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# 2020 Summary of Benefits

January 1, 2020 – December 31, 2020

**Oberlin College**

**MedMutual Advantage PPO Plan**

**Group Number: 590467**

# Summary of Benefits

**This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.**

## **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**

This Summary of Benefits booklet gives you a summary of what MedMutual Advantage (PPO) covers and what you pay. If you want 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.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at 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 October 1 to March 31 (except Thanksgiving and Christmas), you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m.
- If you are a member of this plan, you can also call us Saturday from 9 a.m. to 1 p.m.

### **Phone Numbers and Website**

- Call toll-free 1-800-801-4823. TTY users should call 711.
- Our website: [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup).

**Who can join?**

To join, you 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. For a list of doctors included in our extended network, go to Medicare.gov and use the “Find a Doctor” tool.

**Which doctors and hospitals can I use?**

Our plans have a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may or may not pay for these services.

- You can see our plan’s provider 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 directory.

**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 B drugs such as chemotherapy and some drugs administered by your provider.

# 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>▪ \$500 deductible per year for in-network and out-of-network services</li> </ul>
<b>Maximum Out-of-Pocket Responsibility</b>	You pay no more than: <ul style="list-style-type: none"> <li>▪ \$3,000 annually for services you receive from in-network and out-of-network providers</li> </ul> Includes copayments 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, the health plan will pay the full cost for the rest of the year.
<b>Inpatient Hospital Care</b> (Services may require prior authorization)	There is no limit to the number of days covered by the plan. In-network and Out-of-network <ul style="list-style-type: none"> <li>▪ 15% coinsurance after the deductible for days 1 and thereafter</li> </ul>
<b>Outpatient Surgery</b> (Services may require prior authorization)	Ambulatory surgery center: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance for each covered surgery or surgical procedure</li> </ul> Outpatient hospital: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance for each covered surgery or surgical procedure</li> </ul>
<b>Doctor's Office Visits</b> (Services may require prior authorization)	Primary care physician visit: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> Specialist visit: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit.

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 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 screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>▪ Depression screening</li> <li>▪ Diabetes screening</li> <li>▪ HIV screening</li> <li>▪ Immunizations, including flu shots, hepatitis B shots, pneumonia shots</li> <li>▪ Medical nutrition therapy services</li> <li>▪ Medicare Diabetes Prevention Program (MDPP)</li> <li>▪ Obesity screening and therapy</li> <li>▪ Prostate cancer screenings (PSA)</li> <li>▪ Sexually transmitted infections screening and counseling</li> <li>▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</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</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay the \$120 copay.</p>
<p><b>Urgent Care Center Visit</b></p>	<p>\$30 copay for each covered urgent care visit</p>

# Summary of Benefits

Premiums and Benefits	MedMutual Advantage (PPO)
<p><b>Diagnostic Services, Labs and Imaging</b> (Costs for these services may be different if received in an outpatient surgery setting. Services may require prior authorization.)</p>	<p>Diagnostic tests and services:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> <p>Diagnostic radiological services (CT/MRI/PET scans):</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> <p>Lab services:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul>
<p><b>Hearing Services</b></p>	<p>Hearing exam to determine if you need medical treatment for a hearing condition:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</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. 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 the deductible for days 1 through 90</li> </ul> <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul> <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul>
<p><b>Skilled Nursing Facility (SNF) Care</b> (Services may require prior authorization)</p>	<p>Our plan covers 100 days in a Skilled Nursing Facility with a 60 day renewal.</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul>

<b>Premiums and Benefits</b>		<b>MedMutual Advantage (PPO)</b>
<b>Outpatient Rehabilitation Services</b>		Physical therapy, occupational therapy and speech/ language therapy visit: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul>
<b>Ambulance</b> (Services may require prior authorization)		In network and Out of network: 15% coinsurance after the deductible for covered one-way ambulance services
<b>Prescription Drug Benefits</b>		
<b>Medicare Part B Drugs</b> (Part B drugs may require prior authorization and may be subject to step therapy requirements)		Some drugs are covered by Medicare Part B. For Part B drugs such as chemotherapy drugs: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul> Other Part B drugs: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul> 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> .
<b>Other Benefits</b>		
<b>Outpatient Substance Abuse</b>		In-network and Out-of-network: 15% coinsurance after the deductible  This applies to an individual therapy visit or if the visit is part of group therapy.
<b>Foot Care</b> (podiatry services)		Medicare covered podiatry visit: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul> Routine foot care for diabetes and peripheral vascular disease (up to a maximum of \$700 per benefit period): <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul>
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.) (Services may require prior authorization)		In-network and Out-of-network: 15% coinsurance after the deductible
<b>Prosthetic Devices</b> (braces, artificial limbs, etc) (Services may require prior authorization)		In-network and Out-of-network: 15% coinsurance after the deductible

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<p><b>Diabetes Supplies and Services</b></p>	<p>Diabetes monitoring supplies and therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 0% coinsurance</li> </ul>
<p><b>Health and Wellness Education Programs</b></p>	<p>Wellness programs included at no additional cost, except WW<sup>®</sup> (formerly Weight Watchers).</p> <p><b>Nurse Line</b></p> <p>If you have questions about symptoms you're experiencing but aren't sure if you need to see your doctor, we can help. Call our Nurse Line at 1-888-912-0636 (TTY: 711), 24 hours a day, seven days a week for advice. Your call is kept confidential.</p> <p><b>SilverSneakers<sup>®</sup> Fitness Program</b></p> <p>SilverSneakers is a complete health and fitness program designed for Medicare beneficiaries at all fitness levels.</p> <p>Members enjoy access to more than 16,000 participating gyms and fitness centers, as well as to group exercise classes, health education and walking groups.</p> <p>Please note nonstandard fitness center services that usually have an extra fee are not included in your membership.</p> <p><b>WW<sup>®</sup> Program</b></p> <p>(Note: You pay your reduced WW fees.)</p> <p>To help you meet your health goals, we partner with WW (formerly Weight Watchers), the world's leading provider of weight management services. Monthly WW fees for specified programs are reduced for MedMutual Advantage members. The benefit does not include food or meals.</p>



Premiums and Benefits	MedMutual Advantage (PPO)
<b>Chiropractic Care</b>	We only cover manual manipulation of the spine to correct subluxation: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance</li> </ul>
<b>Home Health Care</b> (Services may require prior authorization)	In-network and Out-of-network: 15% coinsurance after the deductible
<b>Renal Dialysis</b>	Covered dialysis equipment and supplies: <ul style="list-style-type: none"> <li>▪ In-network and Out-of-network: 15% coinsurance after the deductible</li> </ul>
<b>Hospice</b>	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare.

MedMutual Advantage are HMO and PPO plans offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal.

WW is a registered trademark of WW International.

SilverSneakers is a registered trademark of Tivity Health, Inc.

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# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-801-4823 (TTY: 711). We are available 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).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup) and enter your group number or call 1-800-801-4823 (TTY: 711) to view a copy of the EOC.
- 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.

## 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 copayments/co-insurance may change on January 1, 2021.

# Multi-Language Interpreter Services & Nondiscrimination Notice

This document notifies individuals of how to seek assistance if they speak a language other than English.

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

## Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

## Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Please Note: 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.

**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.**

**Nondiscrimination Notice**

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 in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

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:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

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.

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## 2019 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan’s scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan’s services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Medical Mutual of Ohio received the following Overall Star Rating from Medicare.

★★★★ 3.5 Stars

We received the following Summary Star Rating for Medical Mutual of Ohio’s health/drug plan services:

Health Plan Services: ★★★★★ 3.5 Stars

Drug Plan Services: ★★★★★ 4.5 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars – excellent
- ★★★★ 4 stars – above average
- ★★★ 3 stars – average
- ★★ 2 stars – below average
- ★ 1 star – poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-866-406-8777 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday from 8:00 a.m. to 8:00 p.m. Eastern time, Tuesday from 8:00 a.m. to 8:00 p.m. Eastern time, Wednesday from 8:00 a.m. to 8:00 p.m. Eastern time, Thursday from 8:00 a.m. to 8:00 p.m. Eastern time, Friday from 8:00 a.m. to 8:00 p.m. Eastern time, Saturday from 9:00 a.m. to 1:00 p.m. Eastern time.

Current members please call 1-800-982-3117 (toll-free) or 711 (TTY).

- \* Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

