

SOUTHWEST LICKING LOCAL SCHOOLS
Medical Plan Options
Effective Date 01/01/2026 - 12/31/2026

OHIO SCHOOL BENEFITS COOPERATIVE (OSBC)

BENEFITS	MEDICAL MUTUAL Option 1		MEDICAL MUTUAL Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Single Family	\$250 \$500	\$500 \$1,000	\$500 \$1,500
Coinsurance		90%	70%	80% 60%
Out-of-Pocket Maximum (including deductible)	Single Family	\$750 \$1,500	\$1,500 \$3,000	\$1,500 \$3,000
Lifetime Maximum		Unlimited	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	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 waived if admitted	\$100 Copay \$100 Copay waived if admitted
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 (Mail Order) Diabetic Supplies	\$10/\$20/\$30 (2.0X) \$0 Copay	\$10/\$20/\$30 Not Covered \$0 Copay	\$10/\$30/\$50 (2.5X) Not Covered \$0 Copay
Dependent Age Limits		26	26	26

PRICING COMPARISON 01/01/2026 - 12/31/2026			MEDICAL MUTUAL Option 1	MEDICAL MUTUAL Option 2
Total Pricing	EE		\$1,094.37	\$999.17
	F		\$2,947.44	\$2,691.06
Percentage Increase			3.90%	3.90%

RATES 01/01/2026 - 12/31/2026		MEDICAL MUTUAL Option 1		MEDICAL MUTUAL Option 2	
		Employee (15%)	Employer (85%)	Employee (9%)	Employer (91%)
Total Pricing	Single	\$164.00	\$930.37	\$90.00	\$909.17
	Family	\$442.00	\$2,505.44	\$242.00	\$2,449.06