



DIOCESE OF CLEVELAND



Effective January 1, 2010

| Benefits | Network | Non-Network |
|---|--|----------------------|
| Benefit Period | January 1 st through December 31 st | |
| Dependent Age Limit | Age 25 Removal upon Birthday | |
| Lifetime Maximum | Unlimited | |
| Benefit Period Deductible – Single/Family ¹ | \$250/\$500 | \$500/\$1,000 |
| Coinsurance | 90% | 70% |
| Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family | \$1,000/\$2,000 | \$2,000/\$4,000 |
| Physician/Office Services | | |
| Office Visit (Illness/Injury) ² | \$15 copay, then 100% | 70% after deductible |
| Urgent Care Facility Services ² | \$15 copay, then 100% | 70% after deductible |
| Voluntary Second Surgical Opinion ² | \$15 copay, then 100% | 70% after deductible |
| Immunizations | 100% no deductible | 70% after deductible |
| Preventative Services | | |
| Office Visit/Routine Physical Exam (One exam per benefit period) ² | \$15 copay, then 100% | 70% after deductible |
| Well Child Care Services Exam (To age nine) ² | \$15 copay, then 100% | 70% after deductible |
| Well Child Care Laboratory Tests/Immunizations (To age nine) | 100% no deductible | 70% after deductible |
| Routine Mammogram (One per benefit period) | 100% no deductible | 70% after deductible |
| Routine Pap Test (One per benefit period) | 100% no deductible | 70% after deductible |
| Routine Audiogram, Body Composition, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, EKG, Lipid Profile, Hemocult, Prostate Specific Antigen, Proctoscopy, Sigmoidoscopy, Spirometry, Proctosigmoidoscopy, Stress Test, Tonometry, Urinalysis (One each per benefit period) | 100% no deductible | 70% after deductible |
| Routine Colonoscopy – age 50 or older | 90% after deductible | 70% after deductible |
| Bone Density Screenings | Not Covered | |
| Outpatient Services | | |
| Surgical Services | 90% after deductible | 70% after deductible |
| Diagnostic Lab, X-ray, Tests, Pathology, Radiology | 90% after deductible | 70% after deductible |
| Physical/Occupational Therapy – Facility and Professional (40 visits per benefit period) | 90% after deductible | 70% after deductible |
| Chiropractic Therapy – Professional Only (12 visits per benefit period) | 90% after deductible | 70% after deductible |
| Speech Therapy – Facility and Professional (20 visits per benefit period) | 90% after deductible | 70% after deductible |
| Cardiac Rehabilitation | 90% after deductible | 70% after deductible |
| Chemotherapy/Radiation Therapy | 90% after deductible | 70% after deductible |
| Professional Services | 90% after deductible | 70% after deductible |
| Emergency Room Treatment for Medical and Accident ^{3,4} | \$50 copay, then 100% (if admitted subject to deductible and coinsurance) | |
| Emergency Professional Services and ancillaries if True Emergency | 100% no deductible | 100% no deductible |
| Non-Emergency use of an Emergency Room | 90% after deductible | 70% after deductible |
| Non Emergency Professional Services | 90% after deductible | 70% after deductible |

| Benefits | Network | Non-Network |
|---|--|----------------------|
| Inpatient Facility | | |
| Semi-Private Room and Board (365 days) | 90% after deductible | 70% after deductible |
| Emergency Admission – Medical/Accident | 90% after deductible | |
| Professional Services | 90% after deductible | 70% after deductible |
| Maternity | 90% after deductible | 70% after deductible |
| Skilled Nursing Facility (120 days per benefit period) | 90% after deductible | 70% after deductible |
| Additional Services | | |
| Allergy Testing and Treatments | 90% after deductible | 70% after deductible |
| Ambulance | 90% after deductible | 70% after deductible |
| Durable Medical Equipment/Medical Supplies | 90% after deductible | 70% after deductible |
| Home Healthcare | 90% after deductible | 70% after deductible |
| Hospice (\$150/day; \$2,500 Lifetime Maximum) | 100% no deductible | 70% after deductible |
| Organ Transplants ⁵ | 90% after deductible | 70% after deductible |
| Private Duty Nursing | 90% after deductible | 70% after deductible |
| Wigs/Hairpieces (As a result of Chemotherapy one per benefit period, \$300 maximum) | 90% after deductible | 70% after deductible |
| Mental Health and Substance Abuse | | |
| Inpatient Mental Health /Substance Abuse Services | Benefits paid are based on corresponding medical benefits. | |
| Outpatient Mental Health / Substance Abuse Services | | |

Note: Services requiring a copayment are not subject to the single/family deductible and do not accumulate toward the Deductible or Coinsurance out-of-pocket maximums.

Deductibles incurred for services by a non-network provider will also apply to the network deductible. Deductibles incurred for services by a network provider will also apply to the non-network deductible.

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

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

⁵The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by Medical Mutual Case Manager (except corneal transplants).