The Midsize (51–99) Standard Portfolio: Copay Plans for R26

The Midsize 51–99 Portfolio offers flexible plan options you can tailor to your clients. Plans pair with the SuperMed® Plus, MedFlex™, or CLE-Care[1] networks and their aligned drug plans. Balanced Solutions, HRAs, and Share funding are available across all designs. Contact your Medical Mutual representative for details.

		In Network							
	Plan Name	Deductible Single/Family	Coins	MOOP Single/Family	Telehealth[2]	PCP Visit	Specialist Visit	Urgent Care[3]	Emergency Room
Coinsurance Plan Options	2020-250 Rx	$250/$500	20%	$4,500/$9,000	$0	$20	$60	$75	$400, then 20%
	2020-500 Rx	$500/$1,000	20%	$4,500/$9,000	$0	$20	$60	$75	$400, then 20%
	3020-1000 Rx	$1,000/$2,000	20%	$4,500/$9,000	$0	$30	$60	$75	$400, then 20%
	3020-1500 Rx	$1,500/$3,000	20%	$5,000/$10,000	$0	$30	$60	$75	$400, then 20%
	3020-2000 Rx	$2,000/$4,000	20%	$5,500/$11,000	$0	$30	$60	$75	$400, then 20%
	3020-2500 Rx	$2,500/$5,000	20%	$6,000/$12,000	$0	$30	$60	$75	$400, then 20%
	3020-3000 Rx	$3,000/$6,000	20%	$6,500/$13,000	$0	$30	$60	$75	$400, then 20%
	3020-4000 Rx	$4,000/$8,000	20%	$7,500/$15,000	$0	$30	$60	$75	$400, then 20%
	3020-5000 Rx	$5,000/$10,000	20%	$8,500/$17,000	$0	$30	$60	$75	$400, then 20%
	3020-6500 Rx	$6,500/$13,000	20%	$9,000/$18,000	$0	$30	$60	$75	$400, then 20%
	3020-8500 Rx	$8,500/$17,000	20%	$10,000/$20,000	$0	$30	$60	$75	$400, then 20%
No Coinsurance Plan Options	30-2500 Rx	$2,500/$5,000	0%	$5,000/$10,000	$0	$30	$60	$75	$500, then 0%
	30-3000 Rx	$3,000/$6,000	0%	$5,500/$11,000	$0	$30	$60	$75	$500, then 0%
	30-4000 Rx	$4,000/$8,000	0%	$6,500/$13,000	$0	$30	$60	$75	$500, then 0%
	30-5000 Rx	$5,000/$10,000	0%	$7,500/$15,000	$0	$30	$60	$75	$500, then 0%
	30-6000 Rx	$6,000/$12,000	0%	$8,500/$17,000	$0	$30	$60	$75	$500, then 0%
	30-10,000 Rx	$10,000/$20,000	0%	$10,000/$20,000	$0	$30	$60	$75	$500, then 0%

1 MedFlex and CLE-Care require in-network use only. No out-of-network benefits apply.

2 $0 Telehealth is for virtual care appointments with MinuteClinic only.

3 CLE-Care members will pay the equivalent PCP visit copay and must use Metro ExpressCare facilities.

The Midsize (51–99) Standard Portfolio: HSA Plans for R26

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		In Network							
	Plan Name	**Deductible** Single/Family	**Coins**	**MOOP** Single/Family	**Telehealth**	**PCP Visit**	**Specialist Visit**	**Urgent Care[3]**	**Emergency Room**
100% Plans	HSA 6750/0 MMRx	$6,750/$13,500	0%	$6,750/$13,500	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
	HSA 7500/0 MMRx	$7,500/$15,000	0%	$7,500/$15,000	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
	HSA 8500/0 MMRx	$8,500/$17,000	0%	$8,500/$17,000	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
100% Plans with PD[2] Rx	HSA 3500/0 PD Rx	$3,500/$7,000	0%	$5,500/$11,000	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
	HSA 4000/0 PD Rx	$4,000/$8,000	0%	$6,000/$12,000	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
	HSA 5000/0 PD Rx	$5,000/$10,000	0%	$7,000/$14,000	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
100% Plans with PD[2] Copay & Rx	HSA 2500/0 Agg PD Copay & Rx	$2,500/$5,000	0%	$5,000/$10,000	Deductible, then 0%	$30	$60	$75	Deductible, then $500
	HSA 3500/0 PD Copay & Rx	$3,500/$7,000	0%	$6,000/$12,000	Deductible, then 0%	$30	$60	$75	Deductible, then $500
	HSA 4000/0 PD Copay & Rx	$4,000/$8,000	0%	$6,500/$13,000	Deductible, then 0%	$30	$60	$75	Deductible, then $500
	HSA 5000/0 PD Copay & Rx	$5,000/$10,000	0%	$7,500/$15,000	Deductible, then 0%	$30	$60	$75	Deductible, then $500
80% Plans with PD[2] Rx	HSA 3500/20 PD Rx	$3,500/$7,000	20%	$7,000/$14,000	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
	HSA 5000/20 PD Rx	$5,000/$10,000	20%	$8,500/$17,000	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
80% Plans with PD[2] Copay & Rx	HSA 3500/20 PD Copay & Rx	$3,500/$7,000	20%	$7,000/$14,000	Deductible, then 20%	$30	$60	$75	Deductible, then $400, then 20%
	HSA 5000/20 PD Copay & Rx	$5,000/$10,000	20%	$8,500/$17,000	Deductible, then 20%	$30	$60	$75	Deductible, then $400, then 20%

1 MedFlex and CLE-Care require in-network use only. No out-of-network benefits apply.

2 PD means post deductible.

3 CLE-Care members will pay the equivalent PCP visit copay and must use Metro ExpressCare facilities.

The Midsize (51–99) Standard Portfolio: Drug Plans for R26

The Midsize 51–99 Drug Portfolio from Medical Mutual is designed specifically for each network, including SuperMed® Plus, MedFlex™ and CLE-Care. A group electing Balanced Solutions medical plan would be assigned the corresponding SuperMed drug benefit.

SuperMed® Plus	Network - National Plus	Retail				Mail Order				SaveOn SP	SaveOn SP Exclusive	Active Choice	Home Delivery Incentive	Mandatory Mail Order	Generic Incentive
	Formulary - Basic Plus	Generic	Preferred	Non-Preferred	Specialty	Generic	Preferred	Non-Preferred	Specialty						
Rx Card [1,2,3]		$10	$40	$80	25% to $350	$25	$120	$240	N/A	Yes	No	No	Yes	No	Yes
HSA with PD Rx [1,2,6,7]		$10	$40	$80	25% to $350	$25	$120	$240	N/A	No	Yes	No	Yes	No	Yes
MMRx [1,5,6]		Deductible, then 0%				Deductible, then 0%				No	Yes	Yes	No	No	Yes

MedFlex™	Network - Walgreen's Advantage	Retail				Mail Order				SaveOn SP	SaveOn SP Exclusive	Active Choice	Home Delivery Incentive	Mandatory Mail Order	Generic Incentive
	Formulary - National Preferred	Generic	Preferred	Non-Preferred	Specialty	Generic	Preferred	Non-Preferred	Specialty						
Rx Card [1,3,4]		$10	$40	$80	25% to $350	$25	$120	$240	N/A	Yes	No	No	No	Yes	Yes
HSA with PD Rx [1,4,6,7]		$10	$40	$80	25% to $350	$25	$120	$240	N/A	No	Yes	No	No	Yes	Yes
MMRx [1,4,6]		Deductible, then 0%				Deductible, then 0%				No	Yes	No	No	Yes	Yes

CLE-Care	Network - National Plus	Retail				Mail Order				SaveOn SP	SaveOn SP Exclusive	Active Choice	Home Delivery Incentive	Mandatory Mail Order	Generic Incentive
	Formulary - Basic Plus	Generic	Preferred	Non-Preferred	Specialty	Generic	Preferred	Non-Preferred	Specialty						
Rx Card [1,3]		$10	$40	$80	25% to $250	N/A	N/A	N/A	N/A	Yes	No	No	No	No	Yes
Metro Facility		$5	$15	$30	25% to $250	$10	$30	$60	N/A						
HSA with PD Rx [1,6,7]		$10	$40	$80	25% to $250	N/A	N/A	N/A	N/A	No	Yes	No	No	No	Yes
Metro Facility		$5	$15	$30	25% to $250	$10	$30	$60	N/A						
MMRx [1,6]		Deductible, then 0%				Deductible, then 0%				No	Yes	No	No	No	Yes

1 Generic Incentive: If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay plus the difference between to cost of the generic and the brand-name drug.

2 Home Delivery Incentive: Retail drug copays apply for the first three fills in 180 days. Starting on the 4th fill. Copay amount doubles unless mail order is uses.

3 SaveOn SP - Specialty Drugs: Drugs and biologicals (specialty drugs and therapeutic injections). Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. Certain specialty drugs are part of a Specialty Prescription Drug Copay Offset program.

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

5 Home Delivery Active Choice: Member must contact Express Scripts to indicate choice to continue to use a retail pharmacy past three refills for prescription drugs available through the home delivery program. Otherwise, members will pay 100% of the allowed amount with no accumulation to deductible or maximum out of pocket.

6 SaveOn SP Exclusive Specialty Drugs: Drugs and biologicals (specialty drugs and therapeutic injections). Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. Certain specialty drugs are part of a Specialty Prescription Drug Copay Offset program.

7 PD means post deductible