



2025-2026 Cleveland State University's Medical and Prescription Drug Plans Comparison

This summary of benefits is designed to provide a high-level overview of Cleveland State University's Medical and Prescription Drug benefits. Should there be a conflict between this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or an omission in this overview.

Deductible (Individual/Family)
Coinsurance After Deductible
Inpatient Facility Services
Outpatient Facility & X-Ray/Lab Services
Preventive Care Office Visit
Office Visit – Primary Care Physician
Office Visit – Specialist
Urgent Care Visit
Emergency Room Visit (Copay Waived If Admitted)
Emergency Room Visit – Non- Emergency
Prescription Drug Benefits
Retail Drug (30 day supply) Mandatory Generic Non-Maintenance, Non-Specialty Drugs
Retail Generic (30 day supply)
Retail Preferred Brand Name (30 day supply)
Retail Non-Preferred Brand (30 day supply)
Mail Order Non-Specialty (90 Day Supply) Mandatory Generic Maintenance Drugs
Mail Generic
Mail Preferred Brand
Mail Non-Preferred Brand
Specialty Drugs (Accredo Specialty Pharmacy only)
30 Day Supply
Out of Pocket Maximum (Individual/Family) - Includes Deductible, Copay, and Coinsurance for medical and prescription drugs.

MetroHealth Select (Skyway)		
Lowest monthly employee contribution and lowest deductible and out of pocket maximums		
Covers 100% of preventive care services provided In network*		
In-network coverage through MetroHealth ONLY		
Requires you to Pay 100% for most Non-Network services		
Option to participate in Health Care Flexible Spending Account		
Benefit Period January 1st to December 31st*		
MetroHealth Select (Skyway) Network	Non-Network	
\$350/\$1,050	Not Covered	
20%, After Deductible	Not Covered	
20% After Deductible	Not Covered	
20% After Deductible	Not Covered	
\$0 Copay, No Deductible	Not Covered	
\$20 Copay	Not Covered	
\$40 Copay	Not Covered	
\$50 Copay	Not Covered	
0% after \$250 Copay	0% after \$250 Copay	
\$250 Copay + 20% After Deductible	Not Covered	
MetroHealth (Skyway) Pharmacy	Medical Mutual Express Scripts	
\$0 Copay	\$10 Copay	
\$30 Copay	\$45 Copay	
\$60 Copay	\$90 Copay	
\$10 Copay	\$20 Copay	
\$60 Copay	\$90 Copay	
\$120 Copay	\$180 Copay	
Accredo Pharmacy Only		
10% up to \$100	10% up to \$100	
\$3,500/\$7,000	Unlimited	

Medical Mutual Value Plan		
Highest Deductible and Out of Pocket Maximum		
Covers 100% of preventive care services provided In-Network*		
In-network and non-network coverage available		
Option to participate in Health Care Flexible Spending Account		
Benefit Period January 1st to December 31st*		
Medical Mutual SuperMed Network	Non- Network	
\$1,100/\$3,300	\$2,200/\$6,600	
20% After Deductible	40% After Deductible	
20% After Deductible	40% After Deductible	
20% After Deductible	Not Covered	
\$0 Copay, No Deductible	40% After Deductible	
\$35 Copay	40% After Deductible	
\$50 Copay	40% After Deductible	
\$75 Copay	40% After Deductible	
\$350 Copay + 20% After Deductible	\$350 Copay + 20% After Deductible	
\$350 Copay + 20% After Deductible	\$350 Copay + 40% After Deductible	
Medical Mutual Express Scripts	Non-Network	
\$15 Copay	Not Covered	
\$50 Copay	Not Covered	
\$95 Copay	Not Covered	
\$30 Copay	Not Covered	
\$100 Copay	Not Covered	
\$190 Copay	Not Covered	
Accredo Pharmacy Only		
10% up to \$200 max per prescription	Not Covered	
\$5,000/\$10,000	Unlimited	

Medical Mutual Traditional Plan		
Most expensive monthly employee contribution		
Covers 100% of preventive care services provided In-Network*		
In-network and non-network coverage available		
Option to participate in Health Care Flexible Spending Account		
Benefit Period January 1st to December 31st*		
Medical Mutual SuperMed Network	Non-Network	
\$600/\$1,800	\$1,200/\$3,600	
25% After Deductible	40% After Deductible	
25% After Deductible	40% After Deductible	
25% After Deductible	40% After Deductible	
\$0 Copay, No Deductible	40% After Deductible	
\$25 Copay	40% After Deductible	
\$50 Copay	40% After Deductible	
\$75 Copay	40% After Deductible	
\$300 Copay + 25% After Deductible	\$300 Copay + 25% After Deductible	
\$300 Copay + 25% After Deductible	\$300 Copay + 40% After Deductible	
Medical Mutual Express Scripts	Non-Network	
\$15 Copay	Not Covered	
\$50 Copay	Not Covered	
\$95 Copay	Not Covered	
\$30 Copay	Not Covered	
\$100 Copay	Not Covered	
\$190 Copay	Not Covered	
Accredo Pharmacy Only		
10% up to \$200 max per prescription	Not Covered	
\$4,000/\$8,000	Unlimited	

The Benefit Period is based on a calendar year and it is the period of time during which covered services are rendered and Benefit Maximums, Deductibles, and Out of Pocket Maximums are accumulated.
 *According to age and gender