

FY 2021 State of Ohio Benefit Guide

OhioMed PPO and OhioMed HDHP

July 2020 - June 2021





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Welcome

to Medical Mutual

For over 80 years, we have 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 and OhioMed HDHP, we provide:

- Dedicated Customer Care specialists
- Programs to help you live healthier and manage serious or ongoing medical conditions
- Claims processing, payment and appeals based on the coverage of your plan
- Online access to view claims and coverage information on My Health Plan, our secure member website
- A mobile app to check your claims and deductibles, look up providers and access your identification (ID) card

We developed this quick reference guide to introduce you to Medical Mutual and help you get the most out of your health plan. Again, welcome to Medical Mutual. We look forward to helping you meet your healthcare needs.



State of Ohio FY 2021 Health Benefits

Plan Options

Effective for your July 1, 2020, benefits, the State of Ohio offers a choice between a preferred provider organization (PPO) and a high deductible health plan, or HDHP. The HDHP is paired with a health savings account (HSA) administered by Optum Bank.

Please review the information below and on the next two pages for more specific plan details.

2020 Plan Options

OhioMed PPO

With this PPO, you pay a higher monthly contribution, but have a lower deductible. After meeting your deductible, medical services will either be covered in full, or with coinsurance.

OhioMed HDHP

The HDHP requires a lower monthly contribution but has a higher deductible. This means you pay more out-of-pocket before the health plan begins to cover costs, except for certain preventive services.

With the HDHP, you pay 100 percent of the discounted charges for services, prescription drugs and other qualified health expenses until you meet your deductible.

To help you plan for and pay the higher deductible, the HDHP allows you to open an HSA. With an HSA, you can put money in a special bank account through pre-tax payroll deductions. You can then use this money to pay for qualified healthcare expenses as defined by the IRS. These expenses include deductibles and any coinsurance amounts. In addition, you don't pay any taxes on money you use to pay for qualified health expenses.

To help you get started, the State of Ohio will make a contribution to your HSA of up to \$1,000 for a single plan and \$2,000 for a family plan.*

*Contribution for plan year July 1, 2020 to June 30, 2021. For questions regarding your contribution, see your payroll officer or call Employee Benefits Customer Service at 1-800-409-1205, Option 2.

OhioMed PPO Benefits

Effective July 1, 2020

	Network	Non-Network
Plan Features		
Deductible (single/family)	\$400/\$800	\$800/\$1,600
Out-of-Pocket Maximum ¹ (includes deductible) (single/family)	\$2,500/\$5,000	\$5,000/\$10,000
Office Visits (illness / injury)		
PCP Consultations ²	\$30 copay, then 100%	\$50 copay, then 60%
Specialist Consultations ²	\$35 copay, then 100%	\$55 copay, then 60%
Urgent Care Office Visits	\$40 copay, then 100%	\$60 copay, then 60%
Emergency Room Visit	\$150 copay, then deductible, then 80% (copay is waived if admitted)	\$150 copay, then deductible, then 80% (copay is waived if admitted)
Outpatient Therapy		
Chiropractic ³	80% after deductible	60% after deductible
Occupational, Physical and Speech Therapy ³	80% after deductible	60% after deductible
Preventive Care		
Physical Exam (including labs) ⁴	100%	\$30 copay, then 100%
Immunizations ⁴	100%	60% after deductible
Endoscopic Services (ages 50 and over)	100%	60% after deductible
Mammogram (ages 35 and over)	100%	60% after deductible
Pap Test (ages 21 –65)	100%	60% after deductible
Contraceptive Counseling and Methods	100%	60% after deductible
Well Child Care (to age 21)		
Exams	100%	\$30 copay, then 60%
Immunizations and Labs	100%	60% after deductible
Maternity and Newborn Services		
Inpatient Services	80% after deductible	60% after deductible
Initial Newborn Care	100% after deductible	100% after deductible
Prenatal Care Office Visits	100%	60% after deductible
Additional Services		
Inpatient Hospital Services	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Hospice	100%	100%
Organ Transplant	80% after deductible	60% after deductible
Skilled Nursing Facility (SNF)	80% for the first 180 days per admission, then 60%	80% for the first 180 days per admission, then 60%
Diagnostic Imaging, Lab, Medical Tests	80% after deductible	60% after deductible
Home Health Care (180-day limit)	80% after deductible	60% after deductible
Telehealth Services (through LiveHealth Online)	\$10 copay	60% after deductible

This is only a partial listing of benefits. For a complete list of benefits, please refer to your plan documents or visit StateOfOhio.MedMutual.com.

1 Out of pocket includes behavioral health services

2 Includes coverage for telemedicine visits (computer, tablet or smartphone) with your established healthcare providers for follow-up or care for chronic or general conditions.

3 25 visits, then subject to medical necessity and requires prior authorization.

4 Some restrictions may apply, verify with your plan administrator.

OhioMed HDHP Benefits

Effective July 1, 2020

	Network	Non-Network
Plan Features		
Deductible (single/family)	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum ¹ (includes deductible) (single/family)	\$3,500/\$7,000	\$7,000/\$14,000
Office Visits (illness / injury)		
PCP Consultations ²	80% after deductible	60% after deductible
Specialist Consultations ²	80% after deductible	60% after deductible
Urgent Care Office Visits	80% after deductible	60% after deductible
Emergency Room Visit	80% after deductible	80% after deductible
Outpatient Therapy		
Chiropractic ³	80% after deductible	60% after deductible
Occupational, Physical and Speech Therapy ³	80% after deductible	60% after deductible
Preventive Care		
Physical Exam (including labs) ⁴	100%	60% after deductible
Immunizations ⁴	100%	60% after deductible
Endoscopic Services (ages 50 and over)	100%	60% after deductible
Mammogram (ages 35 and over)	100%	60% after deductible
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Well Child Care (to age 21)		
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Maternity and Newborn Services		
Inpatient Services	80% after deductible	60% after deductible
Initial Newborn Care	100% after deductible	100% after deductible
Prenatal Care Office Visits	100%	60% after deductible
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4 Some restrictions may apply, verify with your plan administrator.

Spend Less on Your Healthcare

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

Cost-Saving Programs

Stay in Network

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

Find a Provider and Get an Estimate

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

24-Hour Nurse Line

If you have a health question, minor injury or medical question, you can get answers 24 hours-a-day from a clinical expert. Staffed by fully-qualified registered nurses, our Nurse Line is available at no charge to members. Just call 1-888-912-0636 and have your member ID ready.

Telehealth Services

A 24/7 telephone/online video service providing access to a board-certified physician. Wait times to speak to a doctor are typically less than ten minutes.

Urgent Care

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

Register on our Member Site

Visit our personalized state employee member website, StateofOhio.MedMutual.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.

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.

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® and 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.





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 Human Resources office within 31 days of any of the following events:

- Name change
- Change of address
- Birth or adoption of a child
- Marriage
- Divorce
- Gaining other insurance

Staying Healthy

Medical Mutual offers you access to a variety of health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

Programs and Discounts

Disease Management Program

If you live with a chronic condition, having a coach to offer guidance can be empowering and very helpful. Our Disease Management Program provides you with valuable information and a plan designed to meet your specific needs. The following conditions are eligible for the program:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease
- Diabetes
- Heart failure

Maternity Program

If a new baby is on the way, our Maternity Program can offer education and support. The program includes access to a specially trained maternity health coach who can provide valuable knowledge, advice and comfort during the pregnancy.

Both the Disease Management Program and the Maternity Program are available at no additional cost. To check eligibility or to enroll, call 1-800-861-4826. Select option 1 for Maternity or option 2 for Disease Management. You can also visit MedMutual.com/DiseaseManagement and MedMutual.com/Maternity for more information.

WW® (Formerly Weight Watchers) Programs

Save almost 50 percent off standard membership rates when enrolling in a Digital, Digital + Studio or WW for Diabetes program.

QuitLine

Get help kicking your tobacco habit with one-on-one coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy products.

Fitness Discounts

Receive discounts on enrollment and monthly fees at participating local and national fitness clubs through the Curves® and GlobalFit® networks.

Member Discounts

Access valuable discounts on a variety of items including fitness and health products, baby products, hearing aids, yoga accessories and more.

WW is a registered trademark of WW International, Inc.

Curves is a registered trademark of Curves International, Inc.

GlobalFit is a registered trademark of Global Affiliates, Inc.

My Health Plan

Stay Organized and Informed

Time, Money and Total Health-Saving Features

In addition to providing members the ability to order new ID cards, access to online customer service and 24/7 certificate or benefit book availability, 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.

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.

Health and Wellness Portal

Through the Health and Wellness Portal on My Health Plan, you can learn about a variety of health and wellness topics, enroll in a disease management program and receive reminders about needed care. Interactive tools are also available to help you set and achieve wellness goals, such as eating healthier, managing stress and quitting tobacco.

Five Steps to Register

All you need to register is your Medical Mutual ID card and these five easy steps:

1. Go to StateOfOhio.MedMutual.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.

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:

OhioMed PPO



MEDICAL MUTUAL  OhioMed PPO
Print Date: XX/XX/XX

SuperMed NETWORK **OhioMed PPO** PRODUCT

John Q. Member XXXXXXXXXXXX
Member Name

01234567 **228000201**
Medical Mutual ID Number Group Number

1-800-822-1152 **711**
Customer Care TTY

StateofOhio.MedMutual.com

For Members
PRIMARY NETWORK: SuperMed PPO
OUTSIDE SUPERMED SERVICE AREA:
 Aetna Open Choice PPO/NAP
24/7 NURSELINE: 1-888-912-0636
BEHAVIORAL HEALTH: 1-800-852-1091
PHARMACY: 1-866-854-8850
TELEHEALTH: LiveHealthOnline.com

Emergency Room Copay: \$150
 In-Network Preventive Office Visit Copay: \$0
 Non-Network Preventive Office Visit Copay: \$50
 In-Network PCP Office Visit Copay: \$30
 In-Network Specialist Office Visit Copay: \$35
 Non-Network Office Visit Copay: \$50
 TeleHealth Copay: \$10

For Providers
 Inpatient prior approval required: Medical/Surgical: 1-800-338-4114

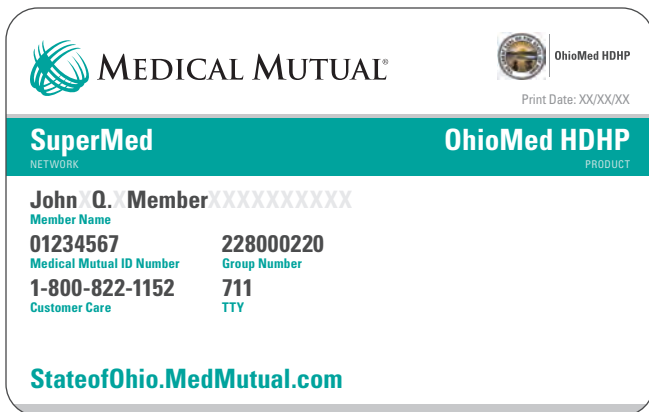
Providers in SuperMed PPO Service Area
 Medical Mutual ID Number: 01234567
 Medical Mutual Group Number: 228000201
 Provider: MedMutual.com


Providers Outside SuperMed PPO Service Area
aetna
 Aetna ID Number: 012345678 PPO/NAP
 Aetna Group Number: 0863970-010-00100

Aetna Claims Submission
 Electronic Claims Payer ID: 60054
 P.O. Box 981543, El Paso, TX 79998-1543
 Provider Calls: 1-888-238-6277

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.

OhioMed HDHP



MEDICAL MUTUAL  OhioMed HDHP
Print Date: XX/XX/XX

SuperMed NETWORK **OhioMed HDHP** PRODUCT

John Q. Member XXXXXXXXXXXX
Member Name

01234567 **228000220**
Medical Mutual ID Number Group Number

1-800-822-1152 **711**
Customer Care TTY

StateofOhio.MedMutual.com

For Members
PRIMARY NETWORK: SuperMed PPO
OUTSIDE SUPERMED SERVICE AREA:
 Aetna Open Choice PPO/NAP
24/7 NURSELINE: 1-888-912-0636
BEHAVIORAL HEALTH: 1-800-852-1091
PHARMACY: 1-866-854-8850
TELEHEALTH: LiveHealthOnline.com

For Providers
 Inpatient prior approval required: Medical/Surgical: 1-800-338-4114

Providers in SuperMed PPO Service Area
 Medical Mutual ID Number: 01234567
 Medical Mutual Group Number: 228000220
 Provider: MedMutual.com

Providers Outside SuperMed PPO Service Area
aetna
 Aetna ID Number: 012345678 PPO/NAP
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Aetna Claims Submission
 Electronic Claims Payer ID: 60054
 P.O. Box 981543, El Paso, TX 79998-1543
 Provider Calls: 1-888-238-6277

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.

Front Panel | Coverage Details

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

Back Panel | 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.

Understanding Your 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. These pages show an example of what an EOB looks like.

Date statement was produced November 26, 2018

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

Policyholder name and address
JOHN DOE
123 MAIN STREET
ANYTOWN OH 44000

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
ABC COMPANY

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).
John Doe

List of service(s) billed and any notes

Explanation of your final responsibility for covered services

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.

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
Date of Service: October 27, 2018				
X-Ray Exam of Neck/Spine - see note E23	151.01	56.74	0.00	56.74
Office Visit, Mod Compl, 25 Min - see note E23	107.00	75.96	0.00	75.96
Total for this claim	\$258.01	\$132.70	\$0.00	\$132.70

Legend:

- 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, 2018 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, 2018				
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, 2018 was sent to Community Hospital.

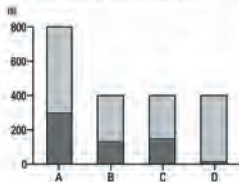
Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

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

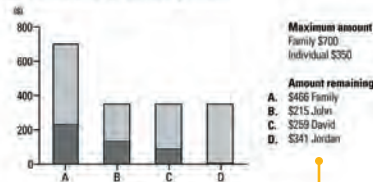
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2018 – December 31, 2018

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, 2018.
- 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

Contact Us

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 options to contact us.

Important Medical Mutual Contact Information

By Phone

Customer Care 1-800-822-1152
TTY 711

Office Hours

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

By Mail

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

On the Web

StateOfOhio.MedMutual.com

Important State of Ohio Contact Information

By Phone

Ohio Department of Administrative Services 1-800-409-1205, Option 2

By Mail

Ohio Department of Administrative Services
Benefits Administration Services
30 East Broad Street, 27th Floor
Columbus, OH 43215

On the Web

das.ohio.gov/benefits



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

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