



**SuperMed Plus  
Cleveland State University  
Traditional High Plan  
Effective July 2008**



Benefits	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	19 Dependent / 23 Student Removal upon End of Month	
Lifetime Maximum	\$2,500,000	
Benefit Period Deductible – Single/Family <sup>1</sup>	\$150/\$300	\$300/\$600
Coinsurance	100%	80%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$0	\$1,200 / \$2,400
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury) <sup>2</sup>	\$15 copay, then 100%	80% after deductible
Urgent Care Facility Services <sup>2</sup>	\$35 copay, then 100%	80% after deductible
All Immunizations	100%	80% after deductible
<b>Preventative Services</b>		
Office Visit/Routine Physical Exam (ages 18 and over) <sup>2</sup>	\$15 copay, then 100%	80% after deductible
Well Child Care Services including Exam and Immunizations (To age 18) <sup>2</sup>	\$15 copay, then 100%	80% after deductible
Well Child Care Laboratory Tests (To age 18)	100%	80% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible
Routine Pap Test	100%	80% after deductible
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (One each per benefit period)	100%	80% after deductible
<b>PSA, Bone Density Test and Lipid Panel, Fecal Occult Screening</b>	100%	80% after deductible
Routine Colonoscopy- ages 50 and over Routine Sigmoidoscopy- ages 50 and over, 1 per three benefit periods	100%	80% after deductible
<b>Outpatient Services</b>		
Surgical Services	100% after deductible	80% after deductible
Diagnostic Services	100% after deductible	80% after deductible
Physical/Occupational/Chiropractic Therapy (20 visits per Benefit period) <sup>2</sup>	\$15 copay, then 100%	80% after deductible
Speech Therapy – Facility and Professional (10 visits per benefit period) <sup>2</sup>	\$15 copay, then 100%	80% after deductible
Cardiac Rehab	100% after deductible	80% after deductible
Emergency use of an Emergency Room <sup>3,4</sup>	\$75 copay, then 100%	
Non-Emergency use of an Emergency Room <sup>3,4</sup>	\$75 copay, then 100%	80% after deductible

<b>Benefits</b>	<b>Network</b>	<b>Non-Network</b>
<b>Inpatient Facility</b>		
Semi-Private Room and Board	\$200 per admission copay, then 100%	80% after deductible
Maternity	\$200 per admission copay, then 100%	80% after deductible
Skilled Nursing Facility ( 100 days per benefit period)	100% after deductible	80% after deductible
<b>Additional Services</b>		
Allergy Testing and Treatments	100% after deductible	80% after deductible
Ambulance	100% after deductible	80% after deductible
Education and Training	100% after deductible	80% after deductible
Durable Medical Equipment	100% after deductible	Not covered
Home Healthcare	100% after deductible	Not covered
Hospice	100% after deductible	Not covered
Organ Transplants	100% after deductible	Not covered
Private Duty Nursing	Not Covered	Not Covered
<b>Mental Health and Substance Abuse</b>		
Inpatient Mental Health Services -30 days per benefit period -3 admits per lifetime	\$200 per admission copay, then 100%	Not Covered
Inpatient Substance Abuse Services -30 days per benefit period - 1 admit per benefit period - 3 admits per lifetime	\$200 per admission copay, then 100%	Not Covered
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	\$15 copay, then 100%	50% after deductible <sup>5</sup>

Note: 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.

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.

<sup>1</sup>Maximum family deductible. Member deductible is the same as single deductible.

<sup>2</sup>The office visit copay applies to the cost of the office visit only.

<sup>3</sup>Copay waived if admitted.

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

<sup>5</sup>Will not accumulate to coinsurance out of pocket maximum.