John Carroll University

2025 BENEFITS SUMMARY

MEDICAL PLAN COMPARISON

IN- NETWORK (see page 2 for Non-Network)	**Medical Mutual - PPO** (Preferred Provider Organization)	**Medical Mutual - HDHP** (High Deductible Health Plan)	**Medical Mutual – MetroHealth Select/Skyway EPO** (Exclusive Provider Organization)
DEDUCTIBLE			
Per Individual	$1000	$2000	$400
Family Maximum	$2000	$4000	$800
OUT-OF-POCKET MAXIMUM	(includes claims, excludes deductibles and co-pays)	(includes claims, excludes deductibles)	(includes claims, excludes deductibles and co-pays)
Per Individual	$3000	$2500	$1600
Family Maximum	$6000	$5000	$3200
MEMBER COSTS			
Office Visit Co-Pay (Preventative / Primary Care)	$20	20% After deductible is met	$15
Office Visit Co-Pay (Specialist)	$35	20% After deductible is met	$30
Preventative Services	0% (See benefits booklet for included services)	0% (See benefits booklet for included services)	0% (See benefits booklet for included services)
Urgent Care	$35	20% After deductible is met	$15
Emergency Room	$100 then 0%	20% After deductible is met	$100 then 0%
Non-emergency use of Emergency Room	Deductible and coinsurance apply	20% After deductible is met	20% After deductible is met
Coinsurance	20% After deductible is met	20% After deductible is met	20% After deductible is met

SEE RATE SHEET FOR MONTHLY PREMIUMS

For detailed information about networks, please go to the provider website at www.medmutual.com or at www.mhselect.com

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department

John Carroll University

2025 BENEFITS SUMMARY

MEDICAL PLAN COMPARISON

NON- NETWORK (see page 1 for In-Network)	**Medical Mutual - PPO** (Preferred Provider Organization)	**Medical Mutual - HDHP** (High Deductible Health Plan)	**Medical Mutual – MetroHealth Select/Skyway EPO** (Exclusive Provider Organization)
DEDUCTIBLE			As an EPO, services must be received through the Metro Health System. There are no non-network benefits.
Per Individual	$2500	$2500	
Family Maximum	$5000	$5000	
OUT-OF-POCKET MAXIMUM	(includes claims, excludes deductibles and co-pays)	(includes claims, excludes deductibles)	
Per Individual	$3500	$4000	
Family Maximum	$6500	$8000	
MEMBER COSTS			
Office Visit Co-Pay (Preventative / Primary Care)	Deductible and coinsurance apply	40% After deductible is met	
Office Visit Co-Pay (Specialist)	Deductible and coinsurance apply	40% After deductible is met	
Preventative Services	40% After deductible is met	40% After deductible is met	
Urgent Care	40% After deductible is met	40% After deductible is met	
Emergency Room	$100 then 0%	20% After deductible is met	
Non-emergency use of Emergency Room	Deductible and coinsurance apply	40% After deductible is met	
Coinsurance	40% After deductible is met	40% After deductible is met	

SEE RATE SHEET FOR MONTHLY PREMIUMS

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John Carroll University

2025 BENEFITS SUMMARY

EpiphanyRx PRESCRIPTION DRUG PLANS

RETAIL – 30 DAY

	Medical Mutual - PPO (Preferred Provider Organization)	**Medical Mutual - HDHP** (High Deductible Health Plan)	**Medical Mutual – MetroHealth Select/Skyway EPO** (Exclusive Provider Organization)
MEMBER COSTS			
Generic	$10	20% After deductible is met	$10
Formulary	$35	20% After deductible is met	$35
Non-Formulary	$70	20% After deductible is met	$70
Specialty	Available through mail order only- $100 per 30 day supply	20% After deductible is met	Available through mail order only- $100 per 30 day supply

MAIL ORDER – 90 DAY

	Medical Mutual - PPO (Preferred Provider Organization)	**Medical Mutual - HDHP** (High Deductible Health Plan)	**Medical Mutual - Metro Select EPO** (Exclusive Provider Organization)
MEMBER COSTS			
Generic	$25	20% After deductible is met	$25
Formulary	$87.50	20% After deductible is met	$87.50
Non-Formulary	$175	20% After deductible is met	$175
Specialty	Available through mail order only- $100 per 30 day supply	20% After deductible is met	Available through mail order only- $100 per 30 day supply

PRESCRIPTION DRUG PLAN IN INCLUDED IN THE MONTHLY MEDICAL PREMIUMS

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John Carroll UNIVERSITY

2025 BENEFITS SUMMARY

Medical Mutual – FLEXIBLE SPENDING ARRANGEMENT (FSA)

Available ONLY if you're enrolled in the PPO or MetroHealth Select plans

Coverage Level	Healthcare FSA Maximum Annual Contribution*
All	$3300.00
	Dependent Care FSA Maximum Annual Contribution*
N/A	$5000.00

***Account balances do not roll over year to year. See plan document for details. FSA Plan Document**

Optum Bank – HEALTH SAVINGS ACCOUNT (HSA)

Available ONLY if you're enrolled in the High Deductible Health Plan

COVERAGE LEVEL	University Annual HSA Contribution*
Employee Only	$500.00
Employee + Spouse	$1000.00
Employee + Child(ren)	$1000.00
Family	$1500.00

***University contributions are prorated your first year enrolled and deposited in a lump sum. Deposits are made monthly after the first year.**
NOTE: 2025 HSA contribution limits (employer + employee): Single: $4,300, Family: $8,550

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John Carroll University

2025 BENEFITS SUMMARY

Medical Mutual - PPO (Preferred Provider Organization)					
		Employee Monthly Contributions			
COVERAGE LEVEL	**Total Monthly Premium - PPO**	**<$40k**	**$40-$69k**	**$70-$99k**	**$100k+**
Single	$948.85	$162.04	$171.77	$187.97	$227.67
Single + Child(ren)	$1,726.92	$294.36	$312.02	$341.46	$413.58
Single + Spouse	$2,106.46	$359.75	$381.33	$417.31	$505.45
Family	$2,875.03	$490.55	$519.99	$569.04	$689.23

Medical Mutual - HDHP (High Deductible Health Plan)					
		Employee Monthly Contributions			
COVERAGE LEVEL	**Total Monthly Premium - HDHP**	**<$40k**	**$40-$69k**	**$70-$99k**	**$100k+**
Single	$882.47	$130.24	$138.05	$151.07	$182.98
Single + Child(ren)	$1,606.09	$236.52	$250.71	$274.36	$332.31
Single + Spouse	$1,959.08	$289.12	$306.47	$335.38	$406.21
Family	$2,673.88	$394.21	$417.86	$457.28	$553.86

Medical Mutual – MetroHealth/Skyway Select - EPO (Exclusive Provider Organization)					
		Employee Monthly Contributions			
COVERAGE LEVEL	**Total Monthly Premium - EPO**	**<$40k**	**$40-$69k**	**$70-$99k**	**$100k+**
Single	$730.94	$81.02	$85.88	$93.99	$113.84
Single + Child(ren)	$1,330.31	$147.18	$156.01	$170.73	$206.79
Single + Spouse	$1,622.69	$179.87	$190.67	$208.65	$252.72
Family	$2,214.75	$245.28	$259.99	$284.52	$344.61

Note: A surcharge of $150 per month will be added to the rates of any tier when an employed spouse who is eligible for his/her employer's medical plan is enrolled in any of the JCU medical plans.
***The salary tiers are based on the base salary in effect as of September 1, 2025.**

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