

Mahoning County School Employee Insurance Co
Final Plan Design
July 1, 2017 Renewal

	Plan
Network Medical Benefits	
Deductible	
Employee	\$300
Family	\$600
Coinsurance %	90%
Coinsurance Maximum	
Employee	\$500
Family	\$1,000
Office Visit (Primary Care/Specialist)	\$10/\$25
Urgent Care Copay	\$25
Emergency Room	\$100 copay, then ded/10%
Network Rx Benefits	
Retail Copays	
Generic or Tier 1	\$5
Formulary or Tier 2	\$25
Non-Formulary or Tier 3	\$50
Other - Specialty	\$100
Mail Order Copays	
Generic or Tier 1	\$12.50
Formulary or Tier 2	\$62.50
Non-Formulary or Tier 3	\$125
Other - Specialty	Not Applicable