, examinations & hearings aids necessary to restore lost, or help impaired, hearing

7 The prescription drug out-of-pocket maximum is separate from the Annual Out-of-Pocket Maximum. The out-of-pocket expenses for prescription drugs do not apply to the Annual Out-of-Pocket Maximum.