

MedMutual Advantage PPO Plan

2019 Diocese of Cleveland Benefit Highlights

Medical Benefits

	In-Network	Out-of-Network
Deductible	\$125	\$125
Maximum Out-of-Pocket	\$1,000	
Inpatient		
Inpatient Hospital Care	0%	0%
Inpatient Hospital Coverage Limit (days)	Unlimited	Unlimited
Inpatient Substance Abuse Services	0%	0%
Mental Health Care	0%	0%
Benefit Period	Per Stay	Per Stay
Outpatient		
Ambulance	0%	0%
Ambulatory Surgical Center	0%	0%
Blood Services	0%	0%
Cardiac Rehab Services	0%	0%
Chiropractic Services	0%	0%
Diagnostic Lab Services	0%	0%
Diagnostic Radiological Services: MRI/CT/PET	0%	0%
Emergency Care	0%	0%
Home Health Care	0%	0%
Hospital Services (Hospital Surgery)	0%	0%
Kidney Disease Education Services	0%	0%
Mental Health Specialist	0%	0%
Partial Hospitalization Services	0%	0%
Physical Therapy, Occupational Therapy and Speech Language Therapy	0%	0%
Preventive Care	0%	0%
Primary Care	0%	0%
Psychiatric Specialist	0%	0%
Pulmonary Rehabilitation Services	0%	0%
Specialist Services	0%	0%
Outpatient Substance Abuse Services	0%	0%
Urgent Care	0%	0%
Diagnostic X-Ray Services	0%	0%
Skilled Nursing Facility		
Days 1-100	0%	0%
Supplemental Benefits		
Home Meals Program	14 meals	
Fitness Program	SilverSneakers®	

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Medical Benefits (continued)

	In-Network	Out-of-Network
Supplies		
Diabetes Supplies	0%	0%
Durable Medical Equipment	0%	0%
Medical Supplies	0%	0%
Dialysis Treatment	0%	0%
Dental/Hearing/Vision Benefits		
Diabetic Eye Exams	0%	0%
Medicare Covered Eyewear (after cataract surgery)	0%	0%
Medicare Covered Vision Exams	0%	0%
Medicare Covered Hearing Exams	0%	0%
Hearing Aid	\$2,500 per hearing aid (1 per ear every rolling 36 months)	\$2,500 per hearing aid (1 per ear every rolling 36 months)

Prescription Drug Benefits

Part B Prescription Drugs

	In-Network	Out-of-Network
Part B Prescription Drugs	0%	0%

Part D Prescription Drugs

	Preferred	Standard
Initial Coverage Limit	\$3,820	\$3,820
Initial Coverage Stage		
30 Day Supply: Retail		
Tier 1: Preferred Generic	\$0	\$10
Tier 2: Generic	\$5	\$10
Tier 3: Preferred Brand	15% (\$20 min./\$70 max.)	20% (\$25 min./\$75 max.)
Tier 4: Non-Preferred Brand	35% (\$35 min./\$145 max.)	40% (\$40 min./\$150 max.)
Tier 5: Specialty Tier	35% (\$35 min./\$145 max.)	40% (\$40 min./\$150 max.)
31-90 Day Supply: Retail		
Tier 1: Preferred Generic	\$0	\$25
Tier 2: Generic	\$10	\$25
Tier 3: Preferred Brand	15% (\$60 min./\$150 max.)	20% (\$65 min./\$155 max.)
Tier 4: Non-Preferred Brand	35% (\$90 min./\$300 max.)	40% (\$95 min./\$305 max.)
Tier 5: Specialty Tier	35% (\$90 min./\$300 max.)	40% (\$95 min./\$305 max.)

	30 Day Supply	31-90 Day Supply
Mail-Order Cost Sharing		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$10
Tier 3: Preferred Brand	15% (\$20 min./\$70 max.)	15% (\$60 min./\$150 max.)
Tier 4: Non-Preferred Brand	35% (\$35 min./\$145 max.)	35% (\$90 min./\$300 max.)
Tier 5: Specialty Tier	35% (\$35 min./\$145 max.)	35% (\$90 min./\$300 max.)