

This information is provided in summary form. Please refer to the Mercer Handbook for a full explanation of benefits.



ILLNESS OR INJURY	COVERED	NOT COVERED	SPECIAL PROVISIONS
ABORTIONS	X		ONLY WHEN MEDICALLY NECESSARY
ACCIDENTS	X		100% OF THE 1ST 14 DAYS FOLLOWING THE ACCIDENT
ACUPUNCTURE		X	
ALLERGY TESTING	X		
ANESTHESIA	X		
ANOREXIA	X		
ARTIFICIAL INSEMINATION		X	
BEHAVIOR MODIFICATION THERAPY		X	
CHEMICAL DEPENDENCIES	X		
CHEMOTHERAPY	X		
CHIROPRACTIC CARE	X		
CIRCUMCISION	X		ONLY FOR NEWBORNS
COSMETIC SURGERY	X		ONLY WHEN IT IS MEDICALLY NECESSARY TO CORRECT
DIAGNOSTIC	X		
HEARING AID & EXAMS		X	
VISION EXAMS & GLASSES/CONTACTS		X	
HOME CARE	X		
HOSPICE	X		
HOSPITAL SERVICES	X		
INFERTILITY		X	
MAMMOGRAM	X		
MASTECTOMY	X		
MATERNITY	X		
MENTAL CONDITIONS	X		SEE FULL EXPLANATION OF BENEFITS IN PLAN
PROSTATE EXAMS	X		
PROSTHETICS	X		
RADIATION	X		
RECONSTRUCTIVE SURGERY	X		
ROUTINE PHYSICALS	X		
STERILIZATION	X		
PHYSICAL THERAPY	X		

If you want a more hands-on experience with your Health Insurance Benefits Package, here's your invitation to get clicking. Log on the Core Link today at

<http://mercer.coremrg.com>

and get your personal pin number e-mailed to you in seconds. Once established, you will be able to make changes, check the status of your claims, and read up on your health plan coverage .

Detailed instructions for use of this website is yours for the asking. Please call (478) 741-3521 to request a booklet or receive assistance.



**Best viewed with Internet Explorer*



HEALTH PLAN Quick Reference Guide

A Summary of Mercer's Health Insurance Coverage for the plan year 2007/2008

Health Plan Summary for the 2007-2008 Benefit Year

Calendar Year Deductibles:

\$400 Satisfied with employee only
 \$1200 For family coverage (Satisfied with 3 or more family members)
 No Deductible for emergency care within 14 days of an accident.

Co-Payment after deductible is met:

Within the Patient 1st Network Mercer pays 90% and Employee pays 10%.
 Outside the Network, Mercer pays 60% and Employee pays 40%.

Annual "Maximum Out of Pocket"

For Patient 1st claims-\$1500 per individual (an additional \$1100 after the \$400 deductible has been met)

For out of network claims-An additional \$2,200 after the deductible has been met.

Claims are paid at 100% of reasonable & customary charges after maximum has been met.

With family coverage, 3 family members are required to meet a maximum before claims are paid at 100% for the family unit.

Lifetime Maximum: \$2,000,000

(Accidents & illnesses are not capped per incidence)

Prescription Drugs:

Co-Pay for Generic Drugs-\$10
 Co-Pay for Brand Name Drug with no generic alternative-\$25
 Co-Pay for Brand Name Drug that has a generic alternative-\$40

 Traditional Pharmacy Prescriptions-30 days per co-pay

 Mail Order Prescription Service-90 days per co-pay

~IMPORTANT~

Be sure to obtain pre-certification from CORE for all scheduled inpatient services. CORE also needs to be notified with 48 hours of emergency inpatient care.

CORE Administrative Services

**P.O. Box 90
 Macon, GA 31202-0090
 (478) 741-3521**

Health Insurance Premium Schedule FY07/08

Employee Only.....	\$65
Employee + Child.....	\$193
Employee + Spouse.....	\$247
Employee + Family.....	\$335

**Mercer's contribution to your Health Insurance is \$525 for FY07/08*

IMPORTANT

Mercer's Health Care coverage is based on medical necessity and reasonable & customary charges.

For detailed prescription and/or medical care that is not covered by this plan, please call CORE Administrative Services @ (478)741-3521 or 1-888-741-2673

Routine Annual Physicals (In network) are covered @ 100% up to \$150. Deductibles do not apply.