



## 2025 Medical Plans At-A-Glance

**Not sure what medical plan to choose? Having a hard time understanding the difference between Copays, Deductibles, Out of Pocket Maximums and Premiums? Medical Plans At-A-Glance will provide you with a high-level overview of each of these terms and the amounts for each plan to help you choose the right plan for you and/or your families medical needs.**

**Deductible:** The amount you pay for your healthcare services before your health insurer pays. For example, if you experience an in-patient hospital stay, you pay the amounts below plus any applicable copays before the coinsurance is applied.

MetroHealth Select High Deductible	MetroHealth Select	Medical Mutual SuperMed EPO		Medical Mutual SuperMed PPO		
Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-Of-Network
\$2,800 Individual \$5,250 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family		\$1,500 Individual \$3,000 Family

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. For example, if you have an MRI or an X-ray, you will be responsible for a portion of the allowed amount—the coinsurance. Your in-network cost share **after the deductible has been met is:**

MetroHealth Select High Deductible	MetroHealth Select	Medical Mutual SuperMed EPO		Medical Mutual SuperMed PPO		
Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-Of-Network
20%	0%	10%	20%	0%	10%	30%

**Primary Care Physician (PCP) & Specialist Copay:** A fixed amount you pay for a physician office visit. You will pay the following copays each time you see an In-network physician or specialist for an office visit.

MetroHealth Select High Deductible	MetroHealth Select	Medical Mutual SuperMed EPO		Medical Mutual SuperMed PPO		
Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-Of-Network
20% After Deductible PCP & Specialist	\$20 PCP \$40 Specialist	\$20 PCP \$40 Specialist	\$30 PCP \$50 Specialist	\$25 PCP \$50 Specialist		30% After Deductible

**Out of Pocket Maximum:** The most you will pay for covered services in a plan year. After you pay this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. This includes both medical services and prescription drugs covered under the plan. This does not include the cost of your monthly premiums.

MetroHealth Select High Deductible	MetroHealth Select	Medical Mutual SuperMed EPO		Medical Mutual SuperMed PPO		
Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 1 MetroHealth	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-Of-Network
\$6,650 Individual \$13,200 Family	\$6,600 Individual \$13,200 Family	\$6,600 Individual \$13,200 Family		\$2,500 Individual \$5,000 Family		\$3,500 Individual \$7,000 Family

**Employee Premiums:** The amount paid by the employee, via payroll deduction, for insurance coverage. View the benefit rates at <http://employeebenefits.cuyahogacounty.us>.

**Medical Plan Comparison Chart:** For a more thorough medical plan comparison, please visit <http://employeebenefits.cuyahogacounty.us>