

BLUE PLAN	Tier 1 — UToledo Health	Tier 2 — In-Network (Medical Mutual SuperMed in Ohio, CIGNA outside Ohio)	Tier 3 — Out-of-Network (may be balanced bill)
AGGREGATE DEDUCTIBLE			
Single	\$1,650	\$2,000	\$2,500
Single+1 OR Family	\$3,300	\$4,000	\$5,000
Coinsurance	95% after ded.	85% after ded.	70% after ded.
Maximum Out of Pocket			
Single	\$2,100	\$3,100	\$4,100
Single+1 OR Family	\$4,200	\$6,200	\$8,200
Deductible and Out of Pocket Satisfactions	Tier 1 ded./OOP satisfies Tier 1 and 2	Tier 2 ded./OOP satisfies Tier 1 and 2	Tier 3 ded./OOP satisfies Tier 3 ONLY
Physician/Office Services			
Preventive Health Services	Covered in full, not subject to deductible	Covered in full, not subject to deductible	70% after ded.
Office Visit	95% after ded.	85% after ded.	70% after ded.
Specialist Visit	95% after ded.	85% after ded.	70% after ded.
Podiatry Services	95% after ded.	85% after ded.	70% after ded.
Routine Vision Exam	95% after ded.	85% after ded.	70% after ded.
OB/GYN Visits (Non Preventive)	95% after ded.	85% after ded.	70% after ded.
Annual GYN Visit (Preventive)	Covered in full, not subject to deductible	Covered in full, not subject to deductible	70% after ded.
Chiropractic Services (35 visits per member per year)	95% after ded.	85% after ded.	70% after ded.
Infertility Services — does not apply to max out of pocket	70% after ded., up to \$15,000 per calendar year	70% after ded., up to \$15,000 per calendar year	Not Covered
Diagnostics			
Diagnostic Test (X-ray, lab)	95% after ded.	85% after ded.	70% after ded.
Imaging (CT/PET scans, MRI's) ¹ PA	95% after ded.	85% after ded.	70% after ded.
Maternity Care			
Prenatal and Postnatal	N/A	Covered in full, not subject to deductible	70% after ded.
Delivery	N/A	85% after ded.	70% after ded.
Hospital Services			
Inpatient ¹ PA	95% after ded.	85% after ded.	70% after ded.
Outpatient	95% after ded.	85% after ded.	70% after ded.
Emergency Room Facility	95% after ded.	85% after ded.	85% after ded.
Urgent Care	N/A	85% after ded.	70% after ded.
Durable Medical Equipment (subject to Medicare Part B) ¹ PA	95% after ded.	85% after ded.	70% after ded.
Foot Orthotics (subject to Medicare Part B Guidelines) ¹ PA	N/A	85% after ded.	70% after ded.
Prosthetic Devices ¹ PA	N/A	85% after ded.	70% after ded.
Human Organ Transplant ¹ PA	95% after ded.	85% after ded.	Not covered
Bariatric Treatment*	95% after ded.	N/A	N/A
Bariatric Surgery*	70% after ded.	N/A	N/A
Ambulance			
Emergency Use	N/A	85% after ded.	85% after ded.
Outpatient Surgical Facility Services			
Including Outpatient Surgery Facility Charge	95% after ded.	85% after ded.	70% after ded.
Therapy Services			
Inpatient Rehabilitation †PA up to 60 days per member per calendar year	95% after ded.	85% after ded.	70% after ded.
Outpatient Physical/Occupational/Speech Therapy up to 35 visits per member, per calendar year (combined)	95% after ded.	85% after ded.	70% after ded.
Skilled Nursing Facility			
120 day limit per member, per calendar year ¹ PA	95% after ded.	85% after ded.	70% after ded.
Hospice/Home Health Care			
In Lieu of Hospitalization ¹ PA	N/A	85% after ded.	70% after ded.
Mental Health/Substance Abuse			
Office Visit, Specialist, Inpatient, Outpatient	Based on service type	Based on service type	Based on service type

*\$50,000 lifetime maximum for bariatric services.



The University of Toledo
**Medical Mutual
SuperMed**
Blue Plan 2025

Visit medmutual.com and login to My Health Plan for provider search and tier level.

¹PA — Prior Authorization Required

Updated 10/21/2024