



Baldwin Wallace University
January 1, 2025
HSA Qualified High Deductible Health Plan



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26 Removal at the end of the month	
Pre-Existing Condition Waiting Period	Does not apply	
Annual/Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family ¹	\$4,000/\$8,000	\$6,000/\$12,000
Coinsurance	90%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$1,000/\$2,000	\$2,500/\$5,000
Maximum Out of Pocket (Includes, Deductible, Coinsurance, Medical and Prescription Drug Copays)	\$5,000/\$10,000	Unlimited
Physician/Office Services		
Office Visit for Illness/Injury (<i>Primary Care</i>)	90% after deductible	60% after deductible
Office Visit for Illness, Injury (<i>Specialist</i>)	90% after deductible	60% after deductible
Urgent Care Office Visits	90% after deductible	60% after deductible
Immunizations	90% after deductible	60% after deductible
Allergy Testing and Treatments	90% after deductible	60% after deductible
Preventive Services		
Preventive Services, in accordance with state and Federal law ²	100% - NO DEDUCTIBLE	60% after deductible
Office Visit/Routine Physical Exam (Age 21 and over)	100% - NO DEDUCTIBLE	60% after deductible
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests (To age 21)	100% - NO DEDUCTIBLE	60% after deductible
Routine Adult Immunizations	100% - NO DEDUCTIBLE	60% after deductible
Routine Mammogram (One per benefit period)	100% - NO DEDUCTIBLE	60% after deductible
Routine Pap Test (One per benefit period)	100% - NO DEDUCTIBLE	60% after deductible
Routine Labs, X-rays and Medical Tests	100% - NO DEDUCTIBLE	60% after deductible
Routine Endoscopic Services	100% - NO DEDUCTIBLE	60% after deductible
Routine Bone Density Screening	100% - NO DEDUCTIBLE	60% after deductible
Outpatient Services		
Surgical Services	90% after deductible	60% after deductible
Physical, Occupational, Chiropractic Therapy (20 visits per benefit period)	90% after deductible	60% after deductible
Speech Therapy – Facility and Professional (10 visits per benefit period)	90% after deductible	60% after deductible
Cardiac Rehabilitation	90% after deductible	60% after deductible
Emergency use of an Emergency Room	90% after deductible	
Non-Emergency use of an Emergency Room	90% after deductible	60% after deductible
Inpatient Facility		
Semi-Private Room and Board	90% after deductible	60% after deductible
Ancillary Services	90% after deductible	60% after deductible
Maternity	90% after deductible	60% after deductible
Skilled Nursing (100 days per benefit period)	90% after deductible	60% after deductible

Additional Services		
Ambulance	90% after deductible	60% after deductible
Durable Medical Equipment	90% after deductible	60% after deductible
Diabetic Education and Training	90% after deductible	60% after deductible
Home Healthcare	90% after deductible	60% after deductible
Hospice	90% after deductible	60% after deductible
Organ Transplants (1 organ per lifetime)	90% after deductible	60% after deductible
Private Duty Nursing	90% after deductible	60% after deductible
Mental Health and Substance Abuse Services – Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services		
Prescription Drug		
Retail 30 Day Supply	90% after deductible	
Mail Order 90 Day Supply		

Note:

Deductible and coinsurance expenses incurred for services by a network provider will only apply to the network Deductible and coinsurance out-of-pocket limits. Deductible and coinsurance expenses incurred for services by a non-network provider will only apply to the non-network deductible and coinsurance out-of-pocket limits.

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

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. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate 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 negotiate rate with the provider.

¹Maximum family deductible. Member deductible is the same as single deductible.

²Preventive 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.