



City of Brecksville 2025 Renewal

EXHIBIT "A"

Medical Mutual - Current Plans & Contributions

Benefits	RED		WHITE		BLUE – HSA	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Coinsurance	90%	90%	80%	60%	100%	60%-100%
Deductible	\$100/\$200	\$100/\$200	\$300/\$600	\$800/\$1,600	\$3,300/\$6,600 (Embedded)	\$5,000/\$10,000 (Embedded)
Employer H.S.A. Contribution	n/a	n/a	n/a	n/a	Annual Employer Contribution to HSA Account \$1,426.32 per Single / \$2,832 per Family*	
Out-of-Pocket Maximum	\$550/\$1,100 (includes Deductible, Coinsurance, and Copayments)	\$800/\$1,600 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$1,300/\$2,600 (includes Deductible, Coinsurance, and Copayments)	\$2,600/\$5,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)	\$3,300/\$6,600 (Embedded) (includes Deductible and Coinsurance)	\$5,600/\$11,200 (includes Deductible and Coinsurance) Unlimited (Deductible, Coinsurance, and Copayments)
Inpatient	90% after deductible	\$250 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Outpatient Surgery	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
Emergency Room	\$50 copay**	\$50 copay** (may be subject to balance billing)	\$100 copay**	\$100 copay** (may be subject to balance billing)	100% after deductible	100% after deductible (may be subject to balance billing)
Urgent Care	\$10 copay	90% after deductible	\$15 copay	60% after deductible	100% after deductible	60% after deductible
Office Visit - Routine Exams	Covered 100%	90% after deductible	Covered 100%	60% after deductible	Covered 100%	60% after deductible
Office Visit - Diagnostic	\$10 copay (\$10 specialist)	90% after deductible	\$10 copay (\$10 specialist)	60% after deductible	100% after deductible	60% after deductible
Diagnostic/Lab X-Ray	90% after deductible	\$150 copay, then 90% after deductible	80% after deductible	\$150 copay, then 60% after deductible	100% after deductible	\$150 copay, then 60% after deductible
Prescription Drug	Shoebox Rx Program	MMO will reimburse 75% of allowed charges less any coinsurance	Shoebox Rx Program	MMO will reimburse 75% of allowed charges less any coinsurance	Shoebox Rx Program	MMO will reimburse 75% of allowed charges less any coinsurance
Retail	80% up to Max Out-of-Pocket then 100%		80% up to Max Out-of-Pocket then 100%		100% after Deductible	
Mail Order (90-day supply unless otherwise noted)	80% up to Max Out-of-Pocket then 100% Specialty Drugs 30-day supply limit	Not Covered	80% up to Max Out-of-Pocket then 100% Specialty Drugs 30-day supply limit	Not Covered	100% after Deductible Specialty Drugs 30-day supply limit	Not Covered

2025 Contributions

Enrollment Tier	Employee Contribution/Month: 10.0%	Employee Contribution/Month: 1.5%	Employee Contribution/Month
Single	\$92.59	\$13.52	\$0.00
Employee+Spouse	\$194.48	\$28.41	\$0.00
Employee+Child(ren)	\$157.43	\$22.99	\$0.00
Family	\$273.19	\$39.90	\$0.00

Employer H.S.A. Funding will be deposited into accounts in the following manner - 1/2 in January and 1/2 in July