

**City of Maumee - 2017 Part-Time Employee Health Care Plan**

**Medical Benefits**

	<b>MMO Super Med Network</b> The following MMO Super Med Network services are subject to a co-pay only. Deductible and co-insurance do not apply.	<b>Non-Network Provider</b> The following services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion.
Physician Office Visits (Includes the following: Family Practitioner, General Practitioner, Internal Medicine, Pediatric Medicine, Osteopathic Medicine, and Obstetrics - Gynecology Medicine)	\$ 20 co-pay	60% co-insurance after deductible is met.
TelaDoc / Telemedicine	100%	100%
Specialist Office Visits	\$ 40 co-pay	60% co-insurance after deductible is met.
Urgent Care	\$ 50 co-pay	60% co-insurance after deductible is met.
Emergency Room	\$100 co-pay	60% co-insurance after deductible is met.
Non-Emergency Outpatient Diagnostic x-Rays and Laboratory Testing (not including CT Scan, PET Scan, or MRI)	Not covered	60% co-insurance after deductible is met.
Smoking Cessation (Claims manually submitted.)	100% Up to a 90 day supply per calendar year.	100% Up to a 90 day supply per calendar year.

**Preventive Care**

Routine Well Adult Care	100%. Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.	60% co-insurance after deductible is met. Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.
Mammogram (Screening)	100% Limited to 1 per year and to age 35 and over.	60% co-insurance after deductible is met. Limited to 1 per year and to age 35 and over.
Colonoscopy	100% Limited to 1 per year and to age 50 and over.	60% co-insurance after deductible is met. Limited to 1 per year and to age 50 and over.
Routine Well Newborn Care	100% Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.	60% co-insurance after deductible. Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.
Routine Well Child Care	100% Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.	60% co-insurance after deductible. Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.

**Medical Benefits**

	<b>MMO Super Med PPO Network</b> The following MMO Super Med PPO Network services are subject to a deductible before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion.	<b>Non-Network Provider</b> The following Non-Network services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion. The Non-Network deductible is separate from the "MMO Super Med PPO Network" deductible.
	<b>Deductible</b> (Employee pays first).	<b>Deductible</b> (Employee pays first).
Per Person	\$ 250	\$ 500
Per Family	\$ 500	\$1,000
	<b>Co-Insurance</b> (20% of the charges for service)	<b>Co-Insurance</b> (40% of the charges for service)
Per Person	\$ 750	\$2,000
Per Family	\$2,000	\$4,000
	<b>Max Out-of-Pocket</b> (Deductible + CoInsurance + Medical Copays)	<b>Max Out-of-Pocket</b> (Deductible + CoInsurance)
Per Person	\$1,000	\$2,500
Per Family	\$2,500	\$5,000
Ambulance	80% co-insurance after deductible is met.	80% co-insurance after deductible is met.
Inpatient Hospital	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Surgery	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Skilled Nursing Facility	80% co-insurance after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum	60% co-insurance after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum
CT Scan, PET Scan, MRI (and inpatient x-rays and laboratory testing)	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Physical Therapy, Occupational Therapy and Speech Therapy	80% co-insurance after deductible is met. Maximum 30 total combined sessions per year.	60% co-insurance after deductible is met. Maximum 30 total combined sessions per year.
Chiropractic	80% co-insurance after deductible is met. Maximum 25 visits per year.	60% co-insurance after deductible is met. Maximum 25 visits per year.
Durable Medical Equipment	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Organ Transplants	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Pregnancy	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.

**Prescription Drug Benefits**

	<b>Retail</b> 30-day supply	<b>Mail Order</b> 90-day supply
Generic	\$ 5	\$ 10
Preferred ("Formulary") Brand	\$ 25	\$ 50
Non-Preferred Brand	\$ 40	\$ 80
Prescriptions purchased via retail are only covered at participating pharmacies.		