

RETIREE BENEFITS · PLAN YEAR 2027

Retiree Open Enrollment

October 15 – December 7, 2026

New for 2027: how you pay for your Medicare Advantage plan

Starting January 1, 2027, **Medical Mutual will bill you directly** for the MedMutual Medicare Advantage Plan. Oberlin's Office of Student Accounts will continue to bill for all other coverage. Pages 4–6 explain what this means for you.

NO CHANGES TO MAKE?

No action is needed. Your current benefits continue into 2027. We still encourage you to read this booklet—especially the billing pages.

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What’s changing in 2027

Here’s every change in one place. Details, rates, and plan information follow on the pages listed.

1

MedMutual Medicare Advantage premiums move to Medical Mutual billing

Pages 4–6

Medical Mutual will mail you a monthly invoice. Student Accounts will no longer bill for this plan. Other coverage stays with Student Accounts.

Medical and prescription premiums increase 10%

Page 7

Applies to all medical plans, including surviving spouse rates.

MedMutual Medicare Advantage: no plan design changes

Page 8

Continues to include Part B and Part D drug coverage. \$203.76 per month per member.

CDHP with HRA: college contributions continue

Page 9

\$1,000 to \$2,000 deposited in January 2027, depending on coverage level.

Superior Dental Care: no changes

Page 10

Same premiums and plan design as 2026.

EyeMed vision premiums increase 4%

Page 10

No plan design changes.

Retiree healthcare stipend: no changes

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Stipend amounts stay the same.

ENROLLMENT WINDOW

Oct. 15 – Dec. 7, 2026

CHANGES TAKE EFFECT

January 1, 2027

Starting January 2027, you may receive two bills

Who sends the bill depends on the coverage. Your benefits themselves are not changing—only where you send payment.

NEW · MEDICAL MUTUAL

MedMutual Medicare Advantage

For Medicare-enrolled retirees, spouses, and surviving spouses. **\$203.76 per month for each Medicare-covered person**—each person is billed separately.

NO CHANGE · STUDENT ACCOUNTS

Everything else

CDHP with HRA for anyone under 65 or not on Medicare, Superior Dental Care, and EyeMed vision. Billed by the Oberlin College Office of Student Accounts, as today.

Find your situation

IF YOU ARE ENROLLED IN...	MEDICAL MUTUAL BILLS	STUDENT ACCOUNTS BILLS
MedMutual Medicare Advantage only (you, or you and your spouse)	Your medical premium. A spouse on Medicare gets their own invoice.	Nothing
MedMutual Medicare Advantage plus dental and/or vision	Your medical premium	Dental and/or vision
MedMutual Medicare Advantage for you, CDHP for a spouse or child not on Medicare	Your medical premium	Family members' CDHP, plus any dental and vision
CDHP with HRA only (no one on Medicare)	Nothing	All coverage, same as today
Healthcare stipend in lieu of medical	Nothing	Dental and/or vision, if enrolled

You must also continue to pay your Medicare Part B premium, which is separate from both bills.

Reading your Medical Mutual invoice

Starting January 1, 2027, Medical Mutual will mail you an invoice every month. Here's what to look for.

MEDICAL MUTUAL
2060 East Ninth Street
Cleveland, OH 44115-1355
MedMutual.com

Hello,
Here's to your health.
This is your bill for Medicare Advantage healthcare coverage from Medical Mutual.
To pay by phone call: 1-800-342-9069.
For hearing impaired: TTY 711

1 ID number
6247880

2 Due date and coverage period
Invoice Number: 0002222712
Invoice Date: 12/26/2025
Payment Due Date: 01/01/2025
Coverage Period: 01/01/2025-02/01/2025

3 Please pay
Previous Balance: \$0.00
Payments Received: \$0.00
Current Premium: \$36.50
Please Pay: \$36.50

4 Payment stub
Please make check or money order payable to: MEDICAL MUTUAL
Mail in enclosed envelope:
MEDICAL MUTUAL
PO BOX 182407
COLUMBUS, OH 43218-2407

5 Mailing address
MEDICAL MUTUAL
PO BOX 182407
COLUMBUS, OH 43218-2407

Available Anywhere, Anytime
MedMutual.com/Member
Register for our secure member site, My Health Plan, to view your claims, track your wellness goals and find providers.

Thank you
For allowing us to be a part of your health.
*For Details Please Review The Fine Print on Reverse Side

4 Attach and return this portion with your payment.

5 Mailing address
MEDICAL MUTUAL
PO BOX 182407
COLUMBUS, OH 43218-2407

28032-MCA 08/19

Sample invoice from a prior year. Your 2027 amount will be \$203.76 per Medicare-covered person.

1 ID number
Write it on your check.
Use it when you call or pay online.

2 Due date and coverage period
Pay by the due date to keep your coverage continuous.

3 Please pay
The amount due this month.

4 Payment stub
Tear off and mail it with your payment. Don't staple or fold.

5 Mailing address
Use the envelope provided, or the address on the next page.

Paying your Medical Mutual bill

Choose the way that works best for you. Pay by the due date on your invoice to keep your coverage continuous.

Online

Log in to My Health Plan at **MedMutual.com/Member** and select “Pay Your Premium.” You can also set up **automatic monthly payments** there, so you don’t have to remember each month.

By mail

Make your check or money order payable to **Medical Mutual**. Write your ID number on it and include the payment stub.

Medical Mutual
P.O. Box 182407
Columbus, OH 43218-2407

PLEASE DON'T

Send your Medicare Advantage premium to Student Accounts after December 2026. If you pay Student Accounts automatically, update the amount so it covers only your remaining Student Accounts coverage.

QUESTIONS ABOUT THIS BILL?

Call Medical Mutual at **1-800-801-4823** (TTY 711).

Oct. 1 – March 31: 8 a.m. – 8 p.m. ET, seven days a week.

April 1 – Sept. 30: 8 a.m. – 8 p.m. ET, weekdays.

REMEMBER

Your Medicare Part B premium is still paid separately, as it is today. The Medical Mutual premium does not include it.

2027 monthly premiums

Premiums increase 10% for 2027. Rates apply January 1 – December 31, 2027.

\$203.76

BILLED BY MEDICAL MUTUAL

Per month, for **each person covered by the MedMutual Medicare Advantage**, at any age of retirement. A retiree and spouse both on Medicare pay \$203.76 each, on separate invoices.

Coverage for anyone not on Medicare

BILLED BY STUDENT ACCOUNTS

Rates are based on your age at the time of retirement (RAMP schedule).

AGE AT RETIREMENT	SINGLE, UNDER 65	FAMILY, ALL UNDER 65	FAMILY, ONE ON MEDICARE: UNDER-65 MEMBERS*
52	\$1,061.19	\$2,265.36	\$1,111.99
53	\$996.92	\$2,131.56	\$1,029.71
54	\$932.64	\$1,993.83	\$951.06
55	\$868.37	\$1,858.72	\$869.99
56	\$806.71	\$1,722.30	\$790.13
57	\$741.13	\$1,587.19	\$707.85
58	\$678.16	\$1,450.77	\$629.20
59	\$615.20	\$1,313.04	\$548.13
60	\$567.98	\$1,052.01	\$465.85
61	\$487.96	\$1,041.51	\$387.20
62 or older	\$423.69	\$906.41	\$304.92

*The family member on Medicare is billed \$203.76 separately by Medical Mutual. When two family members are on Medicare, each pays \$203.76 to Medical Mutual.

Surviving spouse of a retiree

For the first year after the retiree's passing, the rate is the retiree rate. After one year:

Single, under 65

\$1,061.19

Student Accounts

Single, 65 or older

\$203.76

Medical Mutual

Family

\$2,265.36

Student Accounts

MedMutual Medicare Advantage

No plan design changes for 2027. The plan continues to include Part B and Part D drug coverage, worldwide emergency and urgent care, and in-network rates from any Medicare-eligible provider outside Ohio. You must be enrolled in Medicare Parts A and B.

Medical

Medical deductible	\$500 per year
Out-of-pocket maximum	\$3,000 per year (medical)
Preventive care	\$0, not subject to deductible
Primary care and specialist visits	15% coinsurance
Hospital stay	15% coinsurance, after deductible
Outpatient surgery	15% coinsurance
Emergency room	\$120 copay, waived if admitted within 24 hours
Urgent care	\$30 copay
Labs, X-rays, diagnostic tests	15% coinsurance

Part D prescription drugs

No drug deductible. Out-of-pocket maximum \$2,400; after that, you pay \$0.

TIER	RETAIL 1 MO / 3 MO	MAIL 1 MO / 3 MO
1 · Preferred generic	\$10 / \$30	\$20 / \$20
2 · Generic	\$10 / \$30	\$20 / \$20
3 · Preferred brand	\$50 / \$150	\$100 / \$100
4 · Non-preferred	\$75 / \$225	\$150 / \$150
5 · Specialty	\$100 / n/a	\$100 / n/a
6 · Select care	\$10 / \$30	\$20 / \$20

Covered insulin: no more than \$35 for a one-month supply.

Included extras

24/7 Nurse Line (1-888-912-0636), SilverSneakers fitness, WeightWatchers discounts, home meals after a hospital stay, tobacco cessation coaching, and a \$50 gift card for completing your annual wellness visit.

Find providers, pharmacies, and the full Evidence of Coverage at **MedMutual.com/MAGroup** with group number **590467**. Benefits shown are in-network; see the Summary of Benefits for complete details.

Prescription drug coverage and Medicare. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Oberlin College has determined that the prescription drug coverage offered by MMO under the Consumer-Driven Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a high premium (a penalty) if you later decide to join a Medicare drug plan.

Consumer Driven Health Plan with HRA

For those who are not eligible for Medicare. Premiums continue to be billed by Student Accounts.

	IN-NETWORK	OUT-OF-NETWORK
Deductible	Single \$2,000 Retiree + spouse or child(ren) \$3,000 Family \$4,000	Single \$4,000 Retiree + spouse or child(ren) \$6,000 Family \$8,000
Out-of-pocket maximum	Single \$4,000 Retiree + spouse or child(ren) \$6,000 Family \$8,000	Single \$8,000 Retiree + spouse or child(ren) \$12,000 Family \$16,000
Medical coinsurance	Plan 80% · you 20%	Plan 60% · you 40%
Preventive care	Covered at 100%, no deductible	Not covered
Prescription drugs	Preventive and maintenance drugs: free. Most other generic and brand drugs: after deductible, plan 80% · you 20%.	

Health Reimbursement Account (HRA)

Oberlin will deposit these amounts into your HRA in January 2027, based on how you are billed for coverage. No action is required.

Retiree only	\$1,000
Retiree + child(ren)	\$1,500
Retiree + spouse	\$1,500
Family	\$2,000

- Keep using the same debit card for your account.
- HRA contributions are not taxed.
- Unused HRA funds roll over from year to year.
- **HRA funds are forfeited** when you become eligible for Medicare or disenroll from the CDHP.

Dental and vision

BILLED BY STUDENT ACCOUNTS

Even if your *medical* plan is now billed by Medical Mutual. Keep paying Student Accounts for this coverage.

Superior Dental Care

No changes to premiums or plan design. Monthly rates:

COVERAGE	NETWORK ONLY	CORE	ENHANCED
Single	\$23.18	\$27.16	\$33.78
Retiree + spouse or child	\$46.37	\$54.43	\$67.47
Family	\$83.44	\$99.33	\$123.12

EyeMed vision

Premiums increase 4%. No plan design changes. Monthly rates:

COVERAGE	2027	2026
Single	\$7.63	\$7.34
Retiree + spouse or child	\$15.27	\$14.68
Family	\$21.01	\$20.20

Retiree healthcare stipend

No changes to stipend amounts for 2027. The stipend is held in an HRA administered by Medical Mutual; the college pays the administrative costs.

Who can participate

- 1. You are age 62 or older,
- 2. You are not eligible for or enrolled in other employer-sponsored health coverage, and
- 3. You are current on your Oberlin College premium payments.

BEFORE YOU CHOOSE
Once you elect the stipend, your choice is locked in. **You will not be able to return to the college medical and prescription plan.**

Annual stipend amounts

RETIREE		SPOUSE		TOTAL
On Medicare	\$2,100	On Medicare	\$1,050	\$3,150
On Medicare	\$2,100	Pre-Medicare	\$2,300	\$4,400
On Medicare	\$2,100	No spouse	—	\$2,100
Pre-Medicare	\$4,600	On Medicare	\$1,050	\$5,650
Pre-Medicare	\$4,600	Pre-Medicare	\$2,300	\$6,900
Pre-Medicare	\$4,600	No spouse	—	\$4,600
Has passed away	—	On Medicare	\$1,050	\$1,050
Has passed away	—	Pre-Medicare	\$2,300	\$2,300

Up to 10% of the initial amount carries over into the next calendar year if funds remain at year end. To receive the stipend for 2027, complete the stipend form and send it to HR.

How to make changes

No action is needed if you are not making changes. To make a change, complete the enclosed form and upload it to HR's secure portal by **December 7, 2026**. Forms and annual reports are also at oberlin.edu/human-resources/open-enrollment.

Retiree Benefits Enrollment Form

To enroll in, change, or add coverage. Replaces the form currently on file.

Cancellation Form

To cancel coverage or remove someone from your plan. If you disenroll from the Medicare Advantage plan, please also contact our office.

Stipend Option Summary

Information on the healthcare HRA stipend in lieu of coverage.

HRA FAQ

How to manage your Health Reimbursement Arrangement account.

Who to call

Oberlin Human Resources

Enrollment, eligibility, forms, Student Accounts
billing questions
benefits@oberlin.edu · 440-775-8430
Fax 440-775-8438

Medical Mutual Customer Care

Medicare Advantage premiums, invoices, claims, ID cards
1-800-801-4823 (TTY 711)
MedMutual.com/OberlinRetiree

Express Scripts pharmacy

1-844-404-7947 (TTY 1-800-716-3231)
24 hours a day, seven days a week

Extra Help with drug costs

ssa.gov/ExtraHelp · 1-800-772-1213
(TTY 1-800-325-0778)

The policies summarized here are subject to change. The College reserves the right to amend, modify, or withdraw in its sole discretion any provision contained herein.

Important Notice from Oberlin College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Oberlin College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Oberlin College has determined that the prescription drug coverage offered by MMO under the Consumer-Driven Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a high premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Am I Required to Join Medicare When I turn 65?

- If you are still working at age 65 or older and have health coverage through Oberlin College, you can choose to delay enrollment in Medicare. You will have the option to enroll in Medicare, without penalty, when you retire.
- If you are still working at age 65 or older, but are collecting Social Security benefits, you will automatically be enrolled in Medicare Part A. You are not required to enroll in Medicare Part B or Part D if you are still working and have health coverage through Oberlin College, you can choose to delay enrollment until you retire.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with **Oberlin College** may be affected. If you are already enrolled in Medicare or choose to enroll while you are still employed and have health coverage through Oberlin College, you will no longer be able to participate in the Oberlin College Health Savings Account (HSA) Plan.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current coverage through **Oberlin College** coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Oberlin College** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

For further information, contact **Oberlin College Office of Benefits Administration** at benefits@oberlin.edu or by calling (440) 775-8430.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Oberlin College** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 5, 2026

Name of Entity/Sender: Office of Benefits Administration

Contact—Position/Office: Department of Human Resources

Address: 173 W. Lorain Street Oberlin, Ohio 44074

Phone Number: 440-775-8430

OBERLIN COLLEGE

Retiree Benefits Enrollment Form

****If you elect the retiree stipend, a Health Reimbursement Account will be opened for you by Medical Mutual. If you decline medical and take stipend your choice is permanent.**

EMPLOYEE INFORMATION – Please Print Clearly										OTHER INSURANCE			
<u>Last Name</u>				<u>First Name</u>				<u>MI</u>		Are you covered by Medicare? ____ YES ____ NO Part A Effective Date _____ Part B Effective Date _____ Medicare Beneficiary Identifier (MBI) # _____ Is your Spouse covered by Medicare? Part A Effective Date _____ Part B Effective Date _____ Medicare Beneficiary Identifier (MBI) # _____			
<u>T number (include all 0's)</u> Retiree Surviving Spouse				<u>Address and Phone Number</u>									
COVERAGE ELECTION INFORMATION													
Last Name (if different from above)	First Name	OC Medicare Advantage Plan	RAMP (< 65) CDHP - HRA	**HRA Stipend	Vision	Superior Dental Core Plan	Superior Dental Enhanced Plan	Superior Dental Network Only	Social Security Number	Gender	Date of Birth	DECLINE COVERAGE	
Self													
Spouse													
Child													
Child													
Child													
<b style="color: #c00000;">OPT OUT NOTIFICATION- Your Election to enroll in a MedMutual Advantage PPO plan as your retiree health benefit plan enrollment in will automatically cancel your enrollment in a different Medicare Advantage plan. If you wish to opt out and not be enrolled in our plan, you have until your effective date, to contact Medical Mutual Member Services at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). You will need to keep Medicare Parts A and B as MedMutual Advantage is a Medicare Advantage Plan. You can be in only one Medicare Advantage Plan at a time. It is your responsibility to inform Medical Mutual of any prescription drug coverage that you have or may get in the future. What happens if I don't join the MedMutual Advantage plan offered? You aren't required to be enrolled in this plan. You can also decide to join a different Medicare plan. Call 1-800-MEDICARE for help in learning how. However, if you decide not to be enrolled, you will not have another plan option available through Oberlin College. To opt out and request not to be enrolled by this process, please call the Medical Mutual Member Services at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). What if I want to leave the MedMutual Advantage plan offered? You may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Medical Mutual. If you choose to leave the MedMutual Advantage plan at any time, you will not have the option to enroll again in the future.													
AUTHORIZATION													
The terms of the Health Plan have been explained to me, and I have complete understanding of my rights and responsibilities under the Plan. I hereby authorize Oberlin College to bill me for the collection of premium required for participation in the Plan. I hereby authorize my licensed physician, practitioner, hospital, clinic, medical-related facility, insurance company, employer, or other organization that has any records or knowledge of personal information, medical history, physical condition, or treatment of me or my dependent(s) to release this information to our third party administrator or their authorized representatives. I understand that any willful misrepresentation of facts on this enrollment form will be grounds for termination of benefits as well as Insurance Fraud. I hereby certify that the foregoing information is true and correct to the best of my knowledge.													
Employee Signature _____										Date _____			

REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY AND ENROLLMENT

The Department of Human Resources is required to ensure that only employees, retirees, and their eligible dependents are receiving health care under the Oberlin Health Plans. As a result, the Department of Human Resources must guarantee consistent application of eligibility requirements within the plans. Employees or Retirees who enroll dependents for coverage (spouses and children) must submit the following documentation in addition to the appropriate health benefits enrollment form.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
SPOUSE	A person of the opposite and/or same gender to whom you are legally married.	A photocopy of your Marriage Certificate, Social Security Card and a photocopy of the top half of the front page of your most recently filed federal tax return** (Form 1040) that includes the spouse
CHILDREN	Your children under age 26	Biological Child – A photocopy of the child’s birth certificate showing your name as the parent and their Social Security Card. Step Child – A photocopy of the child’s birth certificate showing the name of your spouse as parent and a photocopy of your marriage certificate and the child's Social Security Card. Legal Guardian or Adoption – Photocopies of Affidavits of Dependency, Final Court Orders with the presiding judge’s signature and seal, or Adoption Final Decree with the presiding judge's signature and seal, and a photocopy of the child's Social Security Card.

** NOTE: For tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

revised 10/2024

Retiree Cancellation Form

Name: _____

T# _____

List the name(s) of the qualified dependent(s) whose coverage you are removing from your vision and dental plan below.

Check each plan you want changed.

First and Last Name(s)	Dental	Vision					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

NOTE: RETIREE'S/SURVIVING SPOUSE OF RETIREE: If you are enrolled in the MedMutual Medicare Advantage Plan with prescription coverage, and you are declining coverage, please complete the Retiree Enrollment/Opt Out Form. This form is intended for Vision and Dental only.

First and Last Name: _____ Phone Number: _____

Signature: _____ Date: _____

Effective Date: _____

Email form to: benefits@oberlin.edu

Phone (440) 775-8430 Fax: (440) 775-8683

US Mail: 173 W. Lorain Street Suite 205 Oberlin, OH 44074

Campus Mail: Service Building Human Resources

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ

What is the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card is a special-purpose Mastercard® that gives you an easy, automatic way to pay for your qualified HRA plan expenses. The Medical Mutual HRA debit card lets you electronically access the amount set aside in your HRA.

How does the Medical Mutual HRA debit card work?

It works like a pre-paid debit card, with the value of your HRA stored on it. The Medical Mutual HRA debit card has the Medical Mutual name and logo on the front of the card. Simply use your Medical Mutual HRA debit card for qualified plan expenses where Mastercard debit cards are accepted. The amount of the qualified purchase will be automatically deducted from your account and electronically transferred to the provider/merchant for immediate payment.

Please follow these steps to access your HRA funds:

- **For prescriptions (if applicable):** Please swipe your Medical Mutual HRA debit card at the time of purchase.
- **For other qualified expenses:** Please do not make payment at the time of visit. Please wait for your Medical Mutual Explanation of Benefits and the provider bill to view the adjusted amount. Then you can pay the adjusted amount directly to the provider using your HRA debit card.

Is this just like other Mastercard credit cards?

No. The Medical Mutual HRA debit card is a special-purpose Mastercard that can be used only for qualified expenses. It cannot be used, for instance, at gas stations or restaurants. You will not receive a monthly bill or be charged interest.

How many Medical Mutual HRA debit cards will I receive?

You will receive one Medical Mutual HRA debit card. If you would like additional cards for other family members, please contact Customer Care at the number on the back of your debit card.

Do I need a new Medical Mutual HRA debit card each year?

No. The Medical Mutual HRA debit card is good for three years. A new card will be issued upon expiration of your current card as long as you continue to remain eligible in a qualified Medical Mutual plan.

What if the Medical Mutual HRA debit card is lost or stolen?

Call Customer Care at (800) 384-0859 to report a lost or stolen debit card. Customer Care will deactivate the lost or stolen card(s) and issue replacement card(s).

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I activate the Medical Mutual HRA debit card?

Your Medical Mutual HRA debit card will be activated upon first use. You do not need to call to activate your card. Sign the back of your card before using it.

Where may I use the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card can be used to pay for eligible HRA plan expenses at qualified providers or merchants that accept Mastercard debit cards. You may use your card for eligible purchases at freestanding retail and mail-order pharmacies if applicable, based on your plan.

Are there places the Medical Mutual HRA debit card won't be accepted?

Yes. The card will not be accepted at merchants/locations that do not offer or provide eligible goods or services, such as department stores hardware stores, restaurants, bookstores, gas stations and home improvement stores.

If asked, should I select "Debit" or "Credit"?

The Medical Mutual HRA debit card is considered a prepaid card. Because there is no prepaid selection available, please select Credit. You may need to provide the three digit security code on the back of the card to complete the transaction.

Please note: You will not receive your PIN number with your card. You can get your PIN number by signing into your account at MedMutual.com/member or by calling the phone number on the back of your debit card. A customer service rep will tell you how to locate your PIN number.

Your card cannot be used at an ATM to withdraw cash.

Do I need to save all of my receipts from purchases made with the Medical Mutual HRA debit card?

Yes. You should always save itemized receipts for purchases made with the Medical Mutual HRA debit card. We have implemented automated processes to help verify your debit card transactions, however, you may be asked to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show the merchant/provider name, the service received or the item purchased and the date and the amount of the purchase.

What if I lose my receipts or I accidentally swipe the Medical Mutual HRA debit card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, you can send a check or money order to Medical Mutual for the amount so it can be credited back into your HRA.

May I use the Medical Mutual HRA debit card if I receive a statement with a balance due?

Yes. However, a balance-due invoice is not enough documentation to satisfy the IRS substantiation requirements for an eligible claim. Therefore, you will be asked to submit fully itemized receipts or EOBs and any other required documentation to substantiate the charge.

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I know how much is in my account?

Visit My Health Plan, Medical Mutual's secure member website, at MedMutual.com/member or call the phone number on the back of your card to obtain your current balance.

To access your HRA account information online:

1. Go to MedMutual.com/member.
2. Log in or register for a My Health Plan account.
3. Click My Spending Accounts under the Claims & Balances tab.
4. Accept the Terms and click Submit.

To check your account balance, log into your account by following Steps 1-4 as noted above, and view the Your Accounts section on the Personal Dashboard page.

What if I have an expense that is more than the amount in my account?

When incurring an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. Check with the merchant. For example, you may tell the clerk to use the Medical Mutual HRA debit card for the exact amount left in the account, and then pay the remaining balance separately.

Why is my card being declined at the point of sale?

The most common reasons why a card may be declined at the point of sale are:

- There are insufficient funds left in your HRA to cover the expense.
- Non-qualified expenses have been included at the point-of-sale. Retry the transaction with the qualified expense only.
- The merchant is encountering problems with their credit/debit card system.

Am I responsible for charges on lost or stolen cards?

If Customer Care is notified within two business days, you will not be responsible for any charges. If the notification is after two business days, you may be responsible for the first \$50, or up to the full amount that was lost, stolen or transferred.

What if I have questions about the Medical Mutual HRA debit card?

Call Medical Mutual Customer Care at the phone number on the back of your card.

How will I know to submit receipts to verify a charge?

You will receive a letter or notification from Medical Mutual if there is a need to submit a receipt. All receipts should be saved per IRS regulations.

What if I fail to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with the Medical Mutual HRA debit card, then your card may be suspended until receipts are received. You may be required to repay the amount charged if you cannot substantiate the charge. You will be advised that your card has been suspended, if a receipt is not received and approved. Submitting a receipt or repaying the amount in question reactivates the card.

RETIREE HEALTHCARE STIPEND OPTION SUMMARY

For Open Enrollment 2026, Oberlin College will continue to offer qualifying retirees the choice of electing either our existing post-retirement health plan or a medical plan “Stipend” to be paid into a retiree Health Reimbursement Account (HRA).

Please note: The selection you make is permanent! Retirees may no longer switch between options in future years.

WHY CONSIDER A STIPEND? By electing the Stipend (HRA) option, retirees will waive the existing health plan (including prescription coverage) and have the ability to purchase other healthcare coverage from another healthcare provider. Thus, retirees may opt for a less expensive healthcare option that better fits individual needs than our one-size-fits-all arrangement, or they may opt for a more extensive benefit that may cost more in total.

The HRA may be used to pay for qualified healthcare expenses. A debit card will be mailed to you, allowing you to access the amount set aside. To access your HRA account information log in or register for a My Health Plan account.

ELIGIBILITY REQUIREMENTS: To participate, you must meet the following criteria: 1. You are age 62 or older; and 2. You are not eligible or enrolled in other employer-sponsored health coverage; and 3. You are current on your Oberlin College premium payments.

OPEN ENROLLMENT: This option is only available during Open Enrollment.

Tier					Stipend
1	Retiree on Medicare	2,100	Spouse on Medicare	1,050	\$3,150
2	Retiree on Medicare	2,100	Spouse pre-Medicare	2,300	\$4,400
3	Retiree on Medicare	2,100	No spouse	-	\$2,100
4	Retiree pre-Medicare	4,600	Spouse on Medicare	1,050	\$5,650
5	Retiree pre-Medicare	4,600	Spouse pre-Medicare	2,300	\$6,900
6	Retiree pre-Medicare	4,600	No spouse	-	\$4,600
7	Retiree has died	-	Spouse on Medicare	1,050	\$1,050
8	Retiree has died	-	Spouse pre-Medicare	2,300	\$2,300

Note: The College will pay for the administrative costs associated with the healthcare reimbursement accounts that will be administered by Medical Mutual.

If you have money left in your account at the end of the year - up to 10% of the initial amount will carry over to the next calendar year.



ENROLLMENT INFORMATION

Oberlin College

Contract Period: 1/1/2027 through 12/31/2027

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health **and** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage...and let SDC keep you **smiling for a lifetime!**

	Network Only Plan #1180		Core Plan #565		Enhanced Plan #1453	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment, space maintainers	100%	N/A	100%	100%	100%	100%
Basic fillings, root canal therapy, oral surgery, extractions, repairs & recementation, sealants for children, periodontal treatment	50%	N/A	90%	90%	90%	90%
Major crowns, onlays, bridges, dentures	50%	N/A	N/A	N/A	30%	30%
Contract Maximum per member, per contract period; applies to Preventive, Basic & Major services	\$1,000.00	N/A	\$1,000.00	\$1,000.00	\$2,000.00	\$2,000.00
Orthodontia Network Only Plan has no age limit	50%	N/A	N/A	N/A	50%	50%
Orthodontia Maximum lifetime maximum applies to Orthodontic services	\$1,000.00	N/A	N/A	N/A	\$1,250.00	\$1,250.00
Deductible applies to Basic & Major services and follows the contract period	None	None	\$25/\$75	\$25/\$75	\$50/\$150	\$50/\$150
Copay applies to Preventive exams	N/A	N/A	N/A	N/A	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible

Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service. To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.

Monthly Rates	Network Only Plan	Core Plan	Enhanced Plan
Employee	\$23.18	\$27.16	\$33.78
Employee + Spouse/ Child	\$46.37	\$54.43	\$67.47
Family	\$83.44	\$99.33	\$123.12

Rates listed are valid only for the plans above and for the contract period listed above.

PROTECT YOUR SMILE...AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, SDC will provide a **Free Second Opinion** by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

NEARLY 650,000 NETWORK ACCESS POINTS ACROSS THE COUNTRY

NO WAITING PERIODS | NO BALANCE BILLING (in network) | NO CLAIM FORMS (in network) | NO MISSING TOOTH EXCLUSION

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

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KEEPING YOU AND YOUR FAMILY SMILING FOR A LIFETIME

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superiordental.com | Facebook | Twitter | Pinterest

Oberlin College Vision Plan



Vision Care Services	In-Network Member Cost	Out-of Network Reimbursement ¹
Exam with Dilation as necessary	\$10 copay	Up to \$45
Contact Lens Fit & Follow-up Standard contact lens fit & follow-up Premium contact lens fit & follow-up	Up to \$55 10% off retail price	N/A N/A
Frames	\$0 co-pay, \$120 allowance; 20% off balance over \$120	Up to \$66
Standard Plastic Lenses Single vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens ²	\$20 copay \$20 copay \$20 copay \$20 copay \$85 copay Copay based on tier	Up to \$32 Up to \$55 Up to \$65 Up to \$80 Up to \$55 Up to \$55
Lens Options UV Treatment Tint (solid and gradient) Standard plastic scratch coating Standard Polycarbonate - adults Standard polycarbonate - kids under 19 Standard anti-reflective coating Premium anti-reflective coating Polarized Other add-ons and services	\$15 \$15 \$15 \$40 \$40 \$45 \$57 20% off retail price 20% off retail price	N/A N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency)		
Conventional	\$0 co-pay, \$110 allowance; 15% off balance over \$110	Up to \$98
Disposable	\$0 co-pay, \$110 allowance, plus balance over \$110	Up to \$98 \$210 allowance
Medically necessary	\$0 co-pay, paid in full	
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
Frequency Examination Lenses or contact lenses Frames Laser Vision Correction	Once every 12 months Once every 12 months Once every 12 months Once per lifetime	

ADDITIONAL DISCOUNTS:

- 40% off complete pair of prescription eyeglasses*
- 20% off non-prescription sunglasses*
- 20% off remaining balance beyond plan coverage*

Monthly Cost

Employee	\$7.63
Employee + 1 dependent	\$15.27
Family	\$21.01

You're on the **ACCESS** network. For a complete list of providers near you, use our Provider Locator on [EyeMed.com](https://www.eyemed.com) or call **1.877.226.1115**. For LASIK providers, call 1.800.988.4221.



LENSCRAFTERS



*These discounts are for in-network providers only

¹For the period 1/1/2027

²Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. All providers are not rerequired to carry all brands at all levels

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. See the Provider Locator to find participating providers who offer the discounted rate.