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# 2026 Summary of Benefits

Jan. 1, 2026 - Dec. 31, 2026

Oberlin College  
MedMutual Advantage® PPO Plan  
Group Number: 590467

# Summary of Benefits

This booklet gives you a summary of what the MedMutual Advantage PPO plan covers and what you pay. For a complete list of services we cover, call us and ask for the Evidence of Coverage. You can also see the Evidence of Coverage on our website, [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 590467.

## You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan such as MedMutual Advantage (PPO).

## Tips for comparing your Medicare choices

To compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder on [Medicare.gov](https://www.Medicare.gov).

To know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-801-4823 (TTY 711).

## Things to know about MedMutual Advantage PPO

### Hours of operation

- From Oct. 1 to March 31 (except Thanksgiving and Christmas), you can call us seven days a week from 8 a.m. to 8 p.m. EST.
- From April 1 to Sept. 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m. EST.

### Phone numbers and website

- If you are a member of this plan, call Medical Mutual at 1-800-801-4823 (TTY 711).
- Our website: [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467.

### Who can join?

To join, you and your Medicare-eligible spouse and/or dependent must be enrolled in Medicare Part A and Part B, entitled to group coverage through your employer or retiree group and live in our service area. Our service area includes the United States and all U.S. Territories.

### Which doctors, hospitals and pharmacies can I use?

Our plans have in-network and out-of-network access to doctors, hospitals and other providers. If medically necessary, Medical Mutual provides coverage for all covered services, including out-of-network. For a list of network doctors, go to [Medicare.gov](http://Medicare.gov) and use the "Find Care Providers" tool.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website, [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467.
- You can see our plan's pharmacy directory at our website, [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467.
- Or call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467.

### How will I determine my drug costs?

Our plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages: Initial Coverage and Catastrophic Coverage.

# Summary of Benefits

Premiums and Benefits	MedMutual Advantage PPO
<b>Monthly Plan Premium</b>	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.
<b>Deductible</b>	This plan has a deductible for some hospital and medical services: <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: \$500 annually</li> </ul>
<b>Maximum Out-of-Pocket Responsibility</b> (Does not include Part D prescription drugs. Please refer to page six of this document.)	You pay no more than: <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: \$3,000 annually</li> </ul> <p>Includes copays and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.</p>
<b>Inpatient Hospital Care</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance per day applied days 1 and after (after deductible is met)</li> </ul>
<b>Outpatient Hospital Services</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul>
<b>Ambulatory Surgical Center</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul>
<b>Doctor's Office Visits</b> (Services may require prior authorization.)	<p>You have the option to get these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a provider who offers the service by telehealth.</p> <p><b>Primary care provider (PCP) visit:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Specialist visit:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p>There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit when performed at an in-network provider.</p>

Premiums and Benefits	MedMutual Advantage PPO
<p><b>Preventive Care</b></p>	<p>In-network and out-of-network: \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>▪ Abdominal aortic aneurysm screening</li> <li>▪ Alcohol misuse screening and counseling</li> <li>▪ Annual wellness visit</li> <li>▪ Bone mass measurement</li> <li>▪ Breast cancer screening (mammogram)</li> <li>▪ Cardiovascular disease testing</li> <li>▪ Cervical and vaginal cancer screening</li> <li>▪ Colorectal cancer screening</li> <li>▪ Depression screening</li> <li>▪ Diabetes screening</li> <li>▪ HIV screening</li> <li>▪ Immunizations, including flu shots, COVID-19, hepatitis B and pneumonia shots</li> <li>▪ Lung cancer screening</li> <li>▪ Medical nutrition therapy services</li> <li>▪ Medicare Diabetes Prevention Program (MDPP)</li> <li>▪ Obesity screening and therapy</li> <li>▪ Prostate cancer screening exam</li> <li>▪ Sexually transmitted infections screening and counseling</li> <li>▪ Smoking and tobacco use cessation counseling</li> <li>▪ Welcome to Medicare preventive visit (one-time)</li> </ul> <p>Other preventive services are available. There are some covered services that have a cost.</p>
<p><b>Emergency Care</b></p>	<p>\$120 copay for each covered emergency room visit. If you are admitted to the hospital within 24 hours, you do not have to pay the \$120 copay. You may get covered emergency medical care whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
<p><b>Urgently Needed Services</b></p>	<p>\$30 copay for each covered urgent care center visit. An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>

# Summary of Benefits

Premiums and Benefits	MedMutual Advantage PPO
<p><b>Diagnostic Services, Labs and Imaging</b> (Services may require prior authorization.)</p>	<p><b>Diagnostic medical tests:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Diagnostic radiological services (CT/MRI/PET scans):</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance for each covered service</li> </ul> <p><b>Lab services:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Outpatient X-rays:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Therapeutic radiology services (such as radiation therapy for cancer):</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>
<p><b>Hearing Services</b></p>	<p><b>Original Medicare-covered hearing exams:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>
<p><b>Vision Services</b></p>	<p><b>Original Medicare-covered eye exams, including yearly glaucoma screening and diabetic eye exam:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul> <p><b>Original Medicare-covered eyeglasses or contact lenses after cataract surgery:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>
<p><b>Mental Health Care</b> (Services may require prior authorization.)</p>	<p>Inpatient Visit: There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to Mental Health services provided in a psychiatric unit of a general hospital.</p> <p>The hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts on the first day you go into the hospital. The benefit period ends when you haven't had any inpatient hospital care for 60 days in a row. The plan covers 90 days each benefit period. You have 60 lifetime reserve days that can be used for an inpatient psychiatric admission.</p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul> <p><b>Outpatient therapy visit:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul> <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p>

Premiums and Benefits	MedMutual Advantage PPO
<p><b>Skilled Nursing Facility (SNF) Care</b> (Services may require prior authorization.)</p>	<p>We will pay for skilled nursing facility care for up to 100 days per benefit period. A benefit period starts on the first day you stay in a skilled nursing facility. It ends when you have not had care as an inpatient in a hospital or skilled nursing facility for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to how many benefit periods you can have.</p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance per day applied days 1 through 100 (after deductible is met)</li> </ul>
<p><b>Outpatient Rehabilitation Services</b> (Services may require prior authorization.)</p>	<p><b>Physical therapy, occupational therapy or speech/language therapy visit:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Cardiac (heart) rehabilitation services:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p><b>Pulmonary (lung) rehabilitation services:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul>
<p><b>Ambulance</b> (Services may require prior authorization.)</p>	<p><b>Air ambulance trip:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul> <p><b>Ground ambulance trip:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>
Prescription Drug Benefits (Part B)	
<p><b>Medicare Part B Drugs</b> (Part B drugs may require prior authorization and may be subject to step therapy requirements).</p>	<p>Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D out-of-pocket costs.</p> <p>If you receive a Part B drug at the pharmacy, you are responsible for 100% of the cost of the drug until you meet your medical deductible on page two. Once you meet your medical deductible, you will be responsible for paying up to 15% coinsurance until you reach your medical maximum out-of-pocket amount. From there, you will pay nothing.</p> <p><b>For chemotherapy and other drugs covered by Medicare Part B:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: Up to 15% coinsurance (after deductible is met)</li> </ul> <p><b>For Part B Insulin:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: You will pay no more than a \$35 copay for a one-month supply of insulin. The in-network and out-of-network deductibles do not apply to insulin delivered through an insulin pump.</li> </ul> <p>To view a list of Part B drugs that may be subject to Step Therapy, visit <a href="http://MedMutual.com/MAGroup">MedMutual.com/MAGroup</a> and enter group number, 590467.</p>

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Premiums and Benefits	MedMutual Advantage PPO
<b>Outpatient Prescription Drugs (Part D)</b>	
<b>Deductible</b>	This plan does not have a Part D prescription drug deductible.
<b>Initial Coverage</b>	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share. Your share of the cost will vary depending on the drug and where you fill your prescription. You pay the following until your total out-of-pocket yearly drug costs reach \$2,100. You may get your drugs at any network retail or mail order pharmacy.
	<b>Retail Pharmacy Cost Sharing</b>
	<b>Tier 1 (preferred generic drugs)</b>
	One-month supply: \$10 copay Three-month supply: \$30 copay
	<b>Tier 2 (generic drugs)</b>
	One-month supply: \$10 copay Three-month supply: \$30 copay
	<b>Tier 3 (preferred brand and generic drugs)</b>
	One-month supply: \$50 copay Three-month supply: \$150 copay
	<b>Tier 4 (non-preferred drugs)</b>
	One-month supply: \$75 copay Three-month supply: \$225 copay
	<b>Tier 5 (specialty tier drugs)</b>
	One-month supply: \$100 copay Three-month supply: Not covered
	<b>Tier 6 (select care drugs)</b>
	One-month supply: \$10 copay Three-month supply: \$30 copay

Premiums and Benefits	MedMutual Advantage PPO	
<b>Outpatient Prescription Drugs (Part D)</b>		
<b>Initial Coverage (continued)</b>	<b>Mail-Order Cost Sharing</b>	
	<b>Tier 1 (preferred generic drugs)</b>	
	One-month supply: Three-month supply:	\$20 copay \$20 copay
	<b>Tier 2 (generic drugs)</b>	
	One-month supply: Three-month supply:	\$20 copay \$20 copay
	<b>Tier 3 (preferred brand and generic drugs)</b>	
	One-month supply: Three-month supply:	\$100 copay \$100 copay
	<b>Tier 4 (non-preferred drugs)</b>	
	One-month supply: Three-month supply:	\$150 copay \$150 copay
	<b>Tier 5 (specialty tier drugs)</b>	
	One-month supply: Three-month supply:	\$100 copay Not covered
	<b>Tier 6 (select care drugs)</b>	
	One-month supply: Three-month supply:	\$20 copay \$20 copay
	You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.	
<b>Catastrophic Coverage</b>	When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.	

# Summary of Benefits

Premiums and Benefits	MedMutual Advantage PPO
<b>Other Benefits</b>	
<b>Outpatient Substance Use Disorder Services</b>	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul> <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p>
<b>Foot Care (Podiatry Services)</b> (Services may require prior authorization.)	<b>Medicare-covered podiatry visit:</b> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul>
<b>Durable Medical Equipment (DME)</b> <b>(wheelchairs, oxygen, etc.)</b> (Services may require prior authorization.)	<p>You must get durable medical equipment (DME) through participating plan suppliers.</p> <p><b>For DME, including insulin pumps and continuous glucose monitors (CGMs):</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> <p>CGMs are only covered with an approved prior authorization. Coinsurance may apply. For more information on DME items and cost sharing, please reference this plan's Evidence of Coverage. For information on Diabetic supplies, review the "Diabetes Supplies and Services" section of this document, or refer to this plan's Evidence of Coverage.</p>
<b>Prosthetic and Orthotic Devices and Related Supplies</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>

Premiums and Benefits	MedMutual Advantage PPO
<p><b>Diabetes Supplies and Services</b></p>	<p><b>Diabetes monitoring supplies and therapeutic shoes or inserts:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 0% coinsurance</li> </ul> <p><b>0% coinsurance for the following diabetic supplies:</b></p> <ul style="list-style-type: none"> <li>▪ A blood glucose meter (excluding CGMs)</li> <li>▪ Blood glucose test strips</li> <li>▪ Lancing devices and glucose lancets</li> <li>▪ Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors</li> </ul> <p>To qualify for 0% coinsurance, diabetic test strips and meters must be produced by a preferred manufacturer and purchased at an in-network retail or mail-order pharmacy. Non-preferred diabetic test strips and meters are covered (with 0% coinsurance) when filled by a DME supplier. See the Evidence of Coverage for more details. You will pay no more than a \$35 copay for a one-month supply of insulin. Preferred Syringes and pen needles are also covered at zero cost-sharing under your Part D benefit. See the plan formulary for preferred products. For cost sharing information for CGMs and insulin pumps, see the "Durable Medical Equipment (DME)" section of this document.</p>
<p><b>Health and Wellness Education Programs</b> (Services may require prior authorization.)</p>	<p>Wellness programs included at no additional cost, except for WeightWatchers®.</p> <p><b>Chronic Condition Management Program</b> This program can help you stay healthy, manage your chronic conditions and maintain your independence. Working with a trained health coach, you will develop a plan that supplements the care you receive from your doctor.</p> <p><b>Home Meals</b> Within 30 days of being discharged from an in-patient hospital stay, you are eligible to receive two meals a day for seven days delivered directly to your home. Prior authorization rules may apply.</p> <p><b>24/7 Nurse Line</b> If you have questions about any symptoms you are experiencing but aren't sure if you need to see your doctor, nurses are available for confidential calls 24 hours a day, seven days a week at 1-888-912-0636 (TTY 711).</p>

# Summary of Benefits

Premiums and Benefits	MedMutual Advantage PPO
<b>Health and Wellness Education Programs</b> (continued)	<p><b>Smoking and Tobacco Cessation Program</b>            Our smoking and tobacco cessation program offers free coaching, quit aids and tools to help you stop using tobacco. Get personalized guidance, medication options, motivational texts, step-by-step support and more.</p> <p><b>SilverSneakers® Fitness Program</b>            SilverSneakers is a complete health and fitness program designed for Medicare members at all fitness levels. Members will have access to participating gyms and fitness centers to help them meet their personal wellness goals. Note: Nonstandard fitness center services that usually have an extra fee are not included in your membership.</p> <p><b>WeightWatchers Program</b>            To help you meet your health goals, we partner with WeightWatchers, the world's leading provider of weight management services. Monthly WeightWatchers fees for specified programs are reduced for MedMutual Advantage members. Note: you pay your reduced fees, and the benefit does not include food or meals.</p>
<b>Chiropractic Care</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul> We only cover manual manipulation of the spine to correct subluxation.
<b>Home Health Care</b> (Services may require prior authorization.)	<ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance (after deductible is met)</li> </ul>
<b>Renal Dialysis</b>	<p><b>Covered dialysis equipment and supplies:</b></p> <ul style="list-style-type: none"> <li>▪ In-network and out-of-network: 15% coinsurance</li> </ul>
<b>Hospice</b>	When you enroll in a Medicare certified hospice program, your hospice services (and any Part A or Part B services related to your terminal prognosis) are paid for by Original Medicare.

Please Note: Our Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

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SilverSneakers is a registered trademark of Tivity Health, Inc.

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, call Medical Mutual at 1-800-801-4823 (TTY 711).

## Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. To view a copy of the EOC, visit [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467 or call Medical Mutual at 1-800-801-4823 (TTY 711).
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. To view a copy of the provider directory, visit [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467, or call Medical Mutual at 1-800-801-4823 (TTY 711).
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. To view a copy of the pharmacy directory, visit [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467, or call Medical Mutual at 1-800-801-4823 (TTY 711).
- Review the formulary to make sure your drugs are covered. To view a copy of the formulary, visit [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter group number, 590467, or call Medical Mutual at 1-800-801-4823 (TTY 711).

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on Jan. 1, 2027.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

# Notice of Availability of Language Assistance and Auxiliary Aids and Services



## English

ATTENTION: If you speak [language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

## Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

## French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY: 711) ou parlez à votre fournisseur.

## Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-982-3117（文本电话：711）或咨询您的服务提供商。

## Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

## Arabic

،تبيرعلا ةغللا ةذحتت تنك اذا: هيبتتبيرعلا امك .فيناجملا ةيوغلا ةدعاسملا تامدخ كل رفوتتسف تامولعملا ريفوتل ةبسانم تامدخو ةدعاسم لئاسو رفوتت مقرلا بلع لصتا .أناجم اهيلإ لوصولا نكمي تاقيسنتب  
1-800-382-5729 (TTY: 711)

## Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

## Cushite/Oromo

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

## Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga lib्रेng serbisyonг tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

## Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

## Japanese

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配

慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

## Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

## Pennsylvania Dutch

WICHDIH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

## Ukrainian

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

## Navajo

SHOOH: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiiik'eh n1 h0l=. Bee ahi[ hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiiik'eh h0l=. Kohj8' 1-800-382-5729 (TTY: 711) hod7ilnih doodago nika'an1lwo'7 bich'8' hanidziih.

## Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

**If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com).**

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road  
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)  
Email: [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>
- This notice is available at Medical Mutual's website:  
[www.MedMutual.com](http://www.MedMutual.com)

**Questions about your benefits or other inquiries about your health insurance should be directed to Medical Mutual's Customer Care Department at 1-800-382-5729.**

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

## Important Information 2025 Medicare Stars Ratings



Official U.S. Government  
Medicare Information

### Medical Mutual of Ohio – H4497

For 2025, Medical Mutual of Ohio – H4497 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★☆ 4 Stars

**Health Services Rating:** ★★★★★☆ 4 Stars

**Drug Services Rating:** ★★★★★☆ 4 Stars

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance. Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan—for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ Excellent
- ★★★★☆ Above Average
- ★★★☆☆ Average
- ★★☆☆☆ Below Average
- ★☆☆☆☆ Poor

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions About This Plan?

Contact Medical Mutual of Ohio 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-368-0081 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-982-3117 (toll-free) or 711 (TTY).

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