



**Baldwin Wallace University
MedFlex HMO
January 1, 2025**



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	<p align="center">26 Removal at the end of the month</p>	
Pre-Existing Condition Waiting Period	Does not apply	
Annual/Lifetime Maximum	Unlimited	
Benefit Period Deductible – Single/Family ¹	\$1,500/\$3,000	N/A
Coinsurance	80%	N/A
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$4,000/\$8,000	N/A
Maximum Out of Pocket (Includes, Deductible, Coinsurance, Medical and Prescription Drug Copays)	\$7,150/\$14,300	N/A
Physician/Office Services		
Office Visit for Illness/Injury (<i>Primary Care</i>) ²	\$25 Copay, then 100%	N/A
Office Visit for Illness, Injury (<i>Specialist</i>) ²	\$50 Copay, then 100%	N/A
Urgent Care Office Visits ²	\$50 Copay, then 100%	N/A
Immunizations	80% after deductible	N/A
Allergy Testing and Treatments	80% after deductible	N/A
Preventive Services		
Preventive Services, in accordance with state and Federal law ³	100% - NO DEDUCTIBLE	N/A
Office Visit/Routine Physical Exam (Age 21 and over)	100% - NO DEDUCTIBLE	N/A
Well Child Care Services including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests (To age 21)	100% - NO DEDUCTIBLE	N/A
Routine Adult Immunizations	100% - NO DEDUCTIBLE	N/A
Routine Mammogram (One per benefit period)	100% - NO DEDUCTIBLE	N/A
Routine Pap Test (One per benefit period)	100% - NO DEDUCTIBLE	N/A
Routine Labs, X-rays and Medical Tests	100% - NO DEDUCTIBLE	N/A
Routine Endoscopic Services	100% - NO DEDUCTIBLE	N/A
Routine Bone Density Screening	100% - NO DEDUCTIBLE	N/A
Outpatient Services		
Surgical Services	80% after deductible	N/A
Physical, Occupational, Chiropractic Therapy (20 visits per benefit period)	\$25 Copay, then 100%	N/A
Speech Therapy – Facility and Professional (10 visits per benefit period)	\$25 Copay, then 100%	N/A
Cardiac Rehabilitation	80% after deductible	N/A
Emergency use of an Emergency Room ⁴	\$250 copay, then 100%	
Non-Emergency use of an Emergency Room	Not Covered	
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	N/A
Ancillary Services	80% after deductible	N/A
Maternity	80% after deductible	N/A
Skilled Nursing (100 days per benefit period)	80% after deductible	N/A

Additional Services		
Ambulance	\$25 Copay, then 100%	N/A
Durable Medical Equipment	80% after deductible	N/A
Diabetic Education and Training	80% after deductible	N/A
Home Healthcare	80% after deductible	N/A
Hospice	80% after deductible	N/A
Organ Transplants (1 organ per lifetime)	80% after deductible	N/A
Private Duty Nursing	80% after deductible	N/A
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		

Note: Services requiring a copayment are not subject to the single/family deductible.

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.

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

²The office visit copay applies to the cost of the office visit only.

³Preventive 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.

⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.



**Baldwin Wallace University
Prescription Drug Program
MedFlex HMO
Walgreens Advantage Pharmacy Network¹
January 1, 2025**



Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Formulary¹	National Preferred Formulary Plus	
Benefit Period Deductible (Single/Family)⁵	\$100/\$200	
Retail Program^{1,2,4}		
Generic Copayment	\$10	30
Formulary Copayment	\$45	30
Non-Formulary Copayment	\$90	30
Specialty Copayment ⁶	\$135	30
Retail Program – after the third retail fill of a prescription drug^{2,3,4}		
Generic Copayment	Not Covered	
Formulary Copayment	Not Covered	
Non-Formulary Copayment	Not Covered	
Home Delivery Program^{2,4}		
Generic Copayment	\$30	90
Formulary Copayment	\$135	90
Non-Formulary Copayment	\$270	90

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Express Scripts, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

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.

¹Includes the National Preferred Plus Formulary and Walgreens Advantage Network(excludes CVS and Target)

²Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.

³Mandatory Mail Order: After 3 fills at the retail pharmacy, members must move to home delivery. Subsequent fills at retail will not be covered.

⁴Includes contraceptive coverage

⁵ Prescription Drug Deductible is **NOT** combined with deductible for medical benefits.

⁶Specialty Solutions Pharmacies: Accredo (ESI), Gentry (Discount Drug Mart) and University Hospital Pharmacies