

Medical Mutual's

Federal Employees Health Benefits Plans

for Employees and Annuitants

2021 Coverage Year | [MedMutual.com/Feds](https://www.MedMutual.com/Feds)





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Welcome

to Medical Mutual

Founded in 1934, Medical Mutual is the oldest health insurance company based in Ohio. Our priority is offering health insurance plans based on the local needs of the 1.8 million Ohioans we serve. We are committed to providing each of those members the best benefits and services we can.

We are pleased to offer the Federal Employees Health Benefits (FEHB) Standard Option and Basic Option health insurance plans in northeast, northwest and southwest Ohio for the 2021 coverage year.

FEHB Standard Option

You might want to choose this plan if you or your family expect to periodically visit the doctor for more than preventive care. That's because this plan has higher premiums overall, but lower copays than our Basic Option plan for most healthcare services and prescription drugs.

FEHB Basic Option

You might want to choose this plan if you and your family are in good health overall and typically only visit the doctor for preventive visits. This plan has lower premiums than our Standard Option plan, but includes a deductible and higher copays and/or coinsurance for most services.

Both plans offer the following:

- Most preventive services at no out-of-pocket cost
- No referrals needed for certain specialists, including obstetricians/gynecologists, optometrists (for routine vision exams), and mental health or substance abuse providers
- A network of highly qualified, local doctors and health providers in the MedFlex HMO network

Plan Features and Coverage Highlights

MedFlex™ HMO Network

The MedFlex HMO network includes doctors and healthcare providers in a wide variety of specialties who provide care for all aspects of your health and well-being. Health systems, hospitals and providers in the network include: Mercy Health Partners (all locations), Premier Health System (Dayton), St. Luke's Hospital (Toledo), Cincinnati Children's Hospital Medical Center, Dayton Children's Hospital, Summa Health System, Toledo Clinic and University Hospitals (all locations).

Prescription Drug Benefit

The following changes were made to help keep your out-of-pocket costs down when filling prescriptions:

Pharmacy network

You will have access to the Walgreens Advantage Network. It includes most chain and independent pharmacies in Ohio. **Please note:** CVS and some independent pharmacies are not covered.

Formulary

Your plan will cover medicines on the National Preferred Plus formulary. It includes a wide variety of generic, brand and specialty drugs, but excludes certain drugs that have clinically effective, lower-cost alternatives on the formulary.

Preventive medications at no cost

In addition to medicines covered on the formulary, when you fill a prescription for a medicine on the Standard Plus Preventive Medications list at a network pharmacy, you will pay \$0 out of pocket. The medicines on this list are typically taken to maintain good health or prevent illness.

Generic incentive program

To encourage you to take generic medicines whenever possible, if you buy a brand-name drug when a generic equivalent is available, you will pay your plan's brand-name copay (tier 2 or tier 3) PLUS the difference in cost between the generic and the brand-name drug.

Additional Plan Information

For more detailed plan information, refer to your 2021 FEHB Brochure (RI 73-017 or RI 73-899) or visit MedMutual.com/Feds.

Your 2021 FEHB Plan Options

Plan Features	Using the MedFlex HMO Network, You Pay	
	Standard Option	Basic Option
Annual Deductible	\$0	\$750/\$1,500 (accumulates toward out-of-pocket max.)
Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$6,500/\$13,000
Physician Office Visits		
Preventive Adult Exam (per visit)	\$0	\$0
Preventive Well-child Exam (per visit)	\$0	\$0
Primary Care Visit (per visit)	\$25	\$30
Specialty Care Visit (per visit)	\$45	\$60
Routine Vision Exam (per visit)	\$45	\$60
Lab Services (Labs and X-rays, such as blood tests and ultrasounds)	\$0 per visit	20% after deductible
Ambulatory Surgery	\$375 per surgery	20% after deductible
Hospitalization	\$650 per admission	20% after deductible
Urgent Care Services (per visit)	\$35	\$45
Emergency Services (per visit)*	\$250	\$250
Most Durable Medical Equipment (DME)	25%	30% after deductible

Prescription Drugs	Using the Walgreens Advantage Network, You Pay	
	Standard Option	Basic Option
Generic (tier 1)		
Retail (up to a 30-day supply)	\$15 per fill	\$10 per fill
Mail Order (up to a 90-day supply)	\$30 per fill	\$20 per fill
Preferred Brand (tier 2)		
Retail (up to a 30-day supply)	\$75 per fill	40% up to a \$250 max. per fill
Mail Order (up to a 90-day supply)	\$150 per fill	40% up to a \$500 max. per fill
Non-preferred Brand (tier 3)		
Retail (up to a 30-day supply)	\$180 per fill	60% up to a \$350 max. per fill
Mail Order (up to a 90-day supply)	\$360 per fill	60% up to a \$700 max. per fill
Specialty (tier 4)		
Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 13) <i>Mail order is not available for specialty medications.</i>	25% up to \$500 per fill	30% up to \$500 per fill

Emergency copay is waived if admitted directly to the hospital as an inpatient.

You can download a copy of the plan benefit brochure online at MedMutual.com/Feds or OPM.gov/Healthcare-Insurance/Healthcare/Plan-Information/Summary-of-Benefits.

This is a summary of features of the Medical Mutual Standard and Basic option Health Plans in the Federal brochure. Before making a final decision, please read the Plan's Federal Brochure (RI 73-017 for the Northeast Region & Northwest region) and RI 73-899 for the Southwest region) All benefits are subject to the definitions, limitations and exclusions set forth in the FEHB brochure. This benefit information provided is a brief summary, not a complete description of benefits. For more information, refer to the Plan's Federal brochure (RI 73-017) (RI 73-899)

Your Personalized ID Card

Be sure to carry your Medical Mutual ID card with you and present it to any healthcare provider you visit. You can also access your ID card digitally when you download our free MedMutual app. On your card, you will find:

Front Panel

The front panel of the ID card features the Medical Mutual logo at the top left. Below it, the member's name "John Q. Member" is displayed next to a masked identification number "XXXXXXXXXXXX". To the right, the text "Print Date: XX/XX/XX" is visible. A teal banner across the middle contains "MedFlex" on the left and "HMO" on the right, with "NETWORK" and "PRODUCT" written in smaller text below. Below the banner, the card is divided into two columns. The left column contains the member's name, medical ID number "012345678910", group number "646329002", customer care phone "1-800-315-3144", and TTY "711". The right column is titled "Rx Information" and lists pharmacy names, phone numbers for members and pharmacists, and Rx details including ID, Bin, PCN, and Group.

The front of your ID card includes information such as your name, member identification number, information to help you reach Customer Care and information to help process your prescription drug claims.

Back Panel

The back panel is divided into two main sections: "For Members" and "For Providers". The "For Members" section lists the primary network as MedFlex HMO with a 24/7 nurse line at 1-888-912-0636. It also provides a table of copay amounts for various services: Preventive Office Visit (\$0), Urgent Care (\$35), Emergency Room (\$250), PCP Office Visit (\$25), and Specialist (\$45). The "For Providers" section details inpatient prior approval requirements for medical/surgical (1-800-338-4114) and behavioral health (1-800-258-3186) services. It lists providers in the MedFlex HMO service area and those outside it (Aetna), along with their respective contact information and claims submission details. At the bottom, a disclaimer states: "POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE".

The back of your ID card includes your copay information for different types of services, our Nurse Line phone number and information your provider needs to ensure any claims for services you receive are processed according to your benefits.

My Health Plan

Stay Organized and Informed

My Health Plan is our secure member website, where you can review claims, manage your out-of-pocket spending or order new ID cards. Everything you need is available 24 hours a day.

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. This is referred to as an EOB. A digital archive of current and past EOBs keeps these important records organized and easy to find. You can also choose to opt out of receiving mailed copies.

Find a Provider and Get an Estimate

With the Provider Search and My Care Compare tools, you can find a doctor or specialist for the care you need and compare the cost and quality of medical services.

Download our Free Mobile App

With the MedMutual mobile app, you can use your smartphone to view your claims, check your deductible and out-of-pocket spending, search the MedFlex HMO network of healthcare providers, and access your digital ID card, which you can email or fax right from your device. The app is available through the Apple App Store® and the Google Play™ store.

Register Online

Need to register for My Health Plan? Just visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds). All you'll need is your member ID card or the last four digits of your Social Security number.

The Apple App Store is a registered trademark of Apple Inc.

The Google Play store is a registered trademark of Google Inc.

Understanding an EOB

An EOB provides a complete picture of the cost for healthcare services you receive. The EOB is not a bill, and if you owe money for services, your provider will send you a bill directly. These pages show an example of what an EOB looks like.

Date statement was produced

Customer Care Center information
Website and phone numbers where you can send inquiries and have specific questions answered.

Policyholder name and address

Your ID number
Your member ID number located on your ID card. This is the same as your contract/certificate number. It is important for all claim inquiries.

Your benefits provider


Summary of your claims
The amount paid by your health plan and the amount you owe.

The network status of your healthcare provider

Name of patient
The person who received service(s).

List of service(s) billed and any notes

Explanation of your final responsibility for covered services



MEDICAL MUTUAL
2060 East Ninth Street
Cleveland, Ohio 44115-1355

November 26, 2020

Questions?
Visit [MedMutual.com](#).
Call Customer Service
Monday–Thursday: 7:30 a.m. – 7:30 p.m. (EST)
Friday: 7:30 a.m. – 6:00 p.m. (EST)
Saturday: 9:00 a.m. – 1:00 p.m. (EST)
Toll free: (800) 111-1111

Your ID number
987654321987

Benefits provided by
ABC COMPANY

YOUR EXPLANATION OF BENEFITS

This is not a bill - it's a statement listing the details of your recent health benefit claims. You'll receive a bill from your service provider for any amount you owe. Please check the details below carefully and let us know if you have any questions.

Keep Your Costs Down!
You can minimize your out-of-pocket expenses by going to doctors and hospitals that are part of your health plan network. You can verify whether the doctors you used are in-network by checking the Details section below.

To find a list of doctors in your network, please visit our website or call a Customer Service representative at (800) 111-1111.

Remember, you can view your plan information and claims statements anytime, day or night, by signing on to My Health Plan on our website.

SUMMARY OF YOUR CLAIMS

Total benefits we paid \$1,006.00

▶ Total you are responsible for \$244.48

DETAILS OF YOUR CLAIM

John Doe
Claim Number: 0322612345-000
Services provided by: John M. Jones MD (In network)

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
Date of Service: October 27, 2020				
X-Ray Exam of Neck/Spine - <i>see note E23</i>	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - <i>see note E23</i>	107.00	75.96	0.00	75.96
Total for this claim	\$258.01	\$132.70	\$0.00	\$132.70

A benefit year deductible of \$132.70 was applied to this claim.

Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

11/28/2020 0000000029

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Amount billed
The dollar amount billed by your healthcare provider 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 provider.

Amount you are responsible for
The amount you owe for the indicated service(s) rendered.



YOUR EXPLANATION OF BENEFITS

November 26, 2020 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 27, 2020				
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, 2020 was sent to Community Hospital.

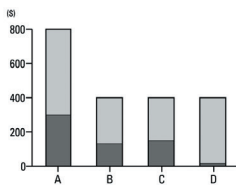
Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

	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

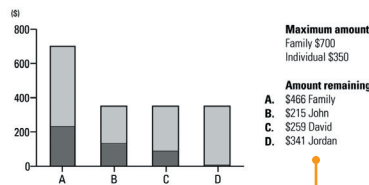
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2020 – December 31, 2020

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, 2020.
- 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).

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 individual and/or family maximum.

Information on how to read your graphs



For more information, log in to My Health Plan by visiting [MedMutual.com/Feds](https://www.MedMutual.com/Feds).

Spending Less on Healthcare

Make the Most of Your Healthcare Benefits

When making a decision about your healthcare, you want to make the best choice for your health as well as your budget. This can be difficult, especially because different doctors and different facilities often charge different amounts for the same services. Costs can vary significantly when the exact same doctor performs the exact same procedure but at a different facility.

Compare to Save

With My Care Compare, you can research and compare locations, services and cost estimates of medical treatments and procedures—like lab work, surgeries and X-rays—to help you understand how your costs may change based on where you receive care. You can also review satisfaction and quality ratings for doctors, hospitals, clinics and other health service providers.

Go to [MedMutual.com/Feds](https://www.MedMutual.com/Feds) to log in to your secure My Health Plan account. Click on My Care Compare to get all the information you need to make an informed decision about what's right for you.

Manage Your Health

Take charge of your health. Preventive services help catch illnesses early when they are easier and less expensive to treat. Your plan's preventive coverage includes well visits, screenings and immunizations, many at no out-of-pocket cost. We also offer you access to a variety of health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

Medical Mutual's QuitLine[®] Tobacco Cessation Program

Get help kicking your tobacco habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy at no cost to you.

Member Discounts

Receive discounts on a variety of items including baby products, hearing aids and other health-related products.

Fitness Discounts

Receive discounts on enrollment and monthly fees at participating fitness centers, like Curves[®] and GlobalFit[®].

*The estimates provided by My Care Compare do not guarantee actual cost, services, coverage or payment, and are subject to your cost-sharing responsibilities.

Medical Mutual's QuitLine is a registered trademark of Medical Mutual of Ohio.

Curves is a registered trademark of Curves International, Inc.

GlobalFit is a registered trademark of Global Affiliates, Inc.

Spending Less on Healthcare

Reduce Your Out-of-Pocket Costs

Understanding your health insurance coverage can save you time and money. The following tips 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 the MedFlex HMO network. In-network providers often offer lowered or discounted rates, which means more money stays in your pocket. Plus, as a member of an HMO health plan, you do not have out-of-network coverage, other than for emergency services. You will be responsible for paying the charges in full if you receive services from a non-network provider.

To see if your preferred doctors and other healthcare providers are part of the MedFlex HMO network, please visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds) and click the Find a Provider link.

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 FEHB Brochure (RI 73-017 or RI 73-899) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

Register Online

1. Keep your Medical Mutual ID card with you at all times (in your wallet or on your smartphone), and refer to it each time you visit your provider to ensure you pay the right copay.
2. Follow your doctor's prescribed treatments, especially if you have a chronic condition, including all of his or her recommended screenings.
3. Call our dedicated Customer Care Specialists at 1-800-315-3144 if you have any coverage questions or need additional information or assistance.

Covered Drugs and Their Costs

Medications covered by the Medical Mutual FEHB Standard or Basic Option plans are listed on our preferred drug list. This list is also known as a formulary. You can review your plan's formulary at [MedMutual.com/Feds](https://www.MedMutual.com/Feds) to see how your medication is covered by your plan and which copay tier it is in.

Some medications may require a coverage review before your plan will cover them. Medical Mutual uses coverage reviews to help make sure you get the right medication for your condition at a reasonable cost. Coverage review programs include prior approval, step therapy and quantity limits. These programs are also noted in the formulary at [MedMutual.com/Feds](https://www.MedMutual.com/Feds).

Non-specialty prescription drugs must be filled through a retail pharmacy in the Walgreens Advantage Network (up to a 30-day supply) or by mail through the Express Scripts PharmacySM (up to a 90-day supply). Specialty drugs, such as those used to treat rheumatoid arthritis, cancer or multiple sclerosis, must be filled at a contracted specialty pharmacy, which offers extra care and service. In addition, specialty drugs are limited to 30 days per fill, which prevents waste if a medication or dose needs to be changed due to tolerance concerns or side effects.

Pay Less for Long-term Medications

You can save time and money while having your non-specialty, long-term medications delivered right to your door through the Express Scripts Pharmacy. Ask your doctor or healthcare provider to write you a prescription for up to 90 days, plus three refills (if applicable). Then:

- He or she can fax it to Express Scripts at 1-800-837-0959, send it through the Express Scripts e-prescribing system, OR
- You can download a mail-order form at [MedMutual.com/Feds](https://www.MedMutual.com/Feds), print and complete it, and send it, along with your prescription, to Express Scripts at the address on the form. Standard shipping is FREE and you'll receive your first order in about a week.

Specialty Drug Solution

Specialty drugs require special handling, administration or monitoring. That's why we offer our Specialty Drug Solution. With this program, specialty drugs must be filled through one of our three specialty pharmacies, Accredo, Gentry Health Services, or University Hospitals of Cleveland Specialty Pharmacy. These specialty pharmacies offer you extra care and service, such as dedicated staff who have extra training for certain conditions and drugs, free delivery of supplies like syringes and alcohol swabs, monthly calls to see if you need refills, and help with enrolling you in patient assistance programs to reduce your out-of-pocket expenses.

If you receive financial assistance to help pay for your specialty drugs, the amount you receive in assistance will not count toward your annual deductible and/or out-of-pocket maximum. Only the amount you pay yourself will apply toward your annual deductible and/or out-of-pocket maximum. For example, if your medicine costs \$500 and you receive \$450 in financial assistance, only the remaining \$50 you pay out of pocket will be applied toward your annual deductible and/or out of pocket maximum.

For more information or to see which drugs are considered specialty, visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds) and click Prescription Drug Information.

Enrolling in an FEHB Plan

Standard or Basic Option

Becoming a Medical Mutual member is easy. Just follow the three simple steps below. The information in this booklet can help you pick the right plan that meets your needs.

Step 1 | Pick a plan

Select the Standard or Basic Option plan for the 2021 coverage year. A brief description of these options is on page 3.

Step 2 | Choose the type of coverage you need

Select Self Only, Self Plus One or Self Plus Family. Self Plus Family provides benefits for you and your eligible family members. Then review the chart on the next page for applicable rates and your enrollment code.

Step 3 | Enroll in your new FEHB plan¹

Most employees and annuitants can enroll online. Visit [OPM.gov](https://www.opm.gov) or contact your employing agency or retirement office for FEHB enrollment procedures and other information. Annuitants may call the Retirement Information Center at 1-888-767-6738 (TTY 1-855-887-4957 for hearing impaired) or email at Retire@OPM.gov.

Changing Your Coverage

When major life events take place, you may need to make changes to your health insurance coverage. To ensure you and/or your dependents have the right coverage, please visit [OPM.gov](https://www.opm.gov) or contact your employing agency or retirement office for FEHB enrollment procedures within 31 days of any one of the following life-changing events (more details are available in the FEHB Brochures (RI 73-017 and RI 73-899):

- Change of address outside the Medical Mutual service area
- Marriage
- Birth, adoption, placement for adoption or legal guardianship of a child
- Marriage of an enrolled dependent
- Divorce or dissolution
- Medicare eligibility
- Death of an enrollee or dependent

Plan Option		2021 Rates ² Northeast Ohio*		Non-Postal Premium				Postal Premium	
				Biweekly Share		Monthly Share		Biweekly Share	
				Enrollment Code	Government	You	Government	You	Category 1
Standard	Self Only	644	\$241.58	\$192.71	\$523.42	\$417.54	\$189.35	\$179.29	
	Self + One	646	\$517.46	\$437.98	\$1,121.16	\$948.96	\$430.79	\$409.23	
	Self + Family	645	\$562.25	\$480.05	\$1,218.21	\$1,040.11	\$472.24	\$448.82	
Basic	Self Only	UX1	\$142.34	\$47.45	\$308.41	\$102.80	\$45.55	\$39.38	
	Self + One	UX3	\$313.16	\$104.38	\$678.50	\$226.17	\$100.21	\$86.64	
	Self + Family	UX2	\$341.63	\$113.87	\$740.19	\$246.73	\$109.32	\$94.52	

*Ashland, Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull and Wayne counties.

Plan Option		2021 Rates ² Northwest Ohio*		Non-Postal Premium				Postal Premium	
				Biweekly Share		Monthly Share		Biweekly Share	
				Enrollment Code	Government	You	Government	You	Category 1
Standard	Self Only	X64	\$241.58	\$155.96	\$523.42	\$337.92	\$152.60	\$142.54	
	Self + One	X66	\$517.46	\$357.13	\$1,121.16	\$773.79	\$349.94	\$328.38	
	Self + Family	X65	\$562.25	\$391.85	\$1,218.21	\$849.01	\$384.04	\$360.62	
Basic	Self Only	X61	\$140.29	\$46.76	\$303.96	\$101.32	\$44.89	\$38.81	
	Self + One	X63	\$308.64	\$102.88	\$668.72	\$222.91	\$98.76	\$85.39	
	Self + Family	X62	\$336.70	\$112.23	\$729.51	\$243.17	\$107.74	\$93.15	

*Allen, Auglaize, Defiance, Fulton, Henry, Lucas, Mercer, Ottawa, Putnam, Sandusky, Seneca, Williams, and Wood counties.

Plan Option		2021 Rates ² Southwest Ohio*		Non-Postal Premium				Postal Premium	
				Biweekly Share		Monthly Share		Biweekly Share	
				Enrollment Code	Government	You	Government	You	Category 1
Standard	Self Only	YF4	\$241.58	\$213.43	\$523.42	\$462.44	\$210.07	\$200.01	
	Self + One	YF6	\$517.46	\$483.56	\$1,121.16	\$1,047.72	\$476.37	\$454.81	
	Self + Family	YF5	\$562.25	\$529.77	\$1,218.21	\$1,147.83	\$521.96	\$498.54	
Basic	Self Only	YF1	\$143.67	\$47.89	\$311.29	\$103.76	\$45.97	\$39.75	
	Self + One	YF3	\$316.07	\$105.36	\$684.83	\$228.27	\$101.14	\$87.45	
	Self + Family	YF2	\$344.81	\$114.93	\$747.08	\$249.02	\$110.34	\$95.40	

*Adams, Brown, Butler, Champaign, Clark, Clermont, Greene, Hamilton, Miami, Montgomery, and Warren counties.

1 These are highlights of the FEHB enrollment process. Please refer directly to OPM.gov and your employing agency or retirement office for FEHB coverage effective dates, enrollment procedures and deadlines, and other information. To add an eligible family member to your Self, Self Plus One or Self Plus Family enrollment, complete and return an Enrollment Change Form to us. These forms can be obtained by contacting your employing agency or retirement office. Or visit OPM.gov/Healthcare-Insurance for enrollment information.

2 These do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website. You can also contact the agency or Tribal Employer that maintains your health benefits enrollment.

Contact Information

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

By Phone

Customer Care 1-800-315-3144
..... TTY: 711

Hours

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

By Mail

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

Online

[MedMutual.com/Feds](https://www.MedMutual.com/Feds)





MEDICAL MUTUAL®

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MedMutual.com/Feds