

Cuyahoga County 2022 Medical and Prescription Drug Plan Options

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2022 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

	MetroHealth Select High Deductible		MetroHealth Select		Medical Mutual SuperMed EPO Plan			Medical Mutual SuperMed PPO Plan		
	Covers 100% of preventive care services provided In-Network (according to age and gender) In-Network coverage available through MetroHealth Select Network only Medical and Prescription Drug costs are out-of-pocket until the deductible is met Requires you to pay 100% for Out-of-Network services Prescription Drugs are required to be filled at a MetroHealth Pharmacy or Express Scripts Option to open and contribute to a tax-favored Health Savings Account to pay for healthcare expenses		Covers 100% of preventive care services provided In-Network (according to age and gender) In-Network coverage available through MetroHealth Select Network only Requires you to Pay 100% for Out-of-Network services Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network Option to participate in Medical Flexible Spending Account for eligible health care expenses		Covers 100% of preventive care services provided In-Network (according to age and gender) In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network Requires that you pay 100% for Out-of-Network services Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network Option to participate in Medical Flexible Spending Account for eligible health care expenses			Covers 100% of preventive care services provided In-Network (according to age and gender) In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network Out-of-Network coverage available Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network Option to participate in a Medical Flexible Spending Account for eligible healthcare expenses		
	MetroHealth Select Network		MetroHealth Select Network		Tier 1 MetroHealth Select Network			Tier 1 MetroHealth Select Network		
	Out-of-Network		Out-of-Network		Tier 2 Medical Mutual SuperMed Network			Tier 2 Medical Mutual SuperMed Network		
	Out-of-Network		Out-of-Network		Tier 3 Out-of-Network			Tier 3 Out-of-Network		
Deductible (Individual/Family)	\$2,800/ \$5,250		\$0/\$0		\$0/\$0			\$750/ \$1,500		
Coinsurance	20% After Deductible		0%, No Deductible		10%, No Deductible			0% After Deductible		
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	\$3,850/\$7,950		N/A		\$1,250/\$2,500			\$1,750/\$3,500		
Inpatient Facility Services	20% After Deductible		\$250 Copay		\$250 + 10%			0%, No Deductible		
Outpatient Facility & X-Ray/Lab Services	20% After Deductible		0%, No Deductible		0%, No Deductible			10% After Deductible		
Preventive Care Office Visit	0%, No Deductible		\$0 Copay, No Deductible		\$0 Copay, No Deductible			30% After Deductible		
Office Visit – Primary Care Physician	20% After Deductible		\$20 Copay		\$20 Copay			\$25 Copay		
Office Visit – Specialist	20% After Deductible		\$40 Copay		\$40 Copay			\$50 Copay		
Urgent Care Visit	20% After Deductible		\$40 Copay		\$40 Copay			\$75 Copay		
Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted)	20% After Deductible		\$150 Copay*		\$150 Copay*			\$150 Copay*		
Emergency Room Visit – Non- Emergency	20% After Deductible		\$200 Copay		\$200 Copay			\$200 Copay		
Prescription Drug Benefits Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply All Specialty- Up to 30 day supply	MetroHealth Pharmacy or Medical Mutual Express Script Network (Mail Order is only available through Express Script Network)		MetroHealth Pharmacy		MetroHealth Pharmacy			MetroHealth Pharmacy		
	Out-of-Network		CVS CareMark		Out-of-Network			Out-of-Network		
Retail Generic	20% After Deductible		\$10 Copay		\$10 Copay			\$10 Copay		
Retail Preferred Brand	20% After Deductible		\$25 Copay		\$35 Copay			\$35 Copay		
Retail Non-Preferred Brand	50% After Deductible		\$50 Copay		\$50 Copay			\$50 Copay		
Retail Specialty	50% After Deductible		20% to \$750		20% to \$750			20% up to \$750		
Mail Order Generic	20% After Deductible		\$10 Copay		\$10 Copay			\$10 Copay		
Mail Order Preferred Brand	20% After Deductible		\$50 Copay		\$70 Copay			\$70 Copay		
Mail Order Non-Preferred Brand	50% After Deductible		\$80 Copay		\$100 Copay			\$100 Copay		
Mail Order Specialty	Not Covered		Not Covered		Not Covered			Not Covered		
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)	\$6,650 / \$13,200		\$6,600/ \$13,200		\$6,600/ \$13,200			\$2,500/ \$5,000		



Medical Mutual SuperMed EPO Plan and Medical Mutual SuperMed PPO Plan: Tier 1 and Tier 2 Coinsurance limits work towards each other.

For all plans, excluding the MetroHealth Select High Deductible: When a generic is available, but the pharmacy dispenses the brand name medication for any reason other than the prescriber indicates "dispense as written," you will pay the difference between the brand name medication and the generic plus the brand copayment.