

**The University of Akron
Medical Plan Features – General Summary**

Service	Medical Mutual Services Comprehensive Plan	Medical Mutual Services Preferred Provider Organization (PPO)		HomeTown HMO	SummaCare HMO	Kaiser Permanente HMO
		Network Providers	Non-Network Providers			
Hospital Services						
Inpatient	80% of UCR after deductible; Unlimited days semiprivate, ICU, CCU	90% after deductible; Unlimited days semiprivate, ICU, CCU	70% of UCR after deductible; Unlimited days semi-private, ICU, CCU	100% semi-private room; physician services; general nursing care; other services and supplies authorized by your physician	100%	100%
Outpatient	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	\$15 copay per visit
In-Hospital Physician Visits	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	100%
Surgical	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	100%
Anesthesia	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	100%
Pre-Admission Testing	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	100%
Diagnostic X-Ray and Laboratory	80% of UCR after deductible	90 % after deductible	70% of UCR after deductible	100%	100%	100%
Primary Care Physician Office Visits for Illness/Injury	80% of UCR after deductible	Covered in full less \$15 copay per visit	70% of UCR after deductible	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Specialist Physician Office Visits for Illness/Injury	80% of UCR after deductible	Covered in full less \$15 copay per visit	70% of UCR after deductible	\$15 copay per visit; referral required	\$15 copay per visit; referral required	\$15 copay per visit
Urgent Care Center Visits	80% of UCR after deductible	Covered in full less \$25 copay per visit	70% of UCR after deductible	\$20 copay per incident	\$25 copay at approved network facility	\$15 copay at network facility
Emergency Room Visits	80% of UCR after deductible	Covered in full less \$50 copay per visit; All other related Institutional and Professional Charges: 90% after deductible	100% of UCR less \$50 copay per visit; All other related Institutional and Professional charges: 90% of UCR after deductible	\$30 copay per incident	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Routine Physical Exams	Not Covered	Covered in full less \$15 copay for office visit; specific diagnostic tests covered at 90% after deductible; Once per 2 years ages 9–49, One per year ages 50 and older	Not Covered	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Well Baby/Child Care/Immunizations	Non-Immunizations: 80% of UCR after deductible; \$500 maximum benefit from birth to age 1; \$150 maximum benefit per year age 1 to 9 immunizations: 80% of UCR after deductible	Covered in full less \$15 copay per visit; \$500 maximum benefit from birth to age 1; \$150 maximum benefit per year to age 9; maximum includes immunizations	70% of UCR after deductible; \$500 maximum benefit from birth to age 1; \$150 maximum benefit per year to age 9; maximum includes immunizations	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Routine Gynecological Exams	100% of UCR; one per year	100%; one per year	70% of UCR after deductible; One per year	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Routine Mammograms	100% of UCR; One baseline age 35 – 39; one per year ages 40 and older; benefit maximum not to exceed 130% of Medicare reimbursement	100%; One baseline age 35 – 39; one per year ages 40 and older; benefit maximum not to exceed 130% of Medicare reimbursement	70% of UCR after deductible; One baseline age 35 to 39; one per year ages 40 and older; benefit maximum not to exceed 130% of Medicare reimbursement	\$15 copay per visit	\$15 copay per visit	100%
Skilled Nursing Facility Care	80% of UCR after deductible; 120 days per year maximum	90 % after deductible; 120 days per year maximum	70% of UCR after deductible; 120 days per year maximum	100% 30 days per stay	100% limited to 100 days per calendar year	100% limited to 100 days per calendar year
Home Health Care	80% of UCR after deductible; 120 visits per year maximum	90% after deductible; 120 visits per year maximum	70% of UCR after deductible; 120 visits per year maximum	100% 40 visits per year maximum	100% limited to 30 days per calendar year	100%

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Hospice Care	80% of UCR after deductible; Unlimited for life expectancies of six months or less	90% after deductible; Unlimited for life expectancies of six months or less	70% of UCR after deductible; Unlimited for life expectancies of six months or less	100%; Unlimited for life expectancies of six months or less	100%	100%
Radiation Therapy/Chemotherapy	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Ambulance	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100% if medically necessary	100%	100% with limitations
Durable Medical Equipment	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	Varies – see materials	100%	100%
Therapy Services	80% of UCR after deductible; 60 services per year maximum; includes occupational, chiropractic, physical and speech therapy services	90% after deductible; 60 services per year maximum; includes occupational, chiropractic, physical and speech therapy services	70% of UCR after deductible; 60 services per year maximum; includes outpatient cardiac rehabilitation, occupational, chiropractic, physical and speech therapy services	100% Physical therapy; 30 visits maximum per year; Occupational therapy 15 visits maximum per year; Speech therapy 50 visits per lifetime	\$15 copay; 30 days per calendar year maximum; includes physical, and occupational, speech; 36 visits per calendar year for cardio/pulmonary therapy services	\$15 copay; 30 visits or two months whichever is greater, per condition; includes physical, occupational, and speech therapy services
Allergy Testing	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	\$15 co-pay per visit	\$15 co-pay per visit	100%
Private Duty Nursing	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	Limitations – Contact HomeTown	Limitations – Contact SummaCare	Not Covered
Mental & Nervous						
Inpatient	80% of UCR after deductible; 30 days per year maximum	90% after deductible; 30 days per year maximum	70% of UCR after deductible; 30 days per year maximum	100% limit 60 days lifetime	100% limited to 21 days per calendar year	100% limited to 30 days per calendar year
Partial Hospitalization	80% of UCR after deductible; 60 visits per year maximum	90% after deductible; 60 visits per year maximum	70% of UCR after deductible; 60 visits per year maximum	Not available under plan coverage	Not available under plan coverage	Not available under plan coverage
Outpatient	50% of UCR after deductible; 50 visits per year maximum	50 visits per year maximum covered in full less \$15 copay visits 1-13; covered in full less \$30 copay visits 14-50	50% of UCR after deductible; 50 visits per year maximum	\$15 copay per visit; 20 visit limit per calendar year	\$20 copay per visit; 20 visit limit per calendar year	\$15 copay per visit; 40 visit limit per calendar year
Substance Abuse						
Inpatient	80% of UCR after deductible; 30 days per year maximum	90% after deductible; 30 days per year maximum	70% of UCR after deductible; 30 days per year maximum	100% up to 8 days per lifetime	100% limited to 21 days per contract year	See Plan Materials
Partial Hospitalization	80% of UCR after deductible; 60 visits per year maximum	90% after deductible; 60 visits per year maximum	70% of UCR after deductible; 60 visits per year maximum	Not available under plan coverage	Not available under plan coverage	Not available under plan coverage
Outpatient	50% of UCR after deductible; 50 visits per year maximum; limited to \$1,000	50 visits per year maximum covered in full less \$15 copay visits 1-13; covered in full less \$30 copay visits 14-50	50% of UCR after deductible; 50 visits per year maximum	\$15 copay per visit; 40 visits per lifetime Intensive outpatient up to 20 days lifetime	\$20 copay per visit; 20 visit limit per contract year	\$15 copay
Deductibles & Coinsurance Limits	See Plan Materials	See Plan Materials	See Plan Materials	None / \$1500 Single; \$3000 Family	None/ NA	None/ Maximum 30% of total costs
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs						
Retail (30 day maximum supply)	10%, minimum \$10 maximum \$20 Generic; 20%, minimum \$20 maximum \$50 Brand	10%, minimum \$10 maximum \$20 Generic; 20%, minimum \$20 maximum \$50 Brand	10%, minimum \$10 maximum \$20 Generic; 20%, minimum \$20 maximum \$50 Brand	\$10 Generic Formulary; \$20 Brand Formulary; \$50 Brand Non-Formulary	\$10 Generic Formulary; \$20 Brand Formulary; \$40 Brand Non-Formulary	\$10 Generic; \$20 Brand Formulary
Mail order (90 day maximum supply)	10%, minimum \$25 maximum \$50 Generic; 20%, minimum \$50 maximum \$100 Brand	10%, minimum \$25 maximum \$50 Generic; 20%, minimum \$50 maximum \$100 Brand	10%, minimum \$25 maximum \$50 Generic; 20%, minimum \$50 maximum \$100 Brand	\$20 Generic Formulary; \$40 Brand Formulary; \$100 Brand Non-Formulary	\$20 Generic Formulary; \$40 Brand Formulary; \$80 Brand Non-Formulary	\$10 Generic; \$20 Brand Formulary (Note: 62 day supply maximum)

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