

Medical Mutual Reducing Deductible (RD)

Innovative plans for groups with 51-99 employees that focus on wellness and cost-control. Each year, members can lower their deductible for the following year by completing three specified activities:



Employers who elect a Medical Mutual Reducing Deductible plan are automatically enrolled in WorkSpring, a wellness program that provides healthy living solutions for Ohio employees. You will have access to all WorkSpring's HR tools and resources at no additional cost.

	Plan	Plan Tier	Medical Deductible		Coinsurance	Maximum Out-of-Pocket		PCP Visit	Specialist Visit	Urgent Care	Emergency Room	Drug Plan Options	
			Single	Family	Percent	Single	Family						
Copay Plans	RD PLAN 1	Tier A (Base Plan): 3020-3000	\$3,000	\$6000	20%	\$6,500	\$13,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
		Deductible Reduced at Renewal											
		Tier B: 3020-2500	\$2,500	\$5,000	20%	\$6,000	\$12,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
			Tier C: 3020-2000	\$2,000	\$4,000	20%	\$5,500	\$11,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3
	RD PLAN 2	Tier A (Base Plan): 3020-4000	\$4,000	\$8,000	20%	\$7,000	\$14,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
		Deductible Reduced at Renewal											
		Tier B: 3020-3500	\$3,500	\$7,000	20%	\$6,500	\$13,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
			Tier C: 3020-3000	\$3,000	\$6,000	20%	\$6,000	\$12,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3
	RD PLAN 3	Tier A (Base Plan): 3020-5000	\$5,000	\$10,000	20%	\$7,350	\$14,700	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
		Deductible Reduced at Renewal											
		Tier B: 3020-4500	\$4,500	\$9,000	20%	\$6,850	\$13,700	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	
			Tier C: 3020-4000	\$4,000	\$8,000	20%	\$6,350	\$12,700	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3
RD PLAN 4	Tier A (Base Plan): 3020-6500	\$6,500	\$13,000	20%	\$7,500	\$15,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3		
	Deductible Reduced at Renewal												
	Tier B: 3020-5500	\$5,500	\$11,000	20%	\$6,500	\$13,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3		
		Tier C: 3020-4500	\$4,500	\$9,000	20%	\$5,500	\$11,000	\$30	\$60	\$75	\$350 copay, then 20%	SM1, SM2, SM3	

Options		Retail				Mail Order			
		Generic	Preferred	Non-Preferred	Specialty	Generic	Preferred	Non-Preferred	Specialty
	SM1	\$0	\$35	\$70	25% to \$350	\$0	\$105	\$210	25% to \$350
	SM2	\$10	\$40	\$80	25% to \$350	\$25	\$120	\$240	25% to \$350
	SM3	\$20	\$50	\$100	25% to \$350	\$50	\$150	\$300	25% to \$350

		Medical Deductible		Coinsurance	Maximum Out-of-Pocket																
Plan	Plan Tier	Single	Family	Percent	Single	Family	PCP Visit	Specialist Visit	Urgent Care	Emergency Room	Drug Plan										
HSA Plans	RD PLAN 5	Tier A (Base Plan): HSA 4000/0 AGG PD RX										\$4,000	\$8,000	0%	\$5,500	\$11,000	Deductible	Deductible	Deductible	Deductible	SM1
		Deductible Reduced at Renewal																			
		Tier B: HSA 3500/0 AGG PD RX										\$3,500	\$7,000	0%	\$5,000	\$10,000	Deductible	Deductible	Deductible	Deductible	SM1
	Tier C: HSA 3000/0 AGG PD RX										\$3,000	\$6,000	0%	\$4,500	\$9,000	Deductible	Deductible	Deductible	Deductible	SM1	
	RD PLAN 6	Tier A (Base Plan): HSA 5000/0										\$5,000	\$10,000	0%	\$5,000	\$10,000	Deductible	Deductible	Deductible	Deductible	MMRX
		Deductible Reduced at Renewal																			
		Tier B: HSA 4500/0										\$4,500	\$9,000	0%	\$4,500	\$9,000	Deductible	Deductible	Deductible	Deductible	MMRX
	Tier C: HSA 4000/0										\$4,000	\$8,000	0%	\$4,000	\$8,000	Deductible	Deductible	Deductible	Deductible	MMRX	
	RD PLAN 7	Tier A (Base Plan): HSA 5000/0 PD RX										\$5,000	\$10,000	0%	\$6,500	\$13,000	Deductible	Deductible	Deductible	Deductible	SM1
		Deductible Reduced at Renewal																			
Tier B: HSA 4500/0 PD RX										\$4,500	\$9,000	0%	\$6,000	\$12,000	Deductible	Deductible	Deductible	Deductible	SM1		
Tier C: HSA 4000/0 PD RX										\$4,000	\$8,000	0%	\$5,500	\$11,000	Deductible	Deductible	Deductible	Deductible	SM1		
RD PLAN 8	Tier A (Base Plan): HSA 5000/20 PD RX										\$5,000	\$10,000	20%	\$6,750	\$13,500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	SM1	
	Deductible Reduced at Renewal																				
	Tier B: HSA 4500/20 PD RX										\$4,500	\$9,000	20%	\$6,250	\$12,500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	SM1	
Tier C: HSA 4000/20 PD RX										\$4,000	\$8,000	20%	\$5,750	\$11,500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	SM1		
RD PLAN 9	Tier A (Base Plan): HSA 6750/0										\$6,750	\$13,500	0%	\$6,750	\$13,500	Deductible	Deductible	Deductible	Deductible	MMRX	
	Deductible Reduced at Renewal																				
	Tier B: HSA 5750/0										\$5,750	\$11,500	0%	\$5,750	\$11,500	Deductible	Deductible	Deductible	Deductible	MMRX	
Tier C: HSA 4750/0										\$4,750	\$9,500	0%	\$4,750	\$9,500	Deductible	Deductible	Deductible	Deductible	MMRX		
RD PLAN 10	Tier A (Base Plan): HSA 7500/0										\$7,500	\$15,000	0%	\$7,500	\$15,000	Deductible	Deductible	Deductible	Deductible	MMRX	
	Deductible Reduced at Renewal																				
	Tier B: HSA 6500/0										\$6,500	\$13,000	0%	\$6,500	\$13,000	Deductible	Deductible	Deductible	Deductible	MMRX	
Tier C: HSA 5500/0										\$5,500	\$11,000	0%	\$5,500	\$11,000	Deductible	Deductible	Deductible	Deductible	MMRX		

	Retail				Mail Order			
	Generic	Preferred	Non-Preferred	Specialty	Generic	Preferred	Non-Preferred	Specialty
SM1	\$0	\$35	\$70	25% to \$350	\$0	\$105	\$210	25% to \$350

Rx Copay Plans

Rx (card plan)

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.

Home Delivery: Members must use MetroHealth pharmacies for 90-day supplies.

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 (SaveOnSP).The certificate booklet will have more information.

HSA Plans

MMRx (deductible then coinsurance)

Home Delivery: Members must use MetroHealth pharmacies for 90-day supplies.

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 (SaveOnSP Exclusive).The certificate booklet will have more information.

PD Rx (card plan after deductible)

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.

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 (SaveOnSP Exclusive).The certificate booklet will have more information.