# Summary of Benefits

Cleveland Guardians Baseball Co.
SuperMed PPO




| | Network | Non-Network |
|---|---|---|
| | **Member Pays** | |
| Benefit Period | January 1st through December 31st | |
| Dependent Age Limit and Removal | 26 - End of Month | |
| Embedded Deductible - Single / Family[1] | $3,500 / $7,000 | $7,000 / $14,000 |
| Embedded Coinsurance Out-of-Pocket (excludes deductible) - Single / Family | $0 / $0 | $7,000 / $14,000 |
| Maximum Out-of-Pocket - Single / Family[2] | $3,500 / $7,000 | Unlimited / Unlimited |
| | **Medical Mutual Pays[3]** | |
| Coinsurance | 100% | 60% |
| **Physician/Office Services** | | |
| Physician Office Visit | 100% after deductible | 60% after deductible |
| Specialist Office Visit | 100% after deductible | 60% after deductible |
| Urgent Care Office Visit | 100% after deductible | 60% after deductible |
| **Emergency Services** | | |
| Emergency Use of an Emergency Room | 100% after deductible | |
| Emergency Services (expenses other than Emergency Room) | 100% after deductible | |
| Non-Emergency Use of an Emergency Room | 100% after deductible | 60% after deductible |
| **Routine/Preventive Services[4]** | | |
| Health Care Reform Benefits | 100% | 60% after deductible |
| Immunizations | 100% | 60% after deductible |
| Physical Exam (age 21 and over; 2 per benefit period) (combined with Family Planning Exam) | 100% | 60% after deductible |
| Mammogram (1 per benefit period) | 100% | 60% after deductible |
| Pap Test (1 per benefit period) | 100% | 60% after deductible |
| Labs | 100% | 60% after deductible |
| X-rays | 100% | 60% after deductible |
| Medical Tests | 100% | 60% after deductible |
| Routine Endoscopic Services (age 45 and over) | 100% | 60% after deductible |
| **Well Child Care** | | |
| Well Child Care Exams, Immunizations and Labs to age 21 | 100% | 60% after deductible |
| Hearing Exams | 100% | 60% after deductible |
| Vision Exams | 100% | 60% after deductible |
| **Outpatient Services** | | |
| Allergy Testing and Treatments | 100% after deductible | 60% after deductible |
| Physical Therapy | 100% after deductible | 60% after deductible |
| Occupational Therapy | 100% after deductible | 60% after deductible |
| Speech Therapy (CPT 92507 is covered for diagnosis codes F80.0 & F80.2) | 100% after deductible | 60% after deductible |
| Chiropractic Services (52 visits per benefit period) | 100% after deductible | 60% after deductible |
| Cardiac Rehabilitation | 100% after deductible | 60% after deductible |
| Surgical Services | 100% after deductible | 60% after deductible |
| Diagnostic Lab | 100% after deductible | 60% after deductible |
| Diagnostic Xrays | 100% after deductible | 60% after deductible |
| Diagnostic Medical Tests | 100% after deductible | 60% after deductible |
| Diagnostic Imaging | 100% after deductible | 60% after deductible |
| Diagnostic Endoscopic Services | 100% after deductible | 60% after deductible |
| **Inpatient Services** | | |
| Hospital Services | 100% after deductible | 60% after deductible |
| Maternity | 100% after deductible | 60% after deductible |

| | | |
|---|---|---|
| Skilled Nursing Facility | 100% after deductible | 60% after deductible |
| **Additional Services** | | |
| Ambulance | 100% after deductible | 60% after deductible |
| Autism Spectrum Disorders | Benefits paid based on services rendered | |
| Durable Medical Equipment | 100% after deductible | 60% after deductible |
| Home Health Care | 100% after deductible | 60% after deductible |
| Hospice | 100% after deductible | 60% after deductible |
| Organ and Tissue Transplants | 100% after deductible | 60% after deductible |
| Private Duty Nursing | 100% after deductible | 60% after deductible |
| Weight Loss Surgical Services | Not Covered | Not Covered |
| **Mental Health & Substance Abuse—Federal Mental Health Parity** | | |
| Inpatient and Outpatient Mental Health and Substance Abuse Services | Benefits paid are based on corresponding medical benefits | |

[1] The deductible and coinsurance out-of-pocket limit are either embedded or aggregate. When embedded, each family member must meet their own individual amounts until the total amount of expenses paid by all family members meets the overall family limit. When aggregate, the overall family limits must be met before the plan begins to pay.

[2] Network level Out-of-Pocket includes deductible and coinsurance and flat dollar copayments.

[3] If applicable, copayments are the responsibility of the member.

[4] Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations, and other screenings, as provided for in the Patient Protection and Affordable Care Act.

| **Prescription Drug Benefits** | **Member Pays[3]** |
|---|---|
| Retail - | |
| Generic / Preferred Brand / Non-Preferred Brand | 0% after deductible |
| Home Delivery - | |
| Generic / Preferred Brand / Non-Preferred Brand | 0% after deductible |
| Specialty Drugs - Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share. | 0% after deductible or the max of any available manufacturer-funded copay assistance |
| Network / Formulary | National Plus / Basic Plus |
| Weight Loss Drugs | Not Covered |
| See certificate for Generic Incentive and Home Delivery Incentive details | |

Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract, certificate or benefit book will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

*Plan Effective 01/01/2027*