MEDICAL PLAN COMPARISON

ADMINISTERED BY MEDICAL MUTUAL OF OHIO

If you use a MetroHealth Provider/Facility for any covered service, co-pays, coinsurance and deductibles will be waived.

Effective 1/1/2020	METROHEALTH SKYCARE PLAN	METROHEALTH SKYCARE PLUS PLAN	
	All Other TIER 1 Providers	All Other TIER 1 Providers	TIER 2 MMO PPO
Benefit Period	January 1 through December 31		
Benefit Maximum	Unlimited	Unlimited	
Benefit Period Deductible	$250 Individual / $500 Family		
Coinsurance	90% / 10%	90% / 10%	70% / 30%
Facility Charges	Deductible and coinsurance will apply to facility charges not associated with an office visit		
Out-of-Pocket Maximum (includes coinsurance)	$600 Individual / $1,200 Family	$600 Individual / $1,200 Family	$2,000 Individual / $4,000 Family
Maximum Allowable Cost per Calendar Year for Essential Health Benefits (Includes Deductibles, Co-payments, and Coinsurance)[4]	$6,350 Individual / $9,700 Family		
Office Visit (Illness/Injury)[1 4]	$0 co-pay	$0 co-pay	$40 co-pay
Specialist Office Visit[1 4]	$20 co-pay	$20 co-pay	$50 co-pay
Preventive Services, in accordance with state and federal law[2]	100%	100%	100%
Diagnostic Laboratory, X-ray, Medical Tests – Medically Necessary	90% after deductible	90% after deductible	70% after deductible
Surgical Services	90% after deductible	90% after deductible	70% after deductible
Prosthetics – excludes dentures	90% after deductible	90% after deductible	70% after deductible
Physical Therapy – Facility and Professional – 25 visits then medical review	90% after deductible	90% after deductible	70% after deductible
Occupational Therapy – Facility and Professional – 25 visits then medical review	90% after deductible	90% after deductible	70% after deductible
Chiropractic Therapy[1 4] – Professional Only – 12 visits per benefit period	$30 co-pay	$30 co-pay	70% after deductible
Speech Therapy – Professional Only – 25 visits then medical review (For speech loss or impairment due to an illness or injury)	90% after deductible	90% after deductible	70% after deductible
Cardiac Rehabilitation	90% after deductible	90% after deductible	70% after deductible
Podiatry[1 4] – Routine foot care not covered	$20 co-pay	$20 co-pay	$50 co-pay
Nutritional Counseling – For Cardiovascular Disease/Eating Disorders/Gastrointestinal Disorders/ Hypertension/Kidney Disease/Seizure	2 visits per benefit period covered at 100%, additional services covered at 90% after deductible	2 visits/benefit period covered at 100%, additional services covered at 90% after deductible	70% after deductible
Semi-Private Room and Board	90% after deductible	90% after deductible	70% after deductible
Maternity	90% after deductible	90% after deuctible	70% after deductible
Skilled Nursing Facility – 100 days per benefit period	90% after deductible	90% after deductible	70% after deductible

If you use a MetroHealth Provider/Facility for any covered service, co-pays, coinsurance and deductibles will be waived.

	METROHEALTH SKYCARE PLAN	METROHEALTH SKYCARE PLUS PLAN	
	All Other TIER 1 Providers	All Other TIER 1 Providers	TIER 2 MMO PPO
Acupuncture	90% after deductible	90% after deductible	70% after deductible
Allergy Testing and Treatments	90% after deductible	90% after deductible	70% after deductible
Air & Ground Ambulance – Subject to medical review	90% after deductible	90% after deductible	70% after deductible
Hearing Aids	The plan covers two hearing aids within 24 month period, limited to maximum allowable benefit of $1,600. **AFSCME** Employees have separate hearing coverage and should contact 216-781-6420 AFSCME Care Plan.		
Home Healthcare – 30 visits per benefit period	90% after deductible	90% after deductible	70% after deductible
Hospice – 180 days per benefit period	90% after deductible	90% after deductible	70% after deductible
Durable Medical Equipment / Prosthetics / Orthotics / Home Infusion Services Prior authorization not required to access SuperMed providers.	90% after deductible	90% after deductible	70% after deductible
TMJ – Coverage limited to Office Visit and X-Ray	90% after deductible	90% after deductible	70% after deductible
Fertility – Limited to services to diagnose only	90% after deductible	90% after deductible	70% after deductible
Fertility Treatment	50% limited to a lifetime medical maximum of $10,000 (does not apply to annual out of pocket limit)		
EMERGENCY ROOM/URGENT CARE			
MetroHealth *Express* Care, CVS Minute Clinic or MetroHealth Discount Drug Mart Clinic [4]	$0 co-pay	$0 co-pay	$40 co-pay
Urgent Care Office Visit[1 4] – Non-life threatening emergency that occurs outside of MetroHealth Service area or normal business hours. Prior authorization not required to access Medical Mutual urgent care facility/providers.	$50 co-pay, then 90%	$50 co-pay, then 90%	$50 co-pay, then 70%
Emergency use of an Emergency Room	100%	100%	100%
Non-Emergency use of an Emergency Room[3 4]	$100 co-pay, then 90%	$100 co-pay, then 90%	$100 co-pay, then 70%
MENTAL HEALTH AND SUBSTANCE ABUSE			
Residential Treatment Facility – Covered only if approved by MMO Care Management	90% after deductible	90% after deductible	70% after deductible
Inpatient Mental Health and Substance Abuse Services – Covered only if approved by MMO Care Management	90% after deductible	90% after deductible	70% after deductible
Outpatient Mental Health and Substance Abuse Services[1 4]	$0 co-pay	$0 co-pay	70% after deductible

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered services.

1 The office visit co-pay applies to the cost of the office visit only.

2 Preventive services include evidence-based services that have a rating of A or B in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

3 Co-pay waived if admitted. The co-pay applies to room charges only. All other covered charges are subject to coinsurance.

4 **Coinsurance applies to the plan's out-of-pocket maximum. The deductible, out-of-pocket maximum, co-pays, and co-insurance apply to Maximum Allowable Cost as required by the Affordable Care Act. Only co-pays continue once the plan's out-of-pocket maximum is met and will stop once the Maximum Allowable Cost is met.**