



SuperMed Preferred Choice Cuyahoga Community College

General Information		
Product	SuperMed Plus CMM	
Dependent Age	26	
Dependent Removal	End of Month	
Domestic Partners	Covered	
Pre-existing Condition Waiting Period	Does Not Apply	
Lifetime Maximum	Unlimited	
Overall Benefit Period Maximum	Unlimited	
Claims Filing Limit	12 months	
Blood Pint Deductible	2 pints	
3 Month Deductible Carryover Credit	No	
How Claims are Paid		
	Network	Non-Network
Benefit Period	January 1st through December 31st	
Coinsurance	90%	70%
Benefit Period Deductible – Single / Family	\$250 / \$500	\$500 / \$1,000
Type of Deductible Accumulation	Integrated - Deductible incurred for a non-network provider will also apply to the network deductible limits. Deductible incurred for a network provider will also apply to the non-network limits.	
Coinsurance Out-of-Pocket Limits (Excludes Deductible) – Single / Family	\$1,750 / \$3,500	\$2,500 / \$5,000
Type of Coinsurance Out-of-Pocket Accumulation	Integrated - Coinsurance incurred for a non-network provider will also apply to the network coinsurance limits. Coinsurance incurred for a network provider will also apply to the non-network limits.	
Copay Out-of-Pocket Limits	\$2,000 / \$4,000	Not Applicable
Maximum Out-of-Pocket Limits - Single / Family (the sum of any applicable deductible, coinsurance and copays) (includes medical services only)	\$4,000 / \$8,000	Not Applicable
Emergency Room		
Emergency - Medical/Accident - Emergency Room	90% after deductible	
Non-Emergency - Emergency Room	Not Covered	
Inpatient Services		
Consultations	90% after deductible	70% after deductible
Newborn Care	90% after deductible	70% after deductible
Institutional Services	90% after deductible	70% after deductible
Maternity	90% after deductible	70% after deductible
Physical Medicine and Rehabilitation	90% after deductible	70% after deductible
Professional Services	90% after deductible	70% after deductible
Skilled Nursing Facility(SNF) (60 days per benefit period)	90% after deductible	70% after deductible

	Network	Non-Network
Mental Health, Alcohol and Drug Abuse		
Inpatient Alcoholism, Drug Abuse and Mental Health Services	Benefits paid based on corresponding medical benefits	
Outpatient Alcoholism, Drug Abuse and Mental Health Services	Benefits paid based on corresponding medical benefits	
Office Visits(illness/injury)		
Medically Necessary Office Visits/Consultations – PCP (PCP's include Psychiatrists, Psychologists and Geriatrics)	\$20 copay, then 100%	70% after deductible
Medically Necessary Office Visits/Consultations - Specialist	\$40 copay, then 100%	70% after deductible
Urgent Care Provider Office Visits	\$20 copay, then 100%	70% after deductible
Outpatient Services		
Allergy Testing (PCP's include Psychiatrists, Psychologists and Geriatrics)	\$20 copay, then 100% (PCP); \$40 copay, then 100% (Specialist)	70% after deductible
Allergy Treatment (PCP's include Psychiatrists, Psychologists and Geriatrics)	\$20 copay, then 100% (PCP); \$40 copay, then 100% (Specialist)	70% after deductible
Diagnostic Lab, X-ray and Medical Tests	100% after deductible	70% after deductible
Home Health Care (40 visits per benefit period)	90% after deductible	70% after deductible
All Immunizations	100%	70% after deductible
Maternity	90% after deductible	70% after deductible
Surgical Services	90% after deductible	70% after deductible
Outpatient Therapy		
Cardiac Rehabilitation	90% after deductible	70% after deductible
Chemotherapy	90% after deductible	70% after deductible
Chiropractic (12 visits per benefit period)	70% after deductible	70% after deductible
Dialysis Treatment	90% after deductible	70% after deductible
Occupational Therapy (20 visits per benefit period)	90% after deductible	70% after deductible
Physical Therapy (20 visits per benefit period)	90% after deductible	70% after deductible
Radiation Therapy	90% after deductible	70% after deductible
Speech Therapy (20 visits per benefit period)	90% after deductible	70% after deductible
Preventive / Routine		
Health Care Reform Preventive Benefits	100%	70% after deductible
Health Care Reform Preventive Benefits for Women	100%	70% after deductible
Family Planning Exam (age 21 and over)	100%	Not Covered
Hearing Exam (age 21 and over)	\$20 copay, then 100%	Not Covered
All Immunizations	100%	70% after deductible
Physical Exam (age 21 and over)	100%	Not Covered
Vision Exam (age 21 and over, 1 every 2 benefit periods)	\$20 copay, then 100%	Not Covered
Endoscopic Services	100%	70% after deductible
Lab	100%	70% after deductible
Mammogram (1 per benefit period)	100%	70% after deductible
Medical Tests	100%	70% after deductible
Pap Test (1 per benefit period)	100%	70% after deductible
X-rays	100%	70% after deductible

	Network	Non-Network
Well Child Care		
Age Limit	21	
Maximum	Unlimited	
Exams	100%	Not Covered
Family Planning Exams	100%	Not Covered
All Immunizations	100%	70% after deductible
Labs	100%	70% after deductible
Additional Services		
Abortions (includes Spontaneous (miscarriages) and Therapeutic Abortions only; Elective Abortions are not covered)	90% after deductible	70% after deductible
Acupuncture	Not Covered	
Ambulance	90% after deductible	90% after deductible
Blood, Blood Typing and Administration	90% after deductible	70% after deductible
Contraceptive Devices	Benefits paid based on services rendered	
Durable Medical Equipment	100% after deductible	70% after deductible
Hospice (60 days per benefit period)	90% after deductible	70% after deductible
Medical Supplies	100% after deductible	70% after deductible
Non-emergency care when traveling outside the United States	Not Covered	
Oral Accident	90% after deductible	70% after deductible
Organ Transplant	90% after deductible	Not Covered
Private Duty Nursing	90% after deductible	70% after deductible
TMJ	Benefits paid based on services rendered	
Weight Loss Surgical Services (Bariatric Surgery) (including complications from weight loss surgical services)	Benefits paid based on services rendered	

Notes: 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.