

A photograph of a woman with a large, curly afro hairstyle and a young girl with her hair in a bun, both smiling and looking at a laptop screen. They are in a brightly lit room, possibly a library or a classroom, with other people blurred in the background.

2018 State of Ohio Benefit Guide

Ohio Med PPO Plan

July 2018–June 2019



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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 Plan, we provide:

- 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, 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.

Plan Features

Effective July 1, 2018

Plan Features	Network PPO	Non-Network PPO ¹
Deductible (individual/family)	\$250/\$500	\$500/\$1000
Out-of-pocket maximum (individual/family); including deductible	\$1,500/\$3,000	\$3,000/\$6,000
Plan Benefits		
Office visits and consultations, Primary Care Physician (for office visit only; all other services are subject to deductible and coinsurance)	\$20 copay, then 100%	\$30 copay, then 60%
Office visits and consultations, Specialist (for office visit only; all other services are subject to deductible and coinsurance)	\$25 copay, then 100%	\$30 copay, then 60%
Emergency room visit	\$100 copay, 80% after deductible (copay is waived if admitted)	\$100 copay, 80% after deductible (copay is waived if admitted)
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	\$30 copay, 80% after deductible	\$35 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 immunizations ² (covered for all ages, except as specified)	100%	\$30 copay, 60% after deductible
<ul style="list-style-type: none"> - 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) 		

Plan Features	Network PPO	Non-Network PPO ¹
Contraceptive counseling and methods	100%	60%
Breastfeeding support, supplies and methods	100%	60%
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](https://www.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

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.

Staying Healthy

Take action to improve your health with access to programs like WeightWatchers®, fitness club discounts and our smoking-cessation program, QuitLine.

Health Resource Center

Using these healthy tools, you can be on your way to living a healthier life. 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. You can also watch interactive videos to help you make important health decisions.

Five Steps to Register

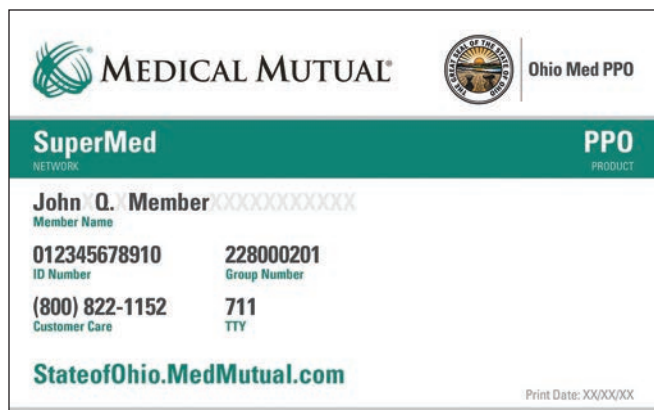
All you need to register is your Medical Mutual ID card and these five easy steps:

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.

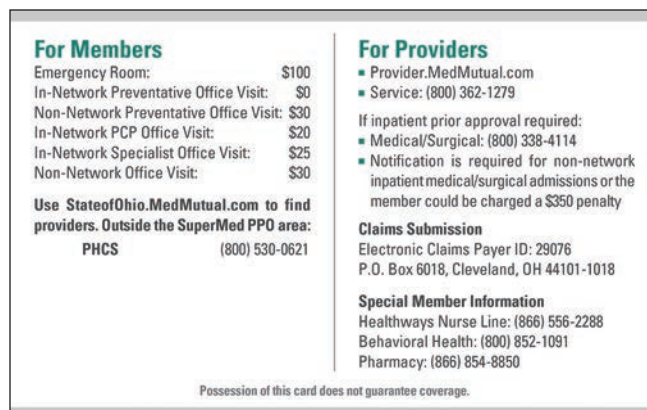
Your Medical Mutual ID Card

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:

Front Panel



Back Panel



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®

Save almost 50 percent off the regular cost of a Weight Watchers membership.

QuitLine

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

Fitness Discounts

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

Extras

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

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
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

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, 2018				
X-Ray Exam of Neck/Spine - see note E23	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 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

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.

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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, 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.

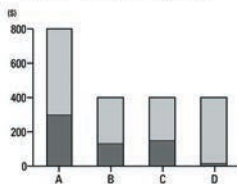
Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

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

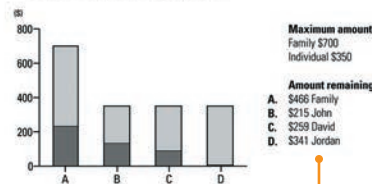
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

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

Spend Less on Your Healthcare

Understanding your health coverage can save you time and money. These seven 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. In-network providers often offer lowered 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.

Avoid the Emergency Room

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.

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.

Manage Your Health

Lower your costs by taking charge of your health. Your plan's preventive coverage may include well visits, screenings and immunizations. Prevention and early detection are critical to your overall health.

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.™





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

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.

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

Department of Administrative Services 1-800-409-1205

30 East Broad Street

27th Floor

Columbus, OH 43215

DAS.Ohio.gov/Benefits



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

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