

# FY 2026 State of Ohio Benefit Guide

July 2025–June 2026

Ohio Med PPO | Ohio Med Select | Ohio Med HDHP









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# Welcome

## to Medical Mutual

**For over 90 years, we have been committed to providing our members the very best benefits and services. We feel privileged to offer you the same.**

As an administrator of the Ohio Med PPO, Ohio Med Select and Ohio Med HDHP plans, 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 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 member ID card

Use this quick reference guide to learn about Medical Mutual and help get the most out of your health plan. We look forward to helping you meet your healthcare needs.







# State of Ohio Health Plan Options

Fiscal Year 2026

**For the benefit period that runs from July 1, 2025 through June 30, 2026, the State of Ohio offers a choice of three health benefits plans. Review the details about each plan to learn more so you can choose the plan that's right for you.**

## Ohio Med PPO

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

## Ohio Med Select (formerly Ohio Med Narrow Network)

This plan offers the MedFlex™ network with no out-of-network coverage (except for emergencies). You'll enjoy the same in-network coverage as the Ohio Med PPO plan, but you'll pay slightly lower premiums than the PPO plan. The Ohio Med Select plan may be the right choice for you if your doctor is already in the plan's network or you're open to finding a new provider.

Note: This is a name change only and does not impact the plan benefits.

## Ohio Med HDHP

With this option, you pay a lower premium, but have 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 Ohio Med HDHP, you pay 100% 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 a Health Savings Account (HSA) through Baker Tilly Vantage. 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.

The State of Ohio will make contributions to your HSA of up to \$1,000 for a single plan and \$2,000 for a family plan, distributed per pay throughout the year.

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\* Contribution for plan year July 1, 2025 to June 30, 2026. For questions regarding your contribution, see your payroll officer or call Employee Benefits Customer Service at 1-800-409-1205, Option 2.

# Ohio Med PPO Benefits

Effective July 1, 2025

	Network	Non-Network
<b>Plan Features</b>		
<b>Deductible</b> Single/Family	\$400/\$800	\$800/\$1,600
<b>Out-of-Pocket Maximum<sup>1</sup> (includes deductible)</b> (Single/Family)	\$2,500/\$5,000	\$5,000/\$10,000
<b>Office Visits (Illness / Injury)</b>		
<b>PCP Consultations<sup>2</sup></b>	\$30 copay, then 100%	\$50 copay, then 60%
<b>Specialist Consultations<sup>2</sup></b>	\$35 copay, then 100%	\$55 copay, then 60%
<b>Urgent Care Office Visits</b>	\$40 copay, then 100%	\$60 copay, then 60%
<b>Emergency Room Visit</b>	\$150 copay, then deductible, then 80% (copay is waived if admitted)	\$150 copay, then deductible, then 80% (copay is waived if admitted)
<b>Outpatient Therapy</b>		
<b>Chiropractic<sup>3</sup></b>	80% after deductible	60% after deductible
<b>Occupational, Physical and Speech Therapy<sup>3</sup></b>	80% after deductible	60% after deductible
<b>Preventive Care</b>		
<b>Physical Exam (including labs)<sup>4</sup></b>	100%	\$30 copay, then 100%
<b>Immunizations<sup>4</sup></b>	100%	60% after deductible
<b>Endoscopic Services (ages 50 and over)</b>	100%	60% after deductible
<b>Mammogram (ages 35 and over)</b>	100%	60% after deductible
<b>Pap Test (ages 21–65)</b>	100%	60% after deductible
<b>Contraceptive Counseling and Methods</b>	100%	60% after deductible
<b>Well Child Care (to age 21)</b>		
Exams	100%	\$30 copay, then 60%
Immunizations and Labs	100%	60% after deductible
<b>Maternity and Newborn Services</b>		
Inpatient Services	100%	60% after deductible
Initial Newborn Care	100% after deductible	100% after deductible
Prenatal Care Office Visits	100%	60% after deductible
<b>Additional Services</b>		
<b>Inpatient Hospital Services</b>	80% after deductible	60% after deductible
<b>Durable Medical Equipment</b>	80% after deductible	60% after deductible
<b>Hospice</b>	100%	100%
<b>Organ Transplant</b>	80% after deductible	60% after deductible
<b>Skilled Nursing Facility (SNF)</b>	80% for the first 180 days per admission, then 60%	80% for the first 180 days per admission, then 60%
<b>Diagnostic Imaging / Labs / Medical Tests</b>	80% after deductible	60% after deductible
<b>Home Health Care (180-day limit)</b>	80% after deductible	60% after deductible
<b>Telehealth Services (through LiveHealth Online)</b>	\$15 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](http://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.







# Ohio Med Select Benefits

Effective July 1, 2025

	Network	Non-Network
<b>Plan Features</b>		
<b>Deductible</b> Single/Family	\$400/\$800	N/A
<b>Out-of-Pocket Maximum<sup>1</sup> (includes deductible)</b> (Single/Family)	\$2,500/\$5,000	N/A
<b>Office Visits (Illness / Injury)</b>		
<b>PCP Consultations<sup>2</sup></b>	\$30 copay, then 100%	N/A
<b>Specialist Consultations<sup>2</sup></b>	\$35 copay, then 100%	N/A
<b>Urgent Care Office Visits</b>	\$40 copay, then 100%	N/A
<b>Emergency Room Visit<sup>3</sup></b>	\$150 copay, then deductible, then 80% (copay is waived if admitted)	N/A
<b>Outpatient Therapy</b>		
<b>Chiropractic<sup>4</sup></b>	80% after deductible	N/A
<b>Occupational, Physical and Speech Therapy<sup>4</sup></b>	80% after deductible	N/A
<b>Preventive Care</b>		
<b>Physical Exam (including labs)<sup>5</sup></b>	100%	N/A
<b>Immunizations<sup>5</sup></b>	100%	N/A
<b>Endoscopic Services (ages 50 and over)</b>	100%	N/A
<b>Mammogram (ages 35 and over)</b>	100%	N/A
<b>Pap Test (ages 21–65)</b>	100%	N/A
<b>Contraceptive Counseling and Methods</b>	100%	N/A
<b>Well Child Care (to age 21)</b>		
Exams	100%	N/A
Immunizations and Labs	100%	N/A
<b>Maternity and Newborn Services</b>		
Inpatient Services	100%	N/A
Initial Newborn Care	100% after deductible	N/A
Prenatal Care Office Visits	100%	N/A
<b>Additional Services</b>		
<b>Inpatient Hospital Services</b>	80% after deductible	N/A
<b>Durable Medical Equipment</b>	80% after deductible	N/A
<b>Hospice</b>	100%	N/A
<b>Organ Transplant</b>	80% after deductible	N/A
<b>Skilled Nursing Facility (SNF)</b>	80% for the first 180 days per admission, then 60%	N/A
<b>Diagnostic Imaging / Labs / Medical Tests</b>	80% after deductible	N/A
<b>Home Health Care (180-day limit)</b>	80% after deductible	N/A
<b>Telehealth Services (through LiveHealth Online)</b>	\$15 copay	N/A

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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 Ohio Med Select plan does not include any out-of-network coverage (except for emergencies).

4 25 visits, then subject to medical necessity and requires prior authorization.

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







# Ohio Med HDHP Benefits

Effective July 1, 2025

	Network	Non-Network
<b>Plan Features</b>		
<b>Deductible</b> Single/Family	\$2,000/\$4,000	\$4,000/\$8,000
<b>Out-of-Pocket Maximum<sup>1</sup> (includes deductible)</b> (Single/Family)	\$3,500/\$7,000	\$7,000/\$14,000
<b>Office Visits (Illness / Injury)</b>		
<b>PCP Consultations<sup>2</sup></b>	80% after deductible	60% after deductible
<b>Specialist Consultations<sup>2</sup></b>	80% after deductible	60% after deductible
<b>Urgent Care Office Visits</b>	80% after deductible	60% after deductible
<b>Emergency Room Visit</b>	80% after deductible	80% after deductible
<b>Outpatient Therapy</b>		
<b>Chiropractic<sup>3</sup></b>	80% after deductible	60% after deductible
<b>Occupational, Physical and Speech Therapy<sup>3</sup></b>	80% after deductible	60% after deductible
<b>Preventive Care</b>		
<b>Physical Exam (including labs)<sup>4</sup></b>	100%	60% after deductible
<b>Immunizations<sup>4</sup></b>	100%	60% after deductible
<b>Endoscopic Services (ages 50 and over)</b>	100%	60% after deductible
<b>Mammogram (ages 35 and over)</b>	100%	60% after deductible
<b>Pap Test (ages 21–65)</b>	100%	60% after deductible
<b>Contraceptive Counseling and Methods</b>	100%	60% after deductible
<b>Well Child Care (to age 21)</b>		
Exams	100%	60% after deductible
Immunizations and Labs	100%	60% after deductible
<b>Maternity and Newborn Services</b>		
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
<b>Additional Services</b>		
<b>Inpatient Hospital Services</b>	80% after deductible	60% after deductible
<b>Durable Medical Equipment</b>	80% after deductible	60% after deductible
<b>Hospice</b>	100%	80% after deductible
<b>Organ Transplant</b>	80% after deductible	60% after deductible
<b>Skilled Nursing Facility (SNF)</b>	80% for the first 180 days per admission, then 60%	80% for the first 180 days per admission, then 60%
<b>Diagnostic Imaging / Labs / Medical Tests</b>	80% after deductible	60% after deductible
<b>Home Health Care (180-day limit)</b>	80% after deductible	60% after deductible
<b>Telehealth Services (through LiveHealth Online)</b>	80% after deductible	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](https://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.





# Spend Less on Your Healthcare

**Understanding your health coverage can save you time and money. Use these tips and programs to reduce your out-of-pocket costs and get the most out of your coverage.**

## Know What's Covered

Understand what your plan covers before you receive care or schedule a procedure. Review your benefit book or call a Customer Care Specialist for help.

## 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 a doctor or specialist? Use the Find a Provider tool on [StateofOhio.MedMutual.com](https://StateofOhio.MedMutual.com) to find the care you need and compare the cost and quality of medical services.

## Clinical Centers of Excellence

Medical Mutual's Clinical Centers of Excellence network aims to address the high costs of complex care while improving quality for those in need of specialty care and procedures, such as bariatric (weight loss) surgery, cardiac care, knee and hip replacements, spine surgery, and transplants. We recognize select doctors and hospitals for the safe, effective care they provide to their patients. Each provider must meet rigorous standards and achieve overall quality measures for patient safety and outcomes, developed with input from the medical community.

Choosing a Clinical Center of Excellence could mean faster recovery times, fewer complications, and peace of mind now and in the future.

Members in the Ohio Med PPO and HDHP plans can visit [StateofOhio.MedMutual.com](https://StateofOhio.MedMutual.com) to find designated providers.\*

## 24-Hour Nurse Line

Talk with a trained and experienced registered nurse who can answer your questions or advise if additional care is needed. It's available 24/7 at no charge to members. Just call 1-888-912-0636 and have your member ID ready.

## Telehealth Virtual Visits

Get 24/7 access to a board-certified physician from the comfort of your own home using your smartphone or computer. Wait times to speak to a doctor are usually less than ten minutes.

## Urgent Care

Using an urgent care facility or convenience clinic instead of an emergency room for minor injuries and illnesses can save you a significant amount of time and money each year. Visit [StateofOhio.MedMutual.com/Emergency](https://StateofOhio.MedMutual.com/Emergency) for more information.

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\*Not available in the Ohio Med Select plan.





### **Download our Free Mobile App**

Use the MedMutual mobile app to view your claims, check your deductible and out-of-pocket spending, find a doctor, and more.

Forgot your member ID card at home? Don't worry. You can email or fax it to your provider right from your smartphone.

You'll find the MedMutual mobile app in the Apple App Store® and Google Play™





### **Change Your Coverage**

When major life events happen, you may need to change your healthcare coverage. To ensure you and/or your dependents have the right benefit coverage, alert your Human Resources office within 31 days of any of the following events:

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



# Stay Healthy

**Medical Mutual offers you access to a variety of health and wellness programs to help you live a healthier life.**

## Chronic Condition Management Program

Having a coach to offer guidance can be empowering and helpful if you live with a chronic condition. Our Chronic Condition Management program provides valuable information and a plan to meet your specific needs. You are eligible for the program at no additional cost if you have been diagnosed with any of the following:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Musculoskeletal pain
- Diabetes
- Heart failure
- Hypertension

Call 1-800-590-2583 to check eligibility and enroll.

## Maternity Management Program

If a new baby is on the way, download our MedMutual Maternity app. It features a variety of resources and tools to help your family prepare for baby's arrival. Search MedMutual Maternity in the Apple App Store® and Google Play®.

Call 1-800-590-2583 to check eligibility and enroll.

## Weight Watchers®

We've teamed up with Weight Watchers to offer you a special discount when you start or renew your membership. Contact Medical Mutual at [WW@MedMutual.com](mailto:WW@MedMutual.com) or 1-800-251-2583 to enroll.

## Pivot (Smoking Cessation)

Want to kick the tobacco habit for good? We've partnered with Pivot to offer a free program that can help. Pivot includes the SmartSensor, 12 weeks of free nicotine replacement therapy (NRT), an easy-to-use mobile app, a personal health coach, access to Pivot's supportive community, and so much more. Visit [Pivot.co/MedMutual](http://Pivot.co/MedMutual) to learn more.

## Fitness/Wellness Discounts

Medical Mutual members can save on fitness memberships, exercise equipment and other products and services to help you live a healthier lifestyle. Log in to your My Health Plan account and click on the Healthy Living tab to find current member discounts.

# My Health Plan

Stay Organized and Informed

**My Health Plan, Medical Mutual's secure member website, makes it easy and convenient to manage your plan and health online.**

You can check your deductible, find a doctor and access a wealth of valuable information to help you stay healthy. You will also find information on a variety of programs, discounts, money-saving tools and educational resources.

You can even view your Explanation of Benefits statements (EOBs) from the convenience of your phone or computer. If you like the convenience of online EOBs, you can even opt out of receiving paper EOBs in the mail.

**Access My Health Plan at [StateofOhio.MedMutual.com](http://StateofOhio.MedMutual.com).**

## Register for My Health Plan®

Grab your Medical Mutual ID card and follow these five easy steps:



- 1 Go to [StateofOhio.MedMutual.com](http://StateofOhio.MedMutual.com).
- 2 Click on the blue Register button on the right side of the page.
- 3 Enter your member ID number, name and date of birth. If you don't have your ID card handy, you may use the last four digits of your Social Security number instead of your member ID number.
- 4 Create a username and password and enter your email address.
- 5 Click Agree to accept the Terms and Conditions.





# Your Medical Mutual Member ID Card

Carry your Medical Mutual ID card and show it to any healthcare provider you visit.  
On your card, you will find:



## Ohio Med PPO

 MEDICAL MUTUAL®	Print Date: XX/XX/XX
<b>SuperMed® PPO Network</b>	
<b>JOHN Q MEMBER</b> Member Name	
<b>12345678</b> Medical Mutual ID #	<b>228000201</b> Group #
<b>1-800-822-1152</b> Customer Care	<b>711</b> TTY
<b>StateOfOhio.MedMutual.com</b> ODI	
STATE OF OHIO OHIO MED PPO PLAN	
<b>COPAYS</b> ER: \$150 In-Net Prev: \$0 Non-Net Prev: \$50 In-Net PCP: \$30 Non-Net PCP: \$50 In-Net Spec: \$35 TeleHealth: \$15	
<b>FOR MEMBER</b> Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 Behavioral Health: 1-800-852-1091 Pharmacy: 1-866-854-8850 Employee Assistance Plan: 1-800-221-6327 TeleHealth: LiveHealthOnline.com	
<b>FOR PROVIDER</b> Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. <b>Medical Mutual Claims Submission</b> Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018 <b>Providers not in SuperMed PPO Network</b> (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) <b>Cigna Claims Submission</b> Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 0238823  <b>AWAY FROM HOME CARE</b>	
<b>DEDUCTIBLE AND OUT-OF-POCKET:</b> In-Net DED Single/Family: \$400/\$800 In-Net OOP Single/Family: \$2500/\$5000 <small>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</small>	

## Ohio Med Select

 MEDICAL MUTUAL®	Print Date: XX/XX/XX
<b>MedFlex® Network</b>	
<b>JOHN Q MEMBER</b> Member Name	
<b>12345678</b> Medical Mutual ID #	<b>228000803</b> Group #
<b>1-800-822-1152</b> Customer Care	<b>711</b> TTY
<b>StateOfOhio.MedMutual.com</b> ODI	
STATE OF OHIO OHIO MED SELECT PLAN	
<b>COPAYS</b> ER: \$150 In-Net Prev: \$0 In-Net PCP: \$30 In-Net Spec: \$35 TeleHealth: \$15	
<b>FOR MEMBER</b> Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 Behavioral Health: 1-800-852-1091 Pharmacy: 1-866-854-8850 Employee Assistance Plan: 1-800-221-6327 TeleHealth: LiveHealthOnline.com	
<b>FOR PROVIDER</b> Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. For services rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: <b>Medical Mutual Claims Submission</b> Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018 For emergency services not rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: <b>Cigna Claims Submission</b> Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 0238823  <b>AWAY FROM HOME CARE</b>	
<b>DEDUCTIBLE AND OUT-OF-POCKET:</b> In-Net DED Single/Family: \$400/\$800 In-Net OOP Single/Family: \$2500/\$5000 <small>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</small>	

## Ohio Med HDHP

 MEDICAL MUTUAL®	Print Date: XX/XX/XX
<b>SuperMed® PPO Network</b>	
<b>JOHN Q MEMBER</b> Member Name	
<b>12345678</b> Medical Mutual ID #	<b>228000220</b> Group #
<b>1-800-822-1152</b> Customer Care	<b>711</b> TTY
<b>StateOfOhio.MedMutual.com</b> ODI	
STATE OF OHIO OHIO MED HDHP PLAN	
<b>COPAYS</b> Preventive Visit: \$0	
<b>FOR MEMBER</b> Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 Behavioral Health: 1-800-852-1091 Pharmacy: 1-866-854-8850 Employee Assistance Plan: 1-800-221-6327 TeleHealth: LiveHealthOnline.com	
<b>FOR PROVIDER</b> Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. <b>Medical Mutual Claims Submission</b> Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018 <b>Providers not in SuperMed PPO Network</b> (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) <b>Cigna Claims Submission</b> Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 0238823  <b>AWAY FROM HOME CARE</b>	
<b>DEDUCTIBLE AND OUT-OF-POCKET:</b> In-Net DED Single \$2000 In-Net OOP Single \$3500 <small>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</small>	

# Understand Your EOB

An Explanation of Benefits (EOB) provides a complete picture of the cost for services you receive. The EOB is not a bill. If you owe money for services, your provider will send you a bill directly. Here's 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 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 20, 2099**

**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.

**SUMMARY OF YOUR CLAIMS**

Total benefits we paid	\$1,006.00
► Total you are responsible for	\$244.48

**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.

**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(\$)
<b>Date of Service:</b> October 23, 2099				
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
<b>Total for this claim</b>	<b>\$258.01</b>	<b>\$132.70</b>	<b>\$0.00</b>	<b>\$132.70</b>

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.

**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.

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#### YOUR EXPLANATION OF BENEFITS

November 20, 2099 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 23, 2099				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
<b>Total for this claim</b>	<b>\$2,452.50</b>	<b>\$1,117.78</b>	<b>\$1,006.00</b>	<b>\$111.78</b>

#### Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging	2,452.50
<b>Total amount billed</b>	<b>\$2,452.50</b>

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

Check number 6999997 dated November 13, 2099 was sent to Community Hospital.

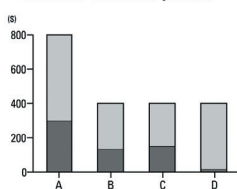
**Note: E69** - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

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

#### UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2099 – December 31, 2099

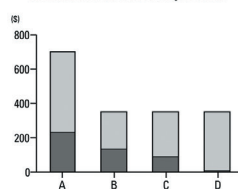
##### Deductible for services provided



Maximum amount  
Family \$800  
Individual \$400

Amount remaining  
A. \$500 Family  
B. \$267 John  
C. \$250 David  
D. \$363 Jordan

##### Coinsurance for services provided



Maximum amount  
Family \$700  
Individual \$350

Amount remaining  
A. \$466 Family  
B. \$215 John  
C. \$259 David  
D. \$341 Jordan

#### 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 20, 2099.
- 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 provider and shows the dollar amount billed by the hospital for the service(s).

#### Check number

This line verifies payment was made 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.

## Medical Mutual Contact Information

### By Phone

Customer Care . . . . . 1-800-822-1152

TTY . . . . . 711

### By Mail

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

### On the Web

[StateOfOhio.MedMutual.com](http://StateOfOhio.MedMutual.com)

### 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

## 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, 40th Floor  
Columbus, OH 43215

### On the Web

[DAS.Ohio.gov/Benefits](http://DAS.Ohio.gov/Benefits)







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