



Section 3: Plans and Premiums Without Medicare

Please review this section for the features and premiums of the plans for enrollees without Medicare. If you have Medicare-eligible family members, also review Section 5 (Page 23) for the features and premiums of the plan options for enrollees with Medicare. Be aware coverage features under the same plan could differ based on Medicare status. Premiums also differ.

Prescription Drug Plan Features Without Medicare	Express Scripts Prescription Drug Plan	
Annual Brand-Name Deductible per Enrollee (Generic drug costs and non-preferred pharmacy fees are not subject to nor applied to the deductible.)	\$275 for covered brand-name drugs, including brand-name specialty drugs	
Standard Network Retail/Nursing Home Pharmacy Copayments/Coinsurance per 31-day Supply (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	Preferred Pharmacies Generic: Enrollee pays \$10 Preferred brand-name: Enrollee pays \$30 (after deductible) Non-preferred brand-name: Enrollee pays \$75 (after deductible) Specialty: Enrollee pays the lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible); must use Accredo, Express Scripts' specialty pharmacy provider	Non-Preferred Pharmacies Enrollee pays the copayment/coinsurance charged at a preferred pharmacy, plus a \$10 fee per fill
Maximum Day Supply	Retail: 31 days Home delivery: 90 days	
Home Delivery Copayments/Coinsurance (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	Low-Cost Generic Drug Program medications: Enrollee pays \$9 Generic: Enrollee pays \$25 Preferred brand-name: Enrollee pays \$75 (after deductible) Non-preferred brand-name: Enrollee pays \$187.50 (after deductible) Specialty: Enrollee pays the lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)	
Enrollee's Maximum Annual Expense (Non-preferred pharmacy fees do not apply to the maximum annual expense.)	If an enrollee pays a total of \$4,000 out of pocket in copayments/coinsurance/deductible for covered medications, that enrollee pays nothing for covered medications for the remainder of the year.	

Plan Features for 2023

WITHOUT MEDICARE

You may be eligible for these plans if you are not yet eligible for Medicare.

	Medical Mutual Basic (Indemnity or PPO) Aetna Basic (Indemnity or PPO)		AultCare (PPO)		Paramount Health Care (HMO)
	In-Network and Indemnity ¹	Out-of-Network ¹	In-Network	Out-of-Network ¹	
PLAN FEATURES					
Enrollee Eligibility	Medical Mutual: Available in any location in Ohio Aetna: Available in any U.S. location except Ohio		Available in select northeastern Ohio area ZIP codes		Available in select northwestern Ohio and southern Michigan area ZIP codes
Annual Deductible per Enrollee²	\$2,500	\$5,000	\$2,500	\$5,000	\$2,000
Out-of-Pocket Maximum² (Excludes prescription drug costs. Amounts included are noted for each plan.)	\$6,500 per enrollee (includes deductible, coinsurance and primary care physician copayments)	\$13,000 per enrollee (includes deductible and coinsurance)	\$6,500 per enrollee (includes deductible, copayments and coinsurance)	\$13,000 per enrollee (includes deductible, copayments and coinsurance)	\$4,000 per enrollee (includes deductible, copayments and coinsurance)
Lifetime Benefits Maximum per Enrollee	Unlimited		Unlimited		Unlimited
Health Provider Access	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider	Use network provider	Use any covered provider	Use HMO network provider
PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE					
Primary Care Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays \$20 (no deductible)	Enrollee pays 50% after deductible	Enrollee pays \$20 per visit for first two visits per year (no deductible); 20% thereafter (after deductible)	Enrollee pays 50%	Enrollee pays \$10 (no deductible)
Specialist Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays \$20 (no deductible)
Urgent Care	Enrollee pays \$40, then 20% after deductible		Enrollee pays \$40, then 20% after deductible		Enrollee pays \$40, then 20% after deductible
Hospital Services (Inpatient/Outpatient)	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%
Hospital Charges for Outpatient Surgery/Preadmission Testing	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%
Emergency Room Care	Enrollee pays \$150, then 20% after deductible; copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted
Skilled Nursing Facility (Benefit period varies by plan.)	Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 20% (100 days per benefit period); after 100 days, enrollee pays 100%	Enrollee pays 50% (100 days per benefit period); after 100 days, enrollee pays 100%	Enrollee pays 20% after deductible
Inpatient Mental Health	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 20%; no limit on days
Home Health Care	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 20%; no visit limit

¹For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

²Annual deductible must be met before plan begins making payments, unless otherwise noted. In-network and out-of-network accumulations are separate.

WITHOUT MEDICARE

You may be eligible for these plans if you are not yet eligible for Medicare.

	Medical Mutual Basic (Indemnity or PPO) Aetna Basic (Indemnity or PPO)		AultCare (PPO)		Paramount Health Care (HMO)
	In-Network and Indemnity ¹	Out-of-Network ¹	In-Network	Out-of-Network ¹	
PREVENTIVE SERVICES					
(If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.)					
Limited designated services such as routine physical, bone density screening, mammogram, colorectal screening, Pap smear and immunizations/inoculations; frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations. Contact the plan for details.	Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)
OUTPATIENT SERVICES					
Diagnostic X-ray/Lab Testing	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%
Outpatient Mental Health (Includes in-person, phone and video visits.)	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays \$20; no visit limit
ADDITIONAL SERVICES					
(Some plans may also offer hearing discounts and discounts on natural products and services. Contact the plan for details.)					
Dental Care	No coverage		No coverage		No coverage
Vision Care	No coverage		No coverage		Enrollee pays \$20 for annual routine eye exam at participating providers
Fitness/Weight Management	Discount membership to gyms in the GlobalFit network; discount Curves membership (Medical Mutual only); discounts on weight management services		30% discount on Aultman Weight Management program; includes free access to Aultman Fitness Facilities		No coverage
Telemedicine (Virtual provider visits; provider varies by plan.)	<u>Aetna Basic</u> Teladoc <u>Medical Mutual Basic</u> Cleveland Clinic's Express Care Online Visit covered at same level as in-network primary care physician or specialist physician office visit		Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit		ProMedica OnDemand visit covered at same level as primary care physician or specialist physician office visit

¹For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.