MEDICAL MUTUAL™

Baldwin Wallace University
January 1, 2021

SuperMed® PPO

Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	**26** Removal at the end of the month	
Pre-Existing Condition Waiting Period	Does not apply	
Annual/Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family[1]	$1,250/$2,500	$1,500/$3,000
Coinsurance	80%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$2,500/$5,000	$2,500/$5,000
Maximum Out of Pocket (Includes, Deductible, Coinsurance, Medical and Prescription Drug Copays)	$7,150/$14,300	Unlimited
Physician/Office Services		
Office Visit for Illness/Injury (***Primary Care***) [2]	$25 Copay, then 100%	70% after deductible
Office Visit for Illness, Injury (***Specialist****)[2]	$40 Copay, then 100%	70% after deductible
Urgent Care Office Visits[2]	$50 Copay, then 100%	70% after deductible
Immunizations	80% after deductible	70% after deductible
Allergy Testing and Treatments	80% after deductible	70% after deductible
Preventive Services		
Preventive Services, in accordance with state and Federal law[3]	100% - NO DEDUCTIBLE	70% after deductible
Office Visit/Routine Physical Exam (Age 21 and over)	100% - NO DEDUCTIBLE	70% after deductible
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests (To age 21)	100% - NO DEDUCTIBLE	70% after deductible
Routine Adult Immunizations	100% - NO DEDUCTIBLE	70% after deductible
Routine Mammogram (One per benefit period)	100% - NO DEDUCTIBLE	70% after deductible
Routine Pap Test (One per benefit period)	100% - NO DEDUCTIBLE	70% after deductible
Routine Labs, X-rays and Medical Tests	100% - NO DEDUCTIBLE	70% after deductible
Routine Endoscopic Services	100% - NO DEDUCTIBLE	70% after deductible
Routine Bone Density Screening	100% - NO DEDUCTIBLE	70% after deductible
Outpatient Services		
Surgical Services	80% after deductible	70% after deductible
Physical, Occupational, Chiropractic Therapy (20 visits per benefit period)	$25 Copay, then 100%	70% after deductible
Speech Therapy – Facility and Professional (10 visits per benefit period)	$25 Copay, then 100%	70% after deductible
Cardiac Rehabilitation	80% after deductible	70% after deductible
Emergency use of an Emergency Room[4]	$250 copay, then 100%	
Non-Emergency use of an Emergency Room[5]	$300 copay, then 100%	
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	70% after deductible
Ancillary Services	80% after deductible	70% after deductible
Maternity	80% after deductible	70% after deductible
Skilled Nursing (100 days per benefit period)	80% after deductible	70% after deductible
Additional Services		

Ambulance	$25 Copay, then 100%	70% after deductible
Durable Medical Equipment	80% after deductible	70% after deductible
Diabetic Education and Training	80% after deductible	70% after deductible
Home Healthcare	80% after deductible	70% after deductible
Hospice	80% after deductible	70% after deductible
Organ Transplants (1 organ per lifetime)	80% after deductible	70% after deductible
Private Duty Nursing	80% after deductible	70% after deductible
Mental Health and Substance Abuse Services – Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	**Benefits paid are based on corresponding medical benefits**	
Outpatient Mental Health and Substance Abuse Services		

Note: Services requiring a copayment are not subject to the single/family deductible.

Deductible and coinsurance expenses incurred for services by a network provider will only apply to the network deductible and coinsurance out-of-pocket limits. Deductible and coinsurance expenses incurred for services by a non-network provider will only apply to the non-network deductible and coinsurance out-of-pocket limits.

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

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. No person other than 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.

[1]Maximum family deductible. Member deductible is the same as single deductible.
[2]The office visit copay applies to the cost of the office visit only.
[3]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.
[4]Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.
[5]Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

***Primary Care Physician: General Practice, Family Practice, Internal Medicine, Pediatrician, OB/Gyn**

MEDICAL MUTUAL™

Baldwin Wallace University
Prescription Drug Program
January 1, 2021

Benefits	Copay	Day Supply
Benefit Period	January 1st through December 31st	
Dependent Age Limit	Same as Medical	
Formulary[1]	**National Preferred Formulary Plus**	
Benefit Period Deductible (Single/Family)[5]	**$100/$200**	
Retail Program[2,4]		
Generic Copayment	$10	30
Formulary Copayment	$45	30
Non-Formulary Copayment	$90	30
Specialty Copayment	$135	30
Retail Program – *after the third retail fill of a prescription drug*[2,3,4]		
Generic Copayment	$20	30
Formulary Copayment	$90	30
Non-Formulary Copayment	$180	30
Home Delivery Program[2,4]		
Generic Copayment	$30	90
Formulary Copayment	$135	90
Non-Formulary Copayment	$270	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Express Scripts, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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[1] Includes the National Preferred Plus Formulary

[2] Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.

[3] Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

[4] Includes contraceptive coverage

[5] Prescription Drug Deductible is **NOT** combined with deductible for Medical benefits.