MEDICAL MUTUAL®

Stark County Schools Council of Governments

Health Care Consortium | 2025 Schedule of Benefits

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PLAN PROVISIONS		
Annual Deductible	$350/person* $700/family*	$700/person** $1,400/family**
Coinsurance Out-of-Pocket Limit (Excluding Deductible)	$1,050/person* $2,100/family*	$2,100/person** $4,200/family**
Maximum Out-of-Pocket Limit (Sum of Deductible and Coinsurance)	$1,400/person* $2,800/family*	$2,800/person** $5,600/family**
Non-Emergency Care Out-of- Pocket Limit	$7,700/person*** $15,400/family***	$7,500/person*** $15,000/family***
Network Maximum Out-of-Pocket limit not to exceed the ACA maximum $9,100/$18,200		
CARE-IN-HOSPITAL		
Semi-Private Room	90%*	80%**
Surgery	90%*	80%**
Anesthesia	90%*	80%**
In-hospital (medical)	90%*	80%**
X-Ray and Radioactive Therapy	90%*	80%**
Respiratory Therapy	90%*	80%**
Acute Kidney Dialysis	90%*	80%**
Diagnostic Lab/X-Ray	90%*	80%**
Emergency Care of accident/acute life threatening illness (Emergency Room Facility)	90%*	90%**
Non -Emergency Care (Emergency Room Facility)	$250 copayment, then 90%***	$250 copayment, then 80% UCR***
Surgical Assistance	90%*	80%**
Pre-Admission Testing	90%*	80%**
AS AN OUTPATIENT		
Lab/X-Ray/Diagnostic Services	90%*	80%**
Same Day Surgery	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
Rehabilitation Services	90%*	80%**
Maternity Care	90%*	80%**
MENTAL HEALTH/ALCOHOL/SUBSTANCE ABUSE		
Inpatient Care Based on corresponding medical benefits	90%*	80%**
Outpatient Care Based on corresponding medical benefits	90%*	80%**
OTHER SERVICES		
Home Health Care (Plan Approval Required)	90%*	80%**
Hospice Care (Plan Approval Required)	90%*	80%**
Skilled Nursing (Plan Approval Required)	90%*	80%**
Durable Medical	90%*	80%**
Ambulance	80%* (after network deductible)	
Allergy Extracts	80%* (after network deductible)	
PRESCRIPTION DRUG PROGRAM		
Mandatory Generic. Mandatory Mail Order for maintenance drugs. Specialty medications which are eligible through PrudentRX Solution will have no cost share to the member. 30% coinsurance will apply if member does not participate in PrudentRX Solution for eligible specialty medications. Review the Prudent RX Program Drug List: www.caremark.com	Generic Drugs - 80% Preferred Brand Drugs - 80% Non-Preferred Brand Drugs - 70% Specialty Drugs - 80%	

MEDICAL BENEFITS	NETWORK PROVIDER	NON-NETWORK PROVIDER
PREVENTIVE CARE		
Eligible preventive services have been determined by recommendations and comprehensive guidelines of governmental scientific committees and organizations. For further details, refer to your benefit book or call your plan at the phone number shown on your ID card.		
Routine Physical Exam (one per calendar year)	100%	80%**
Prostate Screening (one per calendar year)	100%	80%**
Adult Immunizations	100%	80%**
Routine GYN Exam (one per calendar year)	100%	80%***
Routine Mammography (one per calendar year)	100%	80%**
Pap Test (one per calendar year)	100%	80%**
Well Child Care (including immunizations-up to 21 years of age)	100%	80%**
Colon Cancer Screening (beginning at 45 years of age)	100%	80%**
PHYSICIAN'S OFFICE		
Allergy Testing/Injections	90%*	80%**
Visits for Illness	90%*	80%**
Emergency Care	90%*	80%**
Minor Surgery	90%*	80%**
Diagnostic Testing	90%*	80%**
Speech/Occupational Therapy (illness/injury related)	90%*	80%**
Physical/Rehabilitative Therapy (illness/injury related)	90%*	80%**
Respiratory Therapy	90%*	80%**
AFFILIATES		
Chiropractors	90%*	80%**
Podiatrists	90%*	80%**
HEARING AIDS		
Hearing Aid Exams (through age 21)	100%	Not Covered
Hearing Aids (Up to a maximum of $2,500 per ear once every 4 years through age 21)	100%	Not Covered

PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS.

* An annual deductible of $350 per person/$700 per family is applied first before any benefits are paid to Network Providers. Coinsurance is subject to an annual maximum of $1,050 per person/$2,100 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% except for penalties, which are not included in the 100% reimbursement provision.

* An annual deductible of $700 per person/$1,400 per family is applied first before any benefits are paid to Non-Network Providers. Benefit payments for Non-Network Provider services are based on an Allowed Amount. Coinsurance is subject to an annual maximum of $2,100 per person/$4,200 per family. Once you have satisfied the deductible and coinsurance out-of-pocket limit, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

*** A Copayment of $250 is applied first before benefits are paid for the Non-Emergent use of the emergency room, to Network or Non-Network Providers. Benefits for Non-Network Provider services are based on an Allowed Amount. The Network Copayment and Coinsurance is subject to an annual maximum of $9,100 per person/$18,200 per family. Once you have satisfied the annual Maximum Out-of-Pocket, the Plan begins to pay covered medical services at 100% of the Allowed Amount, except for penalties, which are not included in the 100% reimbursement provision.

The age limit for an eligible dependent child is the end of month which the child attains age 26. See Dental and Vision plan summaries for details.

2025 COG

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Preventive Care Services

Preventive care is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness. When you prevent illness, it helps reduce your healthcare costs. You should work with your doctors to help you follow these guidelines and address your specific health concerns.

Child Preventive Care (Birth to Age 21)

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol and lipid level screening
- Dental cavities prevention including application of fluoride varnish to all primary teeth
- Depression screening
- Development and psycho-social behavioral assessments
- Hearing screening for newborns
- Hepatitis B screening if at high risk for infections
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Preventive Physical Exams
- Screening and behavioral counseling related to tobacco and drug use
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision exam

Child Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenza type B
- Hepatitis A and Hepatitis B
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Respiratory Syncytial Virus (RSV)
- Rotavirus
- Varicella (chicken pox)

Adult Preventive Care (Age 21 and older)

- Preventive Physical Exams
- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol and lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy
- Depression screening
- Diabetes screening
- Hepatitis B screening if at high risk for infections
- Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening and counseling for sexually transmitted infections
- Screening for lung cancer
- Tuberculosis Screening

Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening and behavioral counseling to reduce alcohol abuse
- Screening and behavioral counseling related to tobacco use
- Screening and nutritional counseling for obesity

Adult Immunizations

- Coronavirus Disease 2019 (COVID-19)
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Herpes Zoster (shingles)
- Human Papillomavirus
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Respiratory Syncytial Virus (RSV)
- Tetanus, Diphtheria, Pertussis

Women's Services

- Breast and ovarian cancer susceptibility screening counseling and testing (including BRCA testing)
- Breast cancer screening (mammogram, including 3D)
- Breast feeding counseling and rental of breast pumps and supplies up to the purchase price
- Bone density test to screen for osteoporosis
- Cervical cancer screening (Pap test)
- Chlamydia screening
- Discussion of chemoprevention with women at high risk for breast cancer
- FDA-approved contraception methods and counseling for women, including sterilization
- HPV DNA testing
- Lactation classes
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes)
- Prenatal services
- Primary care intervention to promote breastfeeding
- Screening and counseling for interpersonal and domestic violence
- Well woman visits

Prescription Drugs

- Aspirin (preeclampsia only)
- Colonoscopy preparations
- Contraceptives
- Fluoride (to age 6)
- Folic acid
- HIV pre-exposure PrEP
- Medication to reduce the risk of primary breast cancer in women
- Tobacco cessation aids

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act). For plan years beginning on or after September 23, 2010, non-grandfathered health plans must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Future, endorsed by the American Academy of Pediatrics. Please note: Some services and products may be subject to age, gender or other restrictions and are subject to change. Refer to USPreventiveServicesTaskForce.org or Healthcare.org for details. In addition, some prescription drugs or services may be subject to medical management techniques, such as prior authorization, quantity limits, etc.

If these services are performed by a network provider, members cannot be charged a coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.