



**SuperMed Plus
Cleveland State University
Value Plan
Effective July 2008**



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	19 Dependent / 23 Student Removal upon End of Month	
Lifetime Maximum	\$2,500,000	
Benefit Period Deductible – Single/Family ¹	\$250/\$500	\$500 /\$1,000
Coinsurance	80%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$500 / \$1000	\$2,000 / \$4,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$25 copay, then 100%	70% after deductible
Urgent Care Facility Services ²	\$50 copay, then 100%	70% after deductible
All Immunizations	80%	70% after deductible
Preventative Services		
Office Visit/Routine Physical Exam ²	\$25 copay, then 100%	70% after deductible
Well Child Care Services including Exam and Immunizations (To age 18) ²	\$25 copay, then 100%	70% after deductible
Well Child Care Laboratory Tests (To age 18)	80%	70% after deductible
Routine Mammogram (One per benefit period)	80%	70% after deductible
Routine Pap Test	80%	70% after deductible
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Limited to one per benefit period)	80%	70% after deductible
PSA. Bone Density Test and Lipid Panel, Fecal Occult Screening	80%	70% after deductible
Routine Colonoscopy- ages 50 and over Routine Sigmoidoscopy- ages 50 and over, 1 per three benefit periods	80%	70% after deductible
Outpatient Services		
Surgical Services	80% after deductible	70% after deductible
Diagnostic Services	80% after deductible	70% after deductible
Physical Therapy, Occupational Therapy, Chiropractic - Facility and Professional (20 visits per benefit period combined)	\$25 copay, then 100%	70% after deductible
Speech Therapy – Facility and Professional (10 visits per benefit period)	\$25 copay, then 100%	70% after deductible
Cardiac Rehabilitation	80% after deductible	70% after deductible
Emergency use of an Emergency Room ³	\$150 copay, then 80%	
Non-Emergency use of an Emergency Room ^{3,4}	\$150 copay, then 80%	70% after deductible

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	70% after deductible
Maternity	80% after deductible	70% after deductible
Skilled Nursing Facility (100 days per benefit period)	80% after deductible	70% after deductible
Additional Services		
Allergy Testing and Treatments	80% after deductible	70% after deductible
Ambulance	80% after deductible	70% after deductible
Education and Training	80% after deductible	70% after deductible
Durable Medical Equipment	80% after deductible	Not covered
Home Healthcare	80% after deductible	Not covered
Hospice	80% after deductible	Not covered
Organ Transplants	80% after deductible	Not covered
Private Duty Nursing	Not Covered	Not Covered
Mental Health and Substance Abuse		
Inpatient Mental Health Services -30 days per benefit period -3 admits per lifetime	80% after deductible	Not Covered
Inpatient Substance Abuse Services -30 days per benefit period - 1 admit per benefit period - 3 admits per lifetime	80% after deductible	Not Covered
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	\$25 copay then, 100%	50% after deductible ⁵

Note: Services requiring a copayment are not subject to the single/family deductible..

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

Deductible expenses incurred for services by a non-network provider will also apply to the network deductible out-of-pocket limits. Deductible expenses incurred for services by a network provider will also apply to the non-network deductible out-of-pocket limits.

Coinsurance expenses incurred for services by a network provider will only apply to the network coinsurance out-of-pocket limits. Coinsurance expenses incurred for services by a non-network provider will only apply to the non-network coinsurance out-of-pocket limits.

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.

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Copay waived if admitted.

⁴The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

⁵Will not accumulate to coinsurance out of pocket maximum.