

SOUTHWEST LICKING LOCAL SCHOOLS

Medical Plan Options

Effective Date 01/01/2025 - 12/31/2025

BENEFITS		MEDICAL MUTUAL		MEDICAL MUTUAL	
		Option 1		Option 2	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Single	\$250	\$500	\$500	\$750
	Family	\$500	\$1,000	\$1,000	\$1,500
Coinsurance		90%	70%	80%	60%
Out-of-Pocket Maximum (including deductible)	Single	\$750	\$1,500	\$1,500	\$2,750
	Family	\$1,500	\$3,000	\$3,000	\$5,500
Lifetime Maximum		Unlimited		Unlimited	
Physician Office Visits		\$15 Copay	70% after deductible	\$20 Copay	60% after deductible
Wellcare Exams & Prev. Care Services		\$15 Copay	70% after deductible	\$20 Copay	60% after deductible
Well Child Benefits Limits		Unlimited		Unlimited	
Obstetrical Office Visits (Pre & Post-Natal)		\$15 - 1st visit then 90% after deductible	70% after deductible	\$20 - 1st visit then 80% after deductible	60% after deductible
Inpatient Hospital Services		90% after deductible	70% after deductible	80% after deductible	60% after deductible
Emergency Care		\$100 Copay waived if admitted	\$100 Copay	\$100 Copay waived if admitted	\$100 Copay
Urgent Care Centers		\$35 Copay	70% after deductible	\$35 Copay	60% after deductible
Lab and X-Ray		90% after deductible	70% after deductible	80% after deductible	60% after deductible
Major Diag. (CT, PET, MRI, MRA, NM)		90% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse		\$15 Copay Mental Health Parity	70% after deductible	\$20 Copay Mental Health Parity	60% after deductible
Inpatient Mental Health and Substance Abuse		90% after deductible Mental Health Parity	70% after deductible	80% after deductible Mental Health Parity	60% after deductible
Rx Card		Retail \$10/\$20/\$30 (Mail Order) (2.0X) Diabetic Supplies \$0 Copay	\$10/\$20/\$30 Not Covered \$0 Copay	\$10/\$30/\$50 (2.5X) \$0 Copay	\$10/\$30/\$50 Not Covered \$0 Copay
Dependent Age Limits		26		26	

PRICING COMPARISON		MEDICAL MUTUAL		MEDICAL MUTUAL	
01/01/2025 - 12/31/2025		Option 1		Option 2	
Total Pricing	EE	\$1,053.29		\$961.67	
	F	\$2,836.80		\$2,590.05	
Percentage Increase		11.60%		11.60%	

RATES		MEDICAL MUTUAL		MEDICAL MUTUAL	
01/01/2025 - 12/31/2025		Option 1		Option 2	
		Employee (15%)	Employer (85%)	Employee (9%)	Employer (91%)
Total Pricing	Single	\$158.00	\$895.29	\$87.00	\$874.67
	Family	\$426.00	\$2,410.80	\$233.00	\$2,357.05