



**County of Summit  
Medical Mutual of Ohio  
MedFlex Plan**



<b>Benefit</b>	<b>Summa Network</b>	<b>Non-Network</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age	Age 26 - Removal upon end of month of 26 <sup>th</sup> birthday	
Benefit Period Deductible – Single/Family	\$500 / \$1,000	Not Covered
Coinsurance	Plan pays 90%; Member pays 10% up to \$2000/\$4000	Not Covered
Maximum Out-of-Pocket (includes Deductible, Coinsurance and all Medical and Drug Copays) Single/Family	\$7,350 / \$14,700	Not Covered
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury)	\$20 PCP/\$40 Specialist copay	Not Covered
Urgent Care Office Visit	\$40 copay	Not Covered
All Immunizations	Plan pays 100%	Not Covered
<b>Preventive Services</b>		
<b>Preventive Services, in accordance with state and federal law</b>	Plan pays 100%	Not Covered
Preventive Physical Exam (Ages 21 and over)	Plan pays 100%	Not Covered
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations (To age 21)	Plan pays 100%	Not Covered
Preventive Mammogram (One per benefit period)	Plan pays 100%	Not Covered
Preventive Pap Test (One per benefit period)	Plan pays 100%	Not Covered
Preventive Lab, X-Ray and Medical Tests	Plan pays 100%	Not Covered
Preventive Endoscopic Services	Plan pays 100%	Not Covered
Preventive Eye Exam (one per benefit period)	\$40 copay then Plan pays 100%	Not Covered
Preventive Eye Refraction (one per 24 months)	Plan pays 100%	Not Covered
<b>Outpatient Services</b>		
Surgical Services	Plan pays 90% after deductible	Not Covered
Diagnostic Services - X-Ray, Medical Tests	Plan pays 90% after deductible	Not Covered
Diagnostic Lab	Free Standing Facility - \$20 Copay; Institutional - Plan pays 90% after Deductible	Not Covered
Diagnostic and Routine Prostate Specific Antigen (PSA)	Plan pays 100%	Not Covered
Occupational Therapy (25 visits combined with Physical Therapy then subject to Med Review)	\$20 PCP/\$40 Specialist	Not Covered
Physical Therapy (25 visits combined with Occupational Therapy then subject to Med Review)	\$20 PCP/\$40 Specialist	Not Covered
Chiropractic Therapy (25 visits then subject to Med Review)	\$20 PCP/\$40 Specialist	Not Covered
Speech Therapy (10 visits then subject to Med Review)	\$20 PCP/\$40 Specialist	Not Covered
Cardiac Rehabilitation	\$20 PCP/\$40 Specialist	Not Covered
Emergency use of an Emergency Room	\$150 copay, then 100% - copay waived if admitted	
Non-Emergency use of an Emergency Room	Not Covered	Not Covered

<b>Benefit</b>	<b>Network</b>	<b>Non-Network</b>
<b>Inpatient Facility</b>		
Semi-Private Room and Board	Plan pays 90% after deductible	Not Covered
Maternity	Plan pays 90% after deductible	Not Covered
Skilled Nursing Facility	Plan pays 90% after deductible	Not Covered
<b>Additional Services</b>		
Allergy Testing and Treatments	Plan pays 90% after deductible	Not Covered
Ambulance	Plan pays 90% after deductible	Not Covered
Durable Medical Equipment	Plan pays 90% after deductible	Not Covered
Home Healthcare (40 visits per benefit period)	Plan pays 90% after deductible	Not Covered
Hospice	Plan pays 90% after deductible	Not Covered
Organ Transplants (\$10,000 maximum for patient transportation)	Plan pays 90% after deductible	Not Covered
Private Duty Nursing	Plan pays 90% after deductible	Not Covered
<b>Mental Health and Substance Abuse - Federal Mental Health Parity</b>		
Inpatient Mental Health and Substance Abuse Services	<b>Benefits paid based on corresponding Medical benefits</b>	Not Covered
Outpatient Mental Health and Substance Abuse		

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

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.

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