

# COSE Health and Wellness Trust

## MedFlex™ HMO Plans

**MedFlex™ HMO health plans are designed to serve the unique needs of local communities. Through the MedFlex network, Medical Mutual collaborates with key providers and health systems throughout Ohio to deliver quality care at a lower cost.**

### What is MedFlex™?

MedFlex is a non-gatekeeper HMO made possible through Medical Mutual's collaboration with multiple health systems throughout Ohio. MedFlex health plans give you the freedom to choose providers, while improving outcomes and reducing the cost of care.

Services from MedFlex health systems include care for all aspects of health and life. This network provides members access to high-quality, affordable healthcare in more than 70 counties, covering 80% of the state.

Health systems, hospitals and providers in the MedFlex service areas include:

- Northeast Ohio: Akron Children's Hospital, Lake Health, Mercy Health, Mercy Health Physicians, Mercy Medical Center, Southwest General Health Center, Summa Health System, University Hospitals and Western Reserve Hospital
- Central Ohio: Central Ohio Primary Care Physicians, Mount Carmel Health and Nationwide Children's Hospital
- Southwest Ohio: Cincinnati Children's Hospital Medical Center, Dayton Children's hospital, Mercy Health and Premier Health System
- Northwest Ohio: Mercy Health, St. Luke's Hospital and Toledo Clinic

Selecting a primary care physician (PCP) is requested to promote routine screenings and chronic disease management, which, when managed through a PCP, often result in better health and reduced costs.

### Plan Options

All MedFlex HMO plans include preventive services with no copays, coinsurance or deductible. You also have access to a comprehensive suite of wellness programs designed to promote healthy behaviors, identify risk factors for disease, and help you make positive changes to your well-being.

### Pharmacy Benefits

With the MedFlex HMO, you have access to the Walgreens Advantage Network through Express Scripts, which lets you get your prescriptions filled at most major pharmacies, including Walgreens and Discount Drug Mart, and others.

Other benefits include:

- Access to the National Preferred formulary, which is the list of prescription drugs that are covered by your plan.
- Opportunities to save money on prescriptions when you choose a generic drug instead of the more expensive brand-name version.
- Specialty drug coverage through Accredo or Gentry. You pay 50 percent of the cost up to a \$200 maximum.

**See the reverse side for specific plan options and choose the plan that's right for you.**

**MedFlex™ HMO Plan Options\*****COSE GCP 3020-250 w/Rx**

Deductible	\$250 Individual/\$500 Family
Coinsurance (member cost)	20% up to \$2,500 Individual/\$5,000 Family
Copay (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200

**COSE GCP 3020-1000 w/Rx**

Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$3,000 Individual/\$6,000 Family
Copay (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200

**COSE GCP 3020-2000 w/Rx**

Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$1,000 Individual/\$2,000 Family
Copay (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200

**COSE GCP HSA 5000 w/ PD Rx**

Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%
Copay (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual/\$13,800 Family
Retail Drug Copays (generic/preferred/non-preferred) <sup>1</sup>	\$15/\$45/\$75 (after deductible)
Mail-Order Drug Copays (generic/preferred/non-preferred) <sup>1</sup>	\$45/\$135/\$225 (after deductible)
Specialty Drug Coverage	50% up to \$200 (after deductible)

\*The values above are for in-network services only. Services received outside the exclusive network are not covered (except for emergency services).

1. HSA plan has post-deductible drug copays. Amounts only apply after deductible is met.

**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 the cost of the generic drug and the brand-name drug.

**Mail-Order Requirement**

Prescriptions must be filled by mail-order (when available) after the third fill within 180 days. Otherwise, the member pays the full cost of the drug.

**Specialty Drugs**

Prescriptions must be filled by Accredo or Gentry.