

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	\$1,700	\$2,100	\$2,600
Single+1 OR Family	\$3,400	\$4,200	\$5,200
Coinsurance	95% after ded.	85% after ded.	70% after ded.
Maximum Out of Pocket			
Single	\$2,200	\$3,200	\$4,200
Single+1 OR Family	\$4,400	\$6,400	\$8,400
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	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) 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.	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) 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 †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 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 Blue Plan 2026

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

†PA — Prior Authorization Required

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