



THE UNIVERSITY OF TOLEDO  
**Medical Mutual  
 SuperMed  
 GOLD PLAN 2024**

<b>GOLD PLAN</b>	<b>Tier 1 — UTM and UTP</b>	<b>Tier 2 — In-Network (Medical Mutual SuperMed in Ohio, CIGNA outside Ohio)</b>	<b>Tier 3 — Out-of-Network (may be balanced bill)</b>
<b>EMBEDDED DEDUCTIBLE</b>			
Single	\$150	\$300	\$1,000
Single+1 OR Family	\$300	\$600	\$2,000
Coinsurance	95% after ded.	85% after ded.	70% after ded.
<b>Maximum Out of Pocket</b>			
Single	\$1,250	\$2,500	\$4,000
Single+1 OR Family	\$2,500	\$5,000	\$8,000
Deductible and Out of Pocket Satisfaction	Tier 1 ded./OOP satisfies Tier 1 & 2	Tier 2 ded./OOP satisfies Tier 1 & 2	Tier 3 ded./OOP satisfies Tier 1,2,3
<b>Physician/Office Services</b>			
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
<b>Diagnostics</b>			
Diagnostic Test (X-ray, lab)	95% after ded.	85% after ded.	70% after ded.
Imaging (CT/PET scans, MRI's) <sup>1</sup> PA	95% after ded.	85% after ded.	70% after ded.
<b>Maternity Care</b>			
Prenatal and Postnatal	N/A	Covered in full, not subject to deductible	70% after ded.
Delivery	N/A	85% after ded.	70% after ded.
<b>Hospital Services</b>			
Inpatient <sup>1</sup> PA	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
On-Demand Virtual Care	\$15 copay	Not covered	Not Covered
Durable Medical Equipment (subject to Medicare Part B) <sup>1</sup> PA	95% after ded.	85% after ded.	70% after ded.
Foot Orthotics (subject to Medicare Part B Guidelines) <sup>1</sup> PA	N/A	85% after ded.	70% after ded.
Prosthetic Devices <sup>1</sup> PA	N/A	85% after ded.	70% after ded.
Human Organ Transplant <sup>1</sup> 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
<b>Ambulance</b>			
Emergency Use	N/A	85% after ded.	85% after ded.
<b>Outpatient Surgical Facility Services</b>			
Including Outpatient Surgery Facility Charge	95% after ded.	85% after ded.	70% after ded.
<b>Therapy Services</b>			
Inpatient Rehabilitation <sup>1</sup> 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.
<b>Skilled Nursing Facility</b>			
120 day limit per member, per calendar year <sup>1</sup> PA	95% after ded.	85% after ded.	70% after ded.
<b>Hospice/Home Health Care</b>			
In Lieu of Hospitalization <sup>1</sup> PA	N/A	85% after ded.	70% after ded.
<b>Mental Health/Substance Abuse</b>			
Office Visit, Specialist, Inpatient, Outpatient	Based on service type	Based on service type	Based on service type

Tier 1 providers: UTM and UTP (All services where available) and UTP (See Tier 1 Listing)

The Tier 1 listings could change on a monthly basis; therefore we encourage you and your family members to view these listings via the web at [utoledo.edu/depts/hr](http://utoledo.edu/depts/hr)

<sup>1</sup>PA — Prior Authorization Required

Updated 10/01/2023

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