



## Huron-Erie School Employee Insurance Association Ideal Plan(Non-Grandfathered)



Benefits	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	26 Removal upon End of Month	
Blood Pint Deductible	0 pints	
Overall Annual Benefit Period Maximum	Unlimited	
Benefit Period Deductible – Single/Family <sup>1</sup>	\$500 / \$1,000	\$500 / \$1,000
Coinsurance	90%	80%
Coinsurance Maximum - Single/Family <sup>1</sup>	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance Out-of-Pocket Maximum (Including Deductible) – Single/Family	\$1,000 / \$2,000	\$1,500 / \$3,000
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury) <sup>2</sup>	\$20 copay, then 100%	\$20 copay, then 80%
Urgent Care Office Visit <sup>2</sup>	\$20 copay, then 100%	\$20 copay, then 80%
<b>Preventive Services</b>		
Preventive Services, in accordance with federal law <sup>6</sup>	100%	80% after deductible
Routine Physical Exams <sup>2</sup>	100%	\$20 copay, then 80%
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests (Birth to age 21- Unlimited)	100%	\$20 copay, then 80%
Routine Mammogram (One per benefit period)	100%	80% not subject to deductible
Routine Pap Test (One per benefit period)	100%	80% not subject to deductible
Routine Prostate Specific Antigen (PSA)	100%	80% not subject to deductible
Routine Endoscopies	100%	80% not subject to deductible
All Routine X-rays, Medical Tests and Laboratory Tests	100%	80% not subject to deductible
<b>Outpatient Services</b>		
Surgical Services	90% after deductible	80% after deductible
Diagnostic Services	90% after deductible	80% after deductible
Physical & Occupational Therapy - Facility and Professional (40 visits combined per benefit period)	90% after deductible	80% after deductible
Chiropractic Therapy – Professional Only (12 visits per benefit period)	50% after deductible	50% after deductible
Speech Therapy – Facility and Professional (20 visits per benefit period)	90% after deductible	80% after deductible
Cardiac Rehabilitation	90% after deductible	80% after deductible
Emergency use of an Emergency Room <sup>3</sup>	\$75 copay, then 100%	
Non-Emergency use of an Emergency Room <sup>4</sup>	\$75 copay, then 90%	\$75 copay, then 80%

Benefits	Network	Non-Network
<b>Inpatient Facility</b>		
Semi-Private Room and Board – Including Ancillaries (365 days per in-hospital benefit period <sup>5</sup> )	90% after deductible	80% after deductible
Maternity	90% after deductible	80% after deductible
Skilled Nursing Facility (Two days available for each unused in-hospital day)	90% after deductible	80% after deductible
Human Organ Transplants	90% after deductible	80% after deductible
<b>Additional Services</b>		
Allergy Testing and Treatments	90% after deductible	80% after deductible
Ambulance – air if medically necessary	90% after deductible	80% after deductible
Durable Medical Equipment	90% after deductible	80% after deductible
Home Healthcare	90% after deductible	80% after deductible
Hospice Services	90% after deductible	80% after deductible
Private Duty Nursing	90% after deductible	80% after deductible
<b>Mental Health and Substance Abuse – Federal Mental Health Parity</b>		
Inpatient Mental Health and Substance Abuse Services	<b>Benefits paid are based on corresponding medical benefits</b>	
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 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. 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.

<sup>1</sup>Maximum family deductible. Member deductible is the same as single deductible. 4<sup>th</sup> quarter carryover applies.

<sup>2</sup>The office visit copay applies to the cost of the office visit only.

<sup>3</sup>Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

<sup>4</sup>Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

<sup>5</sup>An in-hospital benefit period is a period of time beginning when the member enters a hospital and ending when he/she has been out for 90 consecutive days.

<sup>6</sup>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.



**Huron-Erie School Employee  
Insurance Association  
Prescription Drug Program  
Ideal Plan-Oral Contraceptives Covered**

Benefits	Copay	Day Supply
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	<b>26</b> Removal Upon End of Month	
<b>Over the Counter Drugs (Retail Only)</b>		
Proton Pump Inhibitors (i.e., Prilosec OTC – Omeprazole <sup>1</sup> )	\$0	30
<b>Retail Program</b>		
Generic Copayment	\$10	30
Brand Name Copayment	\$25	30
<b>Home Delivery Program</b>		
Generic Copayment	\$20	90
Brand Name Copayment	\$50	90

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

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- Oral Contraceptives covered for medically necessary care only
- Diabetic Supplies
  - Retail: only needles/syringes are covered
  - Home Delivery/Mail Order: all diabetic supplies are covered, including needles/syringes, blood/urine test strips, lancets, alcohol swabs/wipes

**Important Information for Diabetics:** you may be able to obtain diabetic supplies at no cost to you by participating in MMO's Diabetes Advantage program. If you have questions about the program and/or wish to enroll, please call 1-800-861-4826.

<sup>1</sup> Proton Pump Inhibitors (PPI's) are a class of drugs that inhibit gastric acid production and are used to treat a variety of gastrointestinal conditions.