

HBP Benefits Summary

BENEFIT PROGRAM FEATURES	Tier 1	Tier 2
	Cleveland Clinic Quality Alliance Network	MMO SuperMed ¹ and Aetna [®] Open Choice [®] PPO Networks
Annual Deductible		
Single	None	\$500
Family	None	\$1,500
Out-of-Pocket Maximum		
Single	\$3,950	None
Family	\$7,900	None
MEDICAL BENEFIT PROGRAM FEATURES		
PCP Office Visit (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)	100% of Allowed Amount	\$25 co-pay, then 100% of Allowed Amount (after deductible)
Specialist Office Visits	100% of Allowed Amount after \$35 co-pay (no referral required)	\$50 co-pay, then 100% of Allowed Amount (after deductible)
Maternity Care	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admission, then 70% of Allowed Amount (after deductible)
Routine (Annual) Physical Exam by Primary Care Physician	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Exam	100% of Allowed Amount	Not Covered
Inpatient Hospital Services²	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admissions, then 70% of Allowed Amount (after deductible)
Outpatient Hospital Services	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Radiology -	100% of Allowed Amount	70% of Allowed Amount (after deductible)
MRI/CT Scans (non-emergent) ²	\$50 co-pay	\$50 co-pay, then 70% of Allowed Amount (after deductible)
Laboratory/Diagnostic Tests	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Emergency Department		
Emergency Care	100% after \$250 co-pay	100% after \$250 co-pay
Urgent Care	100% after \$50 co-pay	100% after \$50 co-pay
Medical Supplies and Durable Medical Equipment	80% of Allowed Amount	80% of Allowed Amount
Skilled Nursing Care² 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admission, then 70% of Allowed Amount (after deductible)
Acute Inpatient Rehab 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admission, then 70% of Allowed Amount (after deductible)
Long-Term Acute Care 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Hospice²	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admission, then 100% of Allowed Amount
Symptom Management- 10 Days/Benefit Year	100% of Allowed Amount	100% of Allowed Amount
Respite Care 10 Days/Benefit Year	100% of Allowed Amount	100% of Allowed Amount
Home Health Care² 60 Visits per Benefit Year	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Acupuncture Maximum of 10 Visits/Benefit Year	50% of Allowed Amount	Not Covered
Chiropractic Maximum of 20 Visits/Benefit Year	First 10 visits: 100% of Allowed Amount after \$35 co-pay; Second 10 visits: 50% of Allowed Amount (Children under 16 require prior authorization)	Not Covered

HBP Benefits Summary *continued*

MEDICAL BENEFIT PROGRAM FEATURES	Tier 1	Tier 2
	Cleveland Clinic Quality Alliance Network	MMO SuperMed ¹ and Aetna [®] Open Choice [®] PPO Networks
Therapy Services Occupational/Speech/Physical 35 Visits per Therapy per Benefit Year	First 20 visits: 100% of Allowed Amount after \$10 co-pay; Second 15 visits: 50% of Allowed Amount	First 20 visits: 100% of Allowed Amount after \$10 co-pay and after deductible. Second 15 visits: 50% of Allowed Amount
Dental - Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	Not Covered
Family Planning ³	100% of Allowed Amount	Not Covered
Infertility - Diagnostic Only	100% of Allowed Amount	Not Covered
Hearing Aids	50% of Charge up to \$3,500/Ear - Limited to one aid per Ear every 3 years	Not Covered
Organ Transplant ² Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See previous page	70% of allowed amount (after deductible) None None
BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES		
Outpatient Coverage Outpatient (OP Visits) ⁴	\$35 co-pay, then 100% of Allowed Amount	\$50 co-pay, then 100% of Allowed Amount (after deductible)
Psychological and Neuro-Psychological Testing ⁵	100% of Allowed Amount	Not Covered
Inpatient Coverage ²	\$250 co-pay/admission, then 100% of Allowed Amount	\$250 co-pay/admission, then 70% of Allowed Amount
Intensive Outpatient (OP) ²	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Partial Hospitalization Programs (PHP) ²	100 of Allowed Amount	70% of Allowed Amount (after deductible)
Residential Treatment ² 60 Days per Benefit Year	\$250 co-pay/admission, then 100% of Allowed Amount	Not Covered
Transcranial Magnetic Stimulation (TMS) ² 36 Therapy Related Visits per Benefit Year	100% of Allowed Amount	Not Covered

For Tier 1, co-payments and co-insurance listed on this chart accumulate to your out-of-pocket maximum with the exception of co-payments for bariatric surgery, hearing aids, Autism School, Outreach Program and Social SPIES Program.

¹MMO SuperMed for the state of Ohio and Aetna[®] Open Choice[®] PPO outside the state of Ohio.

²Prior authorization required for all IOP and PHP services in Tier 2 network (exception Tier 1 providers psychiatric and chemical dependency). Eating disorders require prior authorization for IOP/PHP in Tier 1 and Tier 2.

³Marymount employees are subject to family planning exclusions including abortion, vasectomy, Norplant, Depo Provera, IUD, tubal ligation, and oral contraceptives, except if clinically appropriate.

⁴The Outpatient coverage for the Behavioral Health Benefit Program **includes** any outpatient services provided by a behavioral health practitioner for chronic pain management, sleep disorder, aftercare groups for substance abuse, and/or pre and post gastric surgery visits. There is **no coverage** for school meetings by outpatient behavioral health practitioners.

⁵Psychological Testing: Up to six hours testing are automatically covered without prior authorization.

NeuroPsychological Testing: Up to eight hours testing are automatically covered without prior authorization. Testing is covered in Tier 1 only, by trained Behavioral Health Specialists.

Note: Prior authorization, precertification, predetermination and prior approval are often used interchangeably.

Any unauthorized programs, services or visits will not be covered by the HBP under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.