

MEDICAL BENEFITS COMPARISON CHART 2017-18




Plan Name	MMO ⁴ Traditional PPO In-Network	MMO ⁴ Traditional Out-of-Network	MMO ⁴ Value PPO In-Network	MMO ⁴ Value Out-of-Network	CSU Health & Wellness Services (Faculty and Staff Only)	MetroHealth Select EPO In-Network
MMO Tier	TIER 2	TIER 3	TIER 2	TIER 3	TIER 1	
Maximum Out-of-Pocket (includes in-network co-payments, co-insurance and deductible)	 2017-18 Maximum Out-of-Pocket \$7,150 Single / \$14,300 Family D = In-network Deductibles A + In-network Co-insurance B + In-network Medical & Prescription Drug Co-payments C (REFER TO CHART ON PAGE 4)					
Physician Office Visit C	\$20 co-payment	30% ² after deductible	\$30 co-payment	40% ² after deductible	No Cost	\$10 co-payment
Express Care Online	\$20 co-payment	n/a	\$30 co-payment	n/a	Not Available	Not Available
Routine, Preventive & Wellness Services C	No Cost ³	30% ²	No Cost ³	40% ²	Limited services at no cost	No Cost ³
Laboratory & Diagnostic Services B	10% after deductible	30% ² after deductible	20% after deductible	40% ² after deductible	Limited services at no cost	No Cost
Convenience Care Clinic C	\$20 co-payment	30% ² after deductible	\$30 co-payment	40% ² after deductible	Services Not Available	Services Not Available
Urgent Care Office Visit C	\$35 co-payment	30% ² after deductible	\$50 co-payment	40% ² after deductible	Limited services at no cost	\$10 co-payment in-network only
Inpatient Medical & Surgical Hospital Services B	10% after deductible	30% ² after deductible	20% after deductible	40% ² after deductible	Services Not Available	No Cost
Outpatient Medical, Surgical & Hospital Services B	10% after deductible	30% ² after deductible	20% after deductible	40% ² after deductible	Limited services at no cost	No Cost
Institutional Charge for use of Emergency Room: B C						
Emergency	10% after \$100 co-payment (co-payment waived if admitted)	10% ² after \$100 co-payment (co-payment waived if admitted)	20% after \$150 co-payment (co-payment waived if admitted)	20% ² after \$150 co-payment (co-payment waived if admitted)	Services Not Available	No Cost after \$75 co-payment including out-of-network services (co-payment waived if admitted)
Non-Emergency	10% after \$100 co-payment (co-payment waived if admitted)	30% ² after \$100 co-payment (co-payment waived if admitted)	20% after \$150 co-payment (co-payment waived if admitted)	40% ² after \$150 co-payment (co-payment waived if admitted)	Services Not Available	No Cost after \$75 co-payment in-network services only (co-payment waived if admitted)
Emergency Room Physician Charges/ Emergency Services: B C	10%	10% ²	20%	20% ²	Services Not Available	No Cost including out of network services
Non-Emergency	10% after deductible	30% ² after deductible	20% after deductible	40% ² after deductible	Services Not Available	No Cost in-network services only

² Allowed charges for non-network physicians or other professional providers are limited to the lesser of billed charges or the traditional amount. For non-contracting institutional providers, the non-contracting amount applies; non-contracting providers can balance bill.

³ Evidence-based items or services that have a rating of (A) or (B) in effect in the current recommendation of the United States Preventive Services Task Force.

⁴ Pre-authorization by MMO may be required for some services (e.g. surgical procedures, diagnostic tests, MRIs and scans) for which you are financially responsible. Refer to your plan certificate for details.

 Denotes services may be eligible for VikeHealth & Well-being points.