



MEDICAL MUTUAL®

Benefits

State of Ohio Benefit Guide



Ohio Med PPO Plan (July 2014–June 2015)

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Welcome





Medical Mutual®
2060 East Ninth Street
Cleveland, Ohio 44115-1355

MedMutual.com



Welcome to Medical Mutual®

For 80 years, Medical Mutual has been committed to providing our members the very best benefits and services, and we feel privileged to offer you the same. As an administrator of the OhioMed PPO Plan, Medical Mutual provides:

- Claims processing, payment and appeals based on the coverage selected by OhioMed PPO Plan
- Dedicated Customer Care specialists
- Programs to help you live healthier and manage serious or ongoing medical conditions
- Online access to view claims and coverage information on My Health Plan, a personalized member website
- A smartphone app to check your claims and deductibles, look up providers and access your ID card

This quick reference guide has been developed to introduce you to Medical Mutual and to help you get the most out of your health plan.

Important time- and money-saving tools and services are explained on the following pages:

- My Health Plan, your personalized member website
- Your Medical Mutual Identification Card
- Wellness Programs
- Understanding an Explanation of Benefits (EOB)
- Spending Less on Your Healthcare
- Changing Your Coverage
- Contacting Us

Again, welcome to Medical Mutual. We look forward to helping you meet your healthcare needs.

Sincerely,

Sue Tyler

Executive Vice President, Chief Experience Officer

Health & Life Insurance

Z7635 R6/12

Plan Features

Effective July 1, 2014

Plan Features	Network PPO	Non-Network PPO ¹
Deductible (individual/family)	\$200/\$400	\$400/\$800
Out-of-pocket maximum (individual/family); including deductible	\$1,500/\$3,000	\$3,000/\$6,000
Plan Benefits		
Office visits and consultations (for office visit only; all other services are subject to deductible and coinsurance)	\$20 copay, then 100%	\$30 copay, then 60%
Emergency room visit	\$75 copay, 80% after deductible <i>(copay is waived if admitted)</i>	\$75 copay, 80% after deductible <i>(copay is waived if admitted)</i>
Hospital Benefits		
Semi-private room	80% after deductible	60% after deductible
Maternity care	80% after deductible	60% after deductible
Diagnostic X-ray and laboratory tests	80% after deductible	60% after deductible
Medically necessary treatments and procedures	80% after deductible	60% after deductible
Urgent Care		
Urgent-care visit	\$25 copay, 80% after deductible	\$30 copay, 60% after deductible
Preventive Care		
Well Child Care Services (To age 21)	100%	\$30 copay, 60% after deductible
Annual Physical Examinations (including routine lab profiles ²)	100%	\$30 copay, 100%
Prenatal Office Visits	100%	\$30 copay, 60% after deductible
Routine Outpatient Endoscopic Procedures: Colonoscopy, Sigmoidoscopy, Anoscopy and Proctosigmoidoscopy only (Ages 50 and over)	100%	\$30 copay, 60% after deductible
Routine PAP Test and Associated Office Visit (one each per benefit period)	100%	\$30 copay, 60% after deductible
Routine Mammogram (Ages 35 and over)	100%	\$30 copay, 60% after deductible
Routine Prostate Specific Antigen (PSA) Test (Ages 40 and over)	100%	\$30 copay, 60% after deductible
Routine Immunizations ² (covered for all ages, except as specified) – Hemophilis Influenza B (HEPB-HIB) – Hepatitis A, B, A & B and hepatitis b – Human Papillomavirus vaccine (HPV) – Influenza – MMR (mumps, measles and rubella) – Meningococcal Conjugate vaccine – Pneumococcal – Polio – Rotavirus (Rota) – Tetanus, Diphtheria, Pertussis (Td/Tdap) – Diphtheria, Tetanus, Pertussis (DTaP) – Varicella (VSV) – Zoster (Ages 19 and over)	100%	\$30 copay, 60% after deductible
Contraceptive Counseling and Methods	100%	60%
Breastfeeding Support, Supplies and Methods	100%	60%

Plan Features	Network PPO	Non-Network PPO ¹
Additional Benefits		
Initial newborn exam	100%	100%
Allergy tests	\$20 copay, 80% after deductible	\$30 copay, 60% after deductible
Allergy injections	80% after deductible	60% after deductible
Occupational, physical and speech therapy ³	80% after deductible	60% after deductible
All other medically necessary treatments and procedures (rendered in and billed by the physician office)	80% after deductible	60% after deductible
Home healthcare (180 day limit)	80% after deductible	60% after deductible
Skilled nursing facility	80% after deductible; up to 180 days per admission, then payable at 60%, no deductible	
Durable medical equipment (initial and medically necessary replacements)	80% after deductible	60% after deductible
Organ transplants	80% after deductible	60% after deductible
Hospice	100%	100%

1. When you use a non-network doctor, hospital or healthcare professional, your costs will be significantly higher than when you use an in-network provider. This is due to higher non-network copayments. The non-network provider may also bill you the difference between his/her charge and the allowance for OhioMed. Be sure to check with non-network providers to see if they accept OhioMed's allowance as payment in full.

2. For more information on covered routine services, visit healthcare.gov/law/about/provisions/services/lists.html.

3. Occupational, physical and speech therapy are subject to medical necessity and requires a prior authorization.

* This document is only a partial listing of benefits. For a complete list of benefits, please refer to your plan documents.



My Health Plan

Your Source to Stay Organized and Make Informed Decisions.

All you need to register is your Medical Mutual identification (ID) card and these five easy steps!

- 1) Visit our website, www.MedMutualStateOhioEmployee.com.
- 2) Click on Get Started on the right side of the page.
- 3) Enter your member ID number and date of birth. If you don't have your ID card handy, enter your Social Security number, date of birth and first and last name.
- 4) Create a username and password and enter your email address.
- 5) Click Agree to the Terms and Conditions.



Time, Money and Total Health-Saving Features

In addition to ordering new ID cards, access to online customer service and 24/7 access to your certificate or benefit book, My Health Plan offers:

- **Paperless Explanation of Benefits statements (EOBs)**
After you visit the doctor's office or a hospital, an explanation of your treatment and how much it costs is available online. A digital archive of current and past EOBs keeps these important records organized and easy to find. Along with the option to receive paperless EOBs, you can choose to opt out of receiving mailed copies.
- **Provider Search Tool**
Our Provider Search Tool allows you to search for in-network doctors and medical facilities by name, specialty, gender and more.
- **Treatment Cost Estimator**
The Treatment Cost Estimator helps you make cost-effective choices by calculating approximate costs for certain procedures with in-network providers.
- **Health and Wellness Programs**
Take action to improve your health with access to programs like Weight Watchers®, fitness club discounts and our smoking-cessation program, SuperWell® QuitLine.
- **SuperWell Health Resource Center**
Using these healthy tools, you can be on your way to living a healthier life. View virtual health guides, which are mini videos that give you customized advice based on information you provide. Or check out the Resource Center's interactive tools and quizzes, searchable health encyclopedia and symptom checker to help you identify what's holding you back from optimum health.

Your Medical Mutual ID Card

Be sure to carry your Medical Mutual ID card with you and present it to any healthcare provider you visit. On your card, you will find:



Coverage Details

This panel includes information such as your name, member identification number, group number, Customer Care information and your applicable copay amounts.

Provider Information

This panel shows your providers what networks to use outside of the SuperMed Network, plus where to call for help and where to submit your claims.

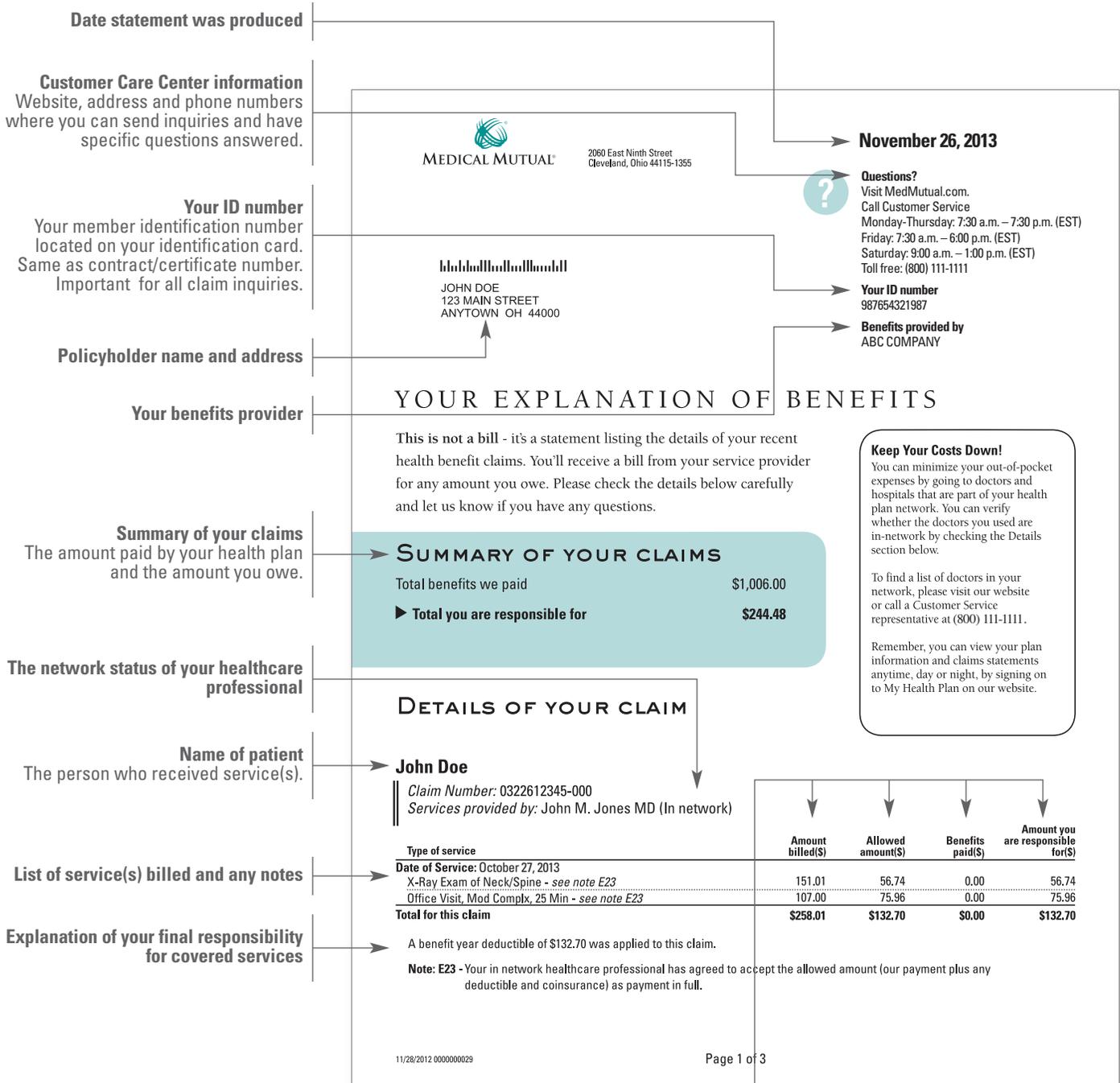
Staying Healthy

Medical Mutual offers you access to these award-winning health and wellness programs to help you get fit, quit smoking or simply live a healthier life:

- **Weight Watchers**
Receive up to a \$150 reimbursement per calendar year for completing a meeting series.
- **QuitLine**
Get help kicking your tobacco habit with coaching, a personalized quit plan, educational materials and a four- to eight-week supply of nicotine replacement therapy.
- **SuperWell Fitness Discounts**
Receive discounts on enrollment and monthly fees at participating fitness centers, like Curves® and GlobalFit, through a national network.
- **SuperWell Extras**
Receive discounts on a variety of items including baby products, hearing aids, drugstore items and health products.

Understanding an EOB

An Explanation of Benefits (EOB) provides a complete picture of the cost for services you receive. The EOB is not a bill and if you owe money for services, your provider will send you a bill directly. Here is a sample of what our EOBs look like:



Amount billed The dollar amount billed by your healthcare professional for the service(s) rendered.	Allowed amount The maximum benefit allowable under your health plan.	Benefits paid Amounts paid under your health plan to your healthcare professional.	Amount you are responsible for The amount you owe for the indicated service(s) rendered.
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YOUR EXPLANATION OF BENEFITS
 November 26, 2013 ID number 987654321987 John Doe

Claim Number: 0324598765-000
 Services provided by: Community Hospital (In network)

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: October 29, 2013 Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
Total for this claim	\$2,452.50	\$1,117.78	\$1,006.00	\$111.78

Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging	2,452.50
Total amount billed	\$2,452.50

An in-network coinsurance of \$111.78 was applied to this claim.

Check number 6999997 dated November 21, 2012 was sent to Community Hospital.

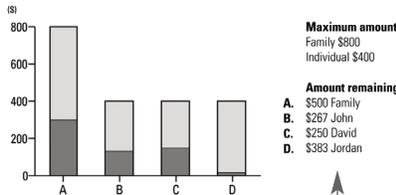
Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Total for John Doe	\$2,710.51 (Amount billed)	\$1,250.48	\$1,006.00	\$244.48

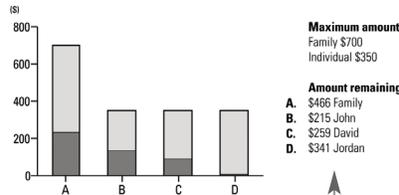
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2013 – December 31, 2013

Deductible for services provided



Coinsurance for services provided



In the chart(s) above:

- The top of each bar shows your maximum contribution for the plan year.
- The dark shaded areas show how much you've contributed to November 26, 2013.
- The light shaded areas show the amounts remaining to be met. The letters below the bars refer to the family and individuals. See the tables to the right of the charts.

Covered charges

Based on the *Total amount billed* (by the hospital), this section shows the service(s) and amount(s) that are covered under your health plan.

Total amount billed

This section itemizes the service(s) billed by the hospital and provides the dollar amount billed by the hospital for the service(s).

October 29, 2013

Check number

This line verifies payment was made under your benefits for this service.

Note

Additional information about the benefit administration.

Total for all EOB claims

If there are multiple patients on an EOB, individual patient totals will be included in the statement.

Amount remaining

The deductible and coinsurance amounts left before you meet your family and/or individual annual maximum.

Information on how to read your graphs.



Spending Less on Your Healthcare

Understanding your health coverage can save you time and money. These five suggestions can help you reduce your out-of-pocket costs and get the most out of your coverage:

- **Stay in network.**

Use doctors, hospitals and other healthcare providers in your plan's network. Network providers often offer discounted rates, which means more money stays in your pocket.

- **Avoid the emergency room.**

Talk to your doctor or visit an urgent care facility. Sprain an ankle? Have an ear infection? Doctor's office closed? Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you a significant amount of time and money each year.

- **Know what's covered.**

Before you have a service or procedure, review your Benefit Book or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

- **Manage your health.**

Lower your costs by taking charge of your health. Your plan's preventive coverage may include well visits, screenings and immunizations. Disease prevention and early detection are critical to your overall health. Take time to take care of yourself—you're worth it!

- **Register on our member site.**

Visit our website, www.MedMutualStateOhioEmployee.com, and register for My Health Plan. You will have 24/7 access to the time- and money-saving tools, programs and discount offers mentioned throughout this guide.

- **Download our free mobile app.**

With the MedMutual mobile app, you can use your iPhone or Android to view your claims, check your deductible and out-of-pocket spending, search Ohio's largest network of healthcare providers and email or fax your ID card. The app is available through iTunes or Google Play.

Please Note: The information provided, including the websites and any links, is for your information only. It is not intended to be, and should not substitute for, professional medical advice, diagnosis or treatment from your treating medical professional. Decisions about care need to be individualized and should be made in concert with treating medical professionals. The information provided does not establish or imply coverage for any particular treatment or service. Any recommended treatment or services may not be covered. Eligibility and coverage depend on the specific terms and conditions of your benefit plan.



Life Happens

Changing Your Coverage

When major life events take place, you may need to make changes to your healthcare coverage. To ensure you and/or your dependents have the right benefit coverage, alert your agency benefit specialist within 31 days of any of the following events:

- Name change
- Change of address
- Marriage
- Additions or deletions of dependents
- Marriage of an enrolled dependent (ages 26 and 27 only)
- Divorce
- Death of an enrolled subscriber or dependent

Contact Us If You Need Help

Occasionally, everyone needs a little help navigating their healthcare coverage. My Health Plan is often the best way to get quick answers, but we also offer the following options to contact us:

- **By Phone**

To reach us by phone, call our Customer Contact Center toll-free at (800) 822-1152. Our friendly, knowledgeable Customer Care Specialists are available Monday through Thursday from 7:30 a.m. to 7:30 p.m., Friday from 7:30 a.m. to 6 p.m. and Saturday from 9 a.m. to 1 p.m. (Eastern).

- **By Mail**

Please send all written correspondence to:

Medical Mutual
P.O. Box 6018
Cleveland, Ohio 44101-1018



Important Numbers

Medical Mutual

Customer Care (800) 822-1152

P.O. Box 6018
Cleveland, OH 44101-1018

Office Hours:

Monday–Thursday, 7:30 a.m.–7:30 p.m., ET
Friday, 7:30 a.m.–6 p.m., ET
Saturday, 9 a.m.–1 p.m., ET

TTY (800) 851-0479

Website MedMutualStateOhioEmployee.com

State of Ohio

Department of Administrative Services (800) 409-1205

30 East Broad Street
27th Floor
Columbus, Ohio 43215

Website das.ohio.gov/benefits



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Cleveland, OH 44115-1355