

MMI: 007102178000000000



MEDICAL MUTUAL®

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Effective Date: 010124

Performance Guarantee: Y

## Group Benefit Summary Report

12/21/2023 12:33 PM

### Group

Group Number	Group Name	Section
418649	Madison Local Schools	018,019

### Signature

I have reviewed the entire Group Benefit Summary Report and it is approved with no changes:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Grandfathered Status

I confirm this plan is Grandfathered as defined by the Affordable Care Act (45 CFR 147.140 Preservation of right to maintain existing coverage)

Signature \_\_\_\_\_

Or, initial if not applicable \_\_\_\_\_

### Medical

Subcategory	Variable	Network	Non-Network
<b>General Information</b>			
Product		SuperMed Plus CMM - HSA	
Plan Name		Plan 4	
Dependent Age		No Age Restriction - Certification Required; Dependents between the ages of 26 and 99 are covered while they are still in school. The group will monitor the eligibility requirements and	

Subcategory	Variable	Network	Non-Network
		certification	
Student Age		No Age Restriction - Certification Required; Dependents between the ages of 26 and 99 are covered while they are still in school. The group will monitor the eligibility requirements and certification	
Older Age Child		26	
Dependent Removal		End of Month	
Pre-existing Condition Waiting Period		Does Not Apply	
Lifetime Maximum		Unlimited	
Overall Benefit Period Maximum		Unlimited	
Network and Non-Network Benefit Maximums		Integrated	
Claims Filing Limit		12 months	
Case Management		Yes	
Precertification		Yes - Provider Driven	Yes - Provider Driven
Blood Pint Deductible		0 pints	
3 Month Deductible Carryover Credit		No	
Route Code		4349	
<b>How Claims are Paid</b>			
COB Processing - contact Benefit Services to confirm coverage		Pay and Pursue (Indicator - 0 0)	
Other Carrier Liability (OCL)		10008 - pay to fill	
Non Contracting Providers		Same as Non-Network	
Benefit Period		January 1st through December 31st	
Type of SuperMed Processing		Flat	
Coinsurance		100%	70%
Benefit Period Deductible - Single		\$3,200	\$3,500
Benefit Period Deductible - Family		\$5,600	\$7,000
Type of Deductible Accumulation		Integrated - Deductible incurred for a non-network provider will also apply to the network deductible limits. Deductible incurred for a network provider will also apply to the non-network limits.	
Type of Deductible Processing		Embedded Deductible	
Deductible - Common Accident		Yes	
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Single		\$0	\$2,000
Coinsurance Out-of-		\$0	\$4,000

Subcategory	Variable	Network	Non-Network
Pocket Limits (Excludes Deductible) - Family			
Type of Coinsurance Out-of-Pocket Accumulation		N/A	
Type of Coinsurance Out-of-Pocket Processing		Embedded Coinsurance	
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$3,200	\$5,500
Maximum Out-of-Pocket Limits - Family (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$5,600	\$11,000
Type of Copay Processing		Does Not Apply (there are no copays)	
<b>Emergency Room</b>			
Emergency - Medical/Accident - Emergency Room		100% after deductible	
Emergency - Medical/Accident - Related Services		100% after deductible	
Emergency - Medical/Accident - Physician		100% after deductible	
Non-Emergency - Emergency Room		100% after deductible	70% after deductible
Non-Emergency - Related Services		100% after deductible	70% after deductible
Non-Emergency - Physician		100% after deductible	70% after deductible
<b>Inpatient Services</b>			
Anesthesia		100% after deductible	70% after deductible
Consultations		100% after deductible	70% after deductible
Newborn Care		100% after deductible	70% after deductible
Institutional Services		100% after deductible	70% after deductible
Maternity		100% after deductible	70% after deductible
Physical Medicine and Rehabilitation		100% after deductible	70% after deductible
Professional Services		100% after deductible	70% after deductible
Skilled Nursing Facility (SNF)		100% after deductible	70% after deductible
<b>Mental Health, Alcohol and Drug Abuse</b>			
Inpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	

Subcategory	Variable	Network	Non-Network
Inpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Inpatient Mental Health Services		Benefits paid based on corresponding medical benefits	
Lifetime Maximum(s)		Benefits paid based on corresponding medical benefits	
Outpatient Alcoholism Services		Benefits paid based on corresponding medical benefits	
Outpatient Drug Abuse Services		Benefits paid based on corresponding medical benefits	
Outpatient Mental Health Services		Benefits paid based on corresponding medical benefits	
Parity - Mental Health/Residential		Yes	
Health Care Reform - Mental Health/Substance Abuse Benefits		100%	Benefits paid based on services rendered
<b>Office Visits(illness/injury)</b>			
Medically Necessary Office Visits/Consultations/ Telehealth - PCP		100% after deductible	70% after deductible
On Demand Virtual Telehealth		100% after deductible	70% after deductible
Medically Necessary Office Visits/Consultations/ Telehealth - Specialist		100% after deductible	70% after deductible
Urgent Care Provider Office Visits		100% after deductible	70% after deductible
<b>Outpatient Services</b>			
Allergy Testing		100% after deductible	70% after deductible
Allergy Treatment		100% after deductible	70% after deductible
Diagnostic Imaging		100% after deductible	70% after deductible
Diagnostic Lab		100% after deductible	70% after deductible
Diagnostic Medical Tests		100% after deductible	70% after deductible
Diagnostic X-ray		100% after deductible	70% after deductible
Education and Training	(excludes Diabetic Education and Training)	Not Covered, unless the service is covered under Health Care Reform Preventive Benefits	Not Covered
Education and Training/Diabetic		100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits	70% after deductible
Home Health Care		100% after deductible	70% after deductible
Immunizations	(All Immunizations)	100% after deductible, unless the service is covered under Health Care Reform Preventive	70% after deductible

Subcategory	Variable	Network	Non-Network
		Benefits	
Maternity	(Prenatal Visits are covered at no charge with in-network providers)	100% after deductible	70% after deductible
Surgical Services - Anesthesia		100% after deductible	70% after deductible
Surgical Services - Assistant Surgeon		100% after deductible	70% after deductible
Surgical Services - Surgery Professional		100% after deductible	70% after deductible
Surgical Services - Surgery Facility		100% after deductible	70% after deductible
Surgical Services - Diagnostic Endoscopic Services		100% after deductible	70% after deductible
<b>Outpatient Therapy</b>			
Cardiac Rehabilitation		100% after deductible	70% after deductible
Chemotherapy		100% after deductible	70% after deductible
Chiropractic	(25 visits per benefit period)	100% after deductible	70% after deductible
Dialysis Treatment		100% after deductible	70% after deductible
Hyperbaric Therapy		100% after deductible	70% after deductible
Occupational Therapy		100% after deductible	70% after deductible
Physical Therapy		100% after deductible	70% after deductible
Pulmonary Therapy		100% after deductible	70% after deductible
Radiation Therapy		100% after deductible	70% after deductible
Respiratory Therapy		100% after deductible	70% after deductible
Speech Therapy		Not Covered	Not Covered
<b>Preventive Government Mandated Benefits</b>			
Health Care Reform Preventive Benefits		100%	70% after deductible
Health Care Reform Preventive Benefits for Women		100%	70% after deductible
<b>Preventive Exams and Immunizations</b>			
Family Planning Exam	(age 21 and over)	100%	70% after deductible
Immunizations	(All Immunizations)	100% after deductible, unless the service is covered under Health Care Reform Preventive Benefits	70% after deductible
Physical Exam	(age 21 and over)	100%	70% after deductible
<b>Preventive Tests</b>			
Bone Density Tests		100%	70% after deductible
Endoscopic Services		100%	70% after deductible
Lab		100%	70% after deductible
Mammogram	(1 per benefit period)	100%	70% after deductible
Medical Tests		100%	70% after deductible
Pap Test	(1 per benefit period)	100%	70% after deductible

Subcategory	Variable	Network	Non-Network
X-rays		100%	70% after deductible
<b>Well Child Care</b>			
Covered up to the age of		21	
Maximum		Unlimited	
Exams		100%	70% after deductible
Family Planning Exams		100%	70% after deductible
Hearing Exams		100%	70% after deductible
Immunizations	(All Immunizations)	100%	70% after deductible
Labs		100%	70% after deductible
Vision Exams		100%	70% after deductible
<b>Additional Services</b>			
Abortions - Elective		Not Covered	Not Covered
Abortions - Therapeutic		100% after deductible	70% after deductible
Acupuncture		Not Covered	Not Covered
Ambulance		100% after deductible	70% after deductible
Approved Clinical Trial		Benefits paid based on services rendered	
Autism Spectrum Disorders (other than ABA)	Unlimited (all ages)	Benefits paid based on services rendered	
Applied Behavior Analysis(ABA)	Unlimited (all ages)	Benefits paid based on services rendered	
Blood, Blood Typing and Administration		100% after deductible	70% after deductible
Diabetes Disease Management (DM) Program	Materials covered under the DM program are not listed in certificate	Full Supplies and DME - no cost share	
Durable Medical Equipment	(Includes Lift Chair and Foot Orthotics)	100% after deductible	70% after deductible
Gender Affirming Surgery		Benefits paid based on services rendered	
Hospice		100% after deductible	70% after deductible
Medical Supplies	(includes Jobst Stockings and support/compression stockings)	100% after deductible	70% after deductible
Non-emergency care when traveling outside the United States		Not Covered	Not Covered
Oral Accident		100% after deductible	70% after deductible
Organ Transplant		100% after deductible	70% after deductible
Private Duty Nursing		100% after deductible	70% after deductible
TMJ		Benefits paid based on services rendered	
Weight Loss Surgical Services (Bariatric Surgery)		Benefits paid based on services rendered	

*Drug*

Subcategory	Variable	
<b>General Information</b>		
Product		Major Medical Drug - Realtime Processing - Next Gen
3 Month Deductible Carryover Credit		Yes
Formulary with Integrated Coverage Management Programs		There is no Coverage Management
Coverage Management with 90 day waiver member notification		N/A
Pharmacy Network		National Plus Maintenance
Specialty Drug Solution Pharmacy Network	(with Pre-Notes)	Applies
SaveonSP		N/A
True Payment Processing(TPP)		Applies
Pricing Method		Pass Through
Insulin Method		Method 5
<b>How Claims are Paid</b>		
Benefit Period		January 1st through December 31st
HCR Preventive Benefits - Drug		100%
Contraceptive Coverage and HCR Preventive Benefits for Women - Drug		100%
Benefit Period Deductible - Single	(combined with medical)	\$3,200
Benefit Period Deductible - Family	(combined with medical)	\$5,600
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Single		N/A
Coinsurance Out-of-Pocket Limits (Excludes Deductible) - Family		N/A
Maximum Out-of-Pocket Limits - Single (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$3,200
Maximum Out-of-Pocket Limits - Family (the sum of any applicable deductible, coinsurance and copays)	(includes medical and drug services)	\$5,600
Major Medical Drug Coverage	Covers up to a 30 day supply (specialty drugs); 90 day supply (all other drugs)	100% after deductible
Home Delivery Incentive		N/A
<b>Specialty Drug</b>		
Specialty Drugs		100% after deductible
<b>Commonly Covered or Excluded Drugs and Programs</b>		
Asthmatic Supplies		Not Covered
Compound Drug Management		Participates
Diabetic Supplies (over-the-counter)	(except for glucose monitors and meters)	Covered
Fertility Drugs		Covered
Growth Hormones		Covered
Immunizations/Vaccines		Covered
Injectables		Covered

<b>Subcategory</b>	<b>Variable</b>	
Sexual Dysfunction Drugs		Covered
Smoking Cessation Drugs (non-OTC)		Covered
Smoking Cessation Drugs (over-the-counter)		Not Covered, unless the service is covered under HCR Preventive Benefits - Drugs
Weight Loss Drugs		Not Covered

Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.