

**City of Brecksville
Medical Mutual Plan Options
Effective January 1, 2020**

EXHIBIT "A"

Benefits	Medical Mutual					
	RED		WHITE		BLUE – HSA	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Coinsurance	90%	90%	80%	60%	100%	60%-100%
Deductible	\$100/\$200	\$100/\$200	\$300/\$600	\$800/\$1,600	\$2,800/\$5,600 (Embedded)	\$5,000/\$10,000 (Embedded)
Employer H.S.A. Contribution	n/a	n/a	n/a	n/a	Annual Employer Contribution to HSA Account \$1,426.32 per Single / \$2,832 per Family*	
Out-of-Pocket Maximum	\$550/\$1,100 (includes Deductible, Coinsurance, and Copayments)	\$800/\$1,600 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$1,300/\$2,600 (includes Deductible, Coinsurance, and Copayments)	\$2,600/\$5,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$2,900/\$5,800 (Embedded) (includes Deductible and Coinsurance)	\$5,600/\$11,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)
Inpatient	90% after deductible	\$250 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Outpatient Surgery	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Emergency Room	\$50 copay**	\$50 copay** (may be subject to balance billing)	\$100 copay**	\$100 copay** (may be subject to balance billing)	100% after deductible	100% after deductible (may be subject to balance billing)
Urgent Care	\$10 copay	90% after deductible	\$15 copay	60% after deductible	100% after deductible	60% after deductible
Office Visit - Routine Exams	Covered 100%	90% after deductible	Covered 100%	60% after deductible	Covered 100%	60% after deductible
Office Visit - Diagnostic	\$10 copay (\$10 specialist)	90% after deductible	\$10 copay (\$10 specialist)	60% after deductible	100% after deductible	60% after deductible
Diagnostic/Lab X-Ray	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	\$150 copay, then 60% after deductible	100% after deductible	\$150 copay, then 60% after deductible
Prescription Drug	Shoebbox Rx Program		Shoebbox Rx Program		Shoebbox Rx Program	
Retail	80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance	80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance	After Deductible is met, then 80% up to Max Out-of-Pocket then 100%	MMO will reimburse 75% of allowed charges less any coinsurance
Mail Order (90-day supply unless otherwise noted)	80% up to Max Out-of-Pocket then 100%	Not Covered	80% up to Max Out-of-Pocket then 100%	Not Covered	After Deductible is met, then 80% up to Max Out-of-Pocket then 100%	Not Covered
	Specialty Drugs 30-day supply limit		Specialty Drugs 30-day supply limit		Specialty Drugs 30-day supply limit	

Enrollment Tier	Employee Contribution/Month: 10.0%	Employee Contribution/Month: 1.5%	Employee Contribution/Month
Single	\$69.17	\$10.00	\$0.00
Employee+Spouse	\$145.26	\$20.99	\$0.00
Employee+Child(ren)	\$117.59	\$17.00	\$0.00
Family	\$204.05	\$29.50	\$0.00

** Waived if admitted
Employer H.S.A. Funding will be deposited into accounts in the following manner - 1/2 in January and 1/2 in July
Referred and Non-Referrred (Network and Non-Network) deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.
These benefit descriptions have been prepared from material furnished by the insurance carrier. In the event of a discrepancy, the insurance carrier contract will govern.