



**County of Summit
Medical Mutual of Ohio
Minimum Value Plan**



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	
Pre-Existing Condition Waiting Period	None	
Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family	\$4000 / \$8,000	\$8,000/ \$16,000
Coinsurance	Plan pays 70%; Member pays 30% up to \$2,350/\$4,700	Plan pays 50%; Member pays 50% up to \$4,700/\$9,400
Maximum Out-of-Pocket (includes Deductible and Coinsurance) Single/Family	\$6,350 / \$12,700	\$12,700 / \$25,400
Physician/Office Services		
Office Visit (Illness/Injury)	Plan pays 70% after deductible	Plan pays 50% after deductible
Urgent Care Office Visit	Plan pays 70% after deductible	Plan pays 50% after deductible
All Immunizations	Plan pays 100%	Plan pays 50% after deductible
Preventive Services		
Preventive Services, in accordance with state and federal law	Plan pays 100%	Plan pays 50% after deductible
Preventive Physical Exam (Ages 21 and over)	Plan pays 100%	Plan pays 50% 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 50% after deductible
Preventive Mammogram (One per benefit period)	Plan pays 100%	Plan pays 50% after deductible
Preventive Pap Test (One per benefit period)	Plan pays 100%	Plan pays 50% after deductible
Preventive Lab, X-Ray and Medical Tests	Plan pays 100%	Plan pays 50% after deductible
Preventive Endoscopic Services	Plan pays 100%	Plan pays 50% after deductible
Preventive Eye Exam (one per benefit period)	Plan pays 70% after deductible	Plan pays 50% after deductible
Preventive Eye Refraction (one per 24 months)	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient Services		
Surgical Services	Plan pays 70% after deductible	Plan pays 50% after deductible
Diagnostic Services - X-Ray, Medical Tests	Plan pays 70% after deductible	Plan pays 50% after deductible
Diagnostic Lab	Plan pays 70% after deductible	Plan pays 50% after deductible
Diagnostic and Routine Prostate Specific Antigen (PSA)	Plan pays 70% after deductible	Plan pays 50% after deductible
Physical Therapy (25 visits combined with Occupational Therapy then subject to Med Review)	Plan pays 70% after deductible	Plan pays 50% after deductible
Occupational Therapy (25 visits combined with Physical Therapy then subject to Med Review)	Plan pays 70% after deductible	Plan pays 50% after deductible
Chiropractic Therapy (25 visits then subject to Med Review)	Plan pays 70% after deductible	Plan pays 50% after deductible
Speech Therapy (10 visits then subject to Med Review)	Plan pays 70% after deductible	Plan pays 50% after deductible
Cardiac Rehabilitation	Plan pays 70% after deductible	Plan pays 50% after deductible
Emergency use of an Emergency Room	Plan pays 70% after deductible	
Non-Emergency use of an Emergency Room	Plan pays 70% after deductible	Plan pays 50% after deductible

Benefit	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	Plan pays 70% after deductible	Plan pays 50% after deductible
Maternity	Plan pays 70% after deductible	Plan pays 50% after deductible
Skilled Nursing Facility	Plan pays 70% after deductible	Plan pays 50% after deductible
Additional Services		
Injectable Contraceptives and Contraceptive Devices	Plan pays 70% after deductible	Plan pays 50% after deductible
Allergy Testing and Treatments	Plan pays 70% after deductible	Plan pays 50% after deductible
Ambulance	Plan pays 70% after deductible	Plan pays 50% after deductible
Durable Medical Equipment	Plan pays 70% after deductible	Plan pays 50% after deductible
Home Healthcare (40 visits per benefit period)	Plan pays 70% after deductible	Plan pays 50% after deductible
Hospice	Plan pays 70% after deductible	Plan pays 50% after deductible
Organ Transplants (\$10,000 maximum for patient transportation)	Plan pays 70% after deductible	Plan pays 50% after deductible
Private Duty Nursing	Plan pays 70% after deductible	Plan pays 50% 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: 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.