



County of Summit
Medical Mutual of Ohio
PPO – Advantage
2026

Medical Mutual
SuperMed PPO
Network

Benefit	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age	Age 26 - Removal upon end of month of 26 th birthday	
Benefit Period Deductible – Single/Family	\$1,200 / \$2,400	\$2,400 / \$4,800
Coinsurance	Plan pays 80%; Member pays 20% up to \$3,000/\$6,000	Plan pays 60%; Member pays 40% up to \$6,000/\$12,000
Maximum Out of Pocket (deductible + coinsurance + medical and drug copays) Single/Family	\$7,350 / \$14,700	\$22,050 / \$44,100
Physician/Office Services		
Office Visit (illness/injury)	\$25 PCP/\$50 Specialist copay	Plan pays 60% after deductible
Urgent Care Office Visit	\$75 copay	Plan pays 60% after deductible
All Immunizations	Plan pays 100%	Plan pays 60% after deductible
Preventive Services		
Preventive Services, in accordance with state and federal law	Plan pays 100%	Plan pays 60% after deductible
Preventive Physical Exam (ages 21 and over)	Plan pays 100%	Plan pays 60% after deductible
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations (to age 21)	Plan pays 100%	Plan pays 60% after deductible
Preventive Mammogram (one per benefit period)	Plan pays 100%	Plan pays 60% after deductible
Preventive Pap Test (one per benefit period)	Plan pays 100%	Plan pays 60% after deductible
Preventive Prostate Specific Antigen (PSA)	Plan pays 100%	Plan pays 60% after deductible
Preventive Lab, X-Ray and Medical Tests	Plan pays 100%	Plan pays 60% after deductible
Preventive Endoscopic Services	Plan pays 100%	Plan pays 60% after deductible
Preventive Eye Exam (one per benefit period)	\$50 copay then Plan pays 100%	Plan pays 60% after deductible
Preventive Eye Refraction (one per 24 months)	Plan pays 100%	Plan pays 60% after deductible
Outpatient Services		
Surgical Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Diagnostic Services - X-Ray, Medical Tests	Plan pays 80% after deductible	Plan pays 60% after deductible
Diagnostic Lab	Free Standing Facility - \$25 Copay; Institutional - Plan pays 80% after Deductible	Plan pays 60% after deductible
Diagnostic and Routine Prostate Specific Antigen (PSA)	Plan pays 100%	Plan pays 60% after deductible
Occupational Therapy (25 visits combined with Physical Therapy then subject to Med Review)	\$25 PCP	Plan pays 60% after deductible
Physical Therapy (25 visits combined with Occupational Therapy then subject to Med Review)	\$25 PCP	Plan pays 60% after deductible
Chiropractic Therapy (25 visits then subject to Med Review)	\$25 PCP	Plan pays 60% after deductible
Speech Therapy (10 visits then subject to Med Review)	\$25 PCP/\$50 Specialist	Plan pays 60% after deductible
Cardiac Rehabilitation	\$25 PCP/\$50 Specialist	Plan pays 60% after deductible
Emergency use of an Emergency Room	\$250 copay, then 100% - copay waived if admitted	
Non-Emergency use of an Emergency Room	Plan pays 80% after deductible	Plan pays 60% after deductible

Benefit	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	Plan pays 80% after deductible	Plan pays 60% after deductible
Maternity	Plan pays 80% after deductible	Plan pays 60% after deductible
Skilled Nursing Facility	Plan pays 80% after deductible	Plan pays 60% after deductible
Additional Services		
Allergy Testing and Treatments	Plan pays 80% after deductible	Plan pays 60% after deductible
Ambulance	Plan pays 80% after deductible	Plan pays 60% after deductible
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 60% after deductible
Home Healthcare (40 visits per benefit period)	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospice	Plan pays 80% after deductible	Plan pays 60% after deductible
Organ Transplants (\$10,000 maximum for patient transportation)	Plan pays 80% after deductible	Plan pays 60% after deductible
Private Duty Nursing	Plan pays 80% after deductible	Plan pays 60% after deductible
Hearing Services – Conformity evaluation, hearing aid, hearing aid evaluation test (to age 21) 1 per ear every 48 months, limited to \$2,500 per aid	Plan pays 100%	Plan pays 60% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse		

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

Deductible and coinsurance expenses incurred for services by a non-network provider will also apply to the network deductible and coinsurance out-of-pocket limits. Deductible and coinsurance expenses incurred for services by a network provider will also 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. The contract or benefit booklet will contain the complete listing of covered services. 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.

Express Scripts	Retail /Smart90 (30-day supply) Copay	Smart90/ Mail Order (90-day supply) Copay
Generic	\$10	\$20
Brand formulary*	\$40	\$80
Brand non-formulary	\$75	\$150
Specialty drug**	\$100	\$200

*When a generic is available under the formulary and you choose the brand name drug instead, you will pay the copay plus, the difference between the cost of the generic drug and the brand name drug.

**Employees may be eligible for copay savings programs on specialty medications. A representative from ImpaxRX or SaveOnSP may contact you to discuss your eligibility.

All maintenance medications are required to be written for a 90-day supply and filled through Express Scripts/Mail Order Pharmacy or a Smart90 participating retail pharmacy. You will be permitted to fill two 30-day scripts of your maintenance medications at a retail pharmacy, then all subsequent refills must be written for a 90-day supply and filled through Express Scripts Mail Order Pharmacy or the Smart90 participating pharmacy.

If utilizing the Smart90 program, employees must choose a pharmacy participating in the Smart90 program. Employees must obtain a new 90-day prescription from their physician and take it to the participating pharmacy.