

GOLD 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)
EMBEDDED DEDUCTIBLE			
Single	\$200	\$400	\$1,200
Single+1 OR Family	\$400	\$800	\$2,400
Coinsurance	95% after ded.	85% after ded.	70% after ded.
Maximum Out of Pocket			
Single	\$1,300	\$2,600	\$4,200
Single+1 OR Family	\$2,600	\$5,200	\$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 1, 2, 3
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	\$15 copay per visit	\$25 copay per visit	70% after ded.
Specialist Visit	\$30 copay per visit	\$40 copay per visit	70% after ded.
Podiatry Services	\$30 copay per visit	\$40 copay per visit	70% after ded.
Routine Vision Exam	\$15 copay, once per calendar year	\$25 copay, once per calendar year	70% after ded.
OB/GYN Visits (Non-Preventive)	\$15 copay per visit	\$25 copay per visit	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)	\$15 copay	\$25 copay	Not covered
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) 1PA	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 1PA	95% after ded.	\$100 copay per admission then 85% after ded.	\$250 copay per admission then 70% after ded.
Outpatient	95% after ded.	85% after ded.	70% after ded.
Emergency Room Facility	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)
Urgent Care	N/A	\$50 copay per visit	\$50 copay per visit
Durable Medical Equipment (subject to Medicare Part B) 1PA	95% after ded.	85% after ded.	70% after ded.
Foot Orthotics (subject to Medicare Part B Guidelines) 1PA	N/A	85% after ded.	70% after ded.
Prosthetic Devices 1PA	N/A	85% after ded.	70% after ded.
Human Organ Transplant 1PA	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 1PA 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)	\$15 copay	\$25 copay	70% after ded.
Skilled Nursing Facility			
120 day limit per member, per calendar year 1PA	95% after ded.	85% after ded.	70% after ded.
Hospice/Home Health Care			
In Lieu of Hospitalization 1PA	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

Gold Plan 2026

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

1PA — Prior Authorization Required

Updated 10/1/2025