
2023 Summary of Benefits

January 1, 2023 – December 31, 2023

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, see our Evidence of Coverage by visiting our website, MedMutual.com/MAGroup, and entering 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

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)

Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-801-4823 (TTY 711).
- Our website: MedMutual.com/MAGroup.

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.

Summary of Benefits

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.

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

- You can see our plan’s provider directory at our website, 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.

Premiums and Benefits	MedMutual Advantage (PPO)
Monthly Plan Premium	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.
Deductible	This plan has a deductible for some hospital and medical services. <ul style="list-style-type: none"> ■ \$500 deductible per year for in-network and out-of-network services
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than: <ul style="list-style-type: none"> ■ \$3,000 annually for services you receive from in-network and out-of-network providers 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, and we will pay the full cost for the rest of the year.
Inpatient Hospital Care (services may require prior authorization)	There is no limit to the number of days covered by the plan. <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible
Outpatient Hospital Services (services may require prior authorization)	Outpatient hospital: <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance
Ambulatory Surgical Center (services may require prior authorization)	Ambulatory surgery center: <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance
Doctor’s Office Visits (services may require prior authorization)	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>Primary care provider (PCP) visit:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance <p>Specialist visit:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit.

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Premiums and Benefits	MedMutual Advantage (PPO)
Preventive Care	<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"> ■ Abdominal aortic aneurysm screening ■ Alcohol misuse counseling ■ Annual wellness visit ■ Bone mass measurement ■ Breast cancer screening (mammogram) ■ Cardiovascular disease testing ■ Cervical and vaginal cancer screening ■ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ■ Depression screening ■ Diabetes screening ■ HIV screening ■ Immunizations, including flu shots, hepatitis B shots, pneumonia shots ■ Medical nutrition therapy services ■ Medicare Diabetes Prevention Program (MDPP) ■ Obesity screening and therapy ■ Prostate cancer screenings (PSA) ■ Sexually transmitted infections screening and counseling ■ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ■ Welcome to Medicare preventive visit (one-time) <p>Other preventive services are available. There are some covered services that have a cost.</p>
Emergency Care	<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>You may get covered emergency medical care whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
Urgent Care Center Visit	<p>\$30 copay for each covered urgent care visit</p> <p>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>

Premiums and Benefits	MedMutual Advantage (PPO)
Diagnostic Services, Labs and Imaging (services may require prior authorization)	<p>Diagnostic tests and services:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance <p>Diagnostic radiological services (CT/MRI/PET scans):</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance <p>Lab services:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible. <p>Costs for these services may be different if received in an outpatient surgery setting.</p>
Hearing Services	<p>Hearing exam to determine if you need medical treatment for a hearing condition:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance
Mental Health Care (services may require prior authorization)	<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.</p> <p>The plan covers 90 days each benefit period.</p> <p>You have 60 lifetime reserve days that can be used for an inpatient psychiatric admission.</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible for days 1 through 90 <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible

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Skilled Nursing Facility (SNF) Care (services may require prior authorization)	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 on how many benefit periods you can have. <ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance after the deductible
Outpatient Rehabilitation Services (services may require prior authorization)	Physical therapy, occupational therapy or speech/language therapy visit: <ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance
Ambulance (services may require prior authorization)	<ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance after the deductible for covered one-way ground and air ambulance services
Prescription Drug Benefits	
Medicare Part B Drugs (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"> In-network and out-of-network: 15% coinsurance after the deductible Other Part B drugs: <ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance after the deductible To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAGroup .
Other Benefits	
Outpatient Substance Abuse Services	<ul style="list-style-type: none"> 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.
Foot Care (podiatry services) (services may require prior authorization)	Medicare covered podiatry visit: <ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance Routine foot care for diabetes and peripheral vascular disease (up to a maximum of \$700 per benefit period): <ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance after the deductible

Premiums and Benefits	MedMutual Advantage (PPO)
Other Benefits	
Durable Medical Equipment (wheelchairs, oxygen, etc.) (services may require prior authorization)	<ul style="list-style-type: none"> In-network and out-of-network: 15% coinsurance after the deductible
Prosthetic Devices (braces, artificial limbs, etc.) (services may require prior authorization)	You pay 0% of the total cost for the following diabetic supplies: <ul style="list-style-type: none"> Blood glucose meter (excluding continuous glucose monitors) Blood glucose test strips Lancing devices and glucose lancets Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors. All other diabetes supplies and therapeutic shoes or inserts: \$0 copay
Diabetes Supplies and Services	Diabetes monitoring supplies and therapeutic shoes or inserts: <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay
Health and Wellness Education Programs	Wellness programs included at no additional cost, except WW [®] (formerly Weight Watchers). <p>Chronic Condition Management Program This program can help you stay healthy, manage your chronic conditions and maintain your independence. A trained health coach works with you to develop a personalized plan that supplements the care you get from your doctor. For more information call Customer Care at 1-800-801-4823 (TTY 711).</p> <p>Nurse Line 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>SilverSneakers[®] Fitness Program SilverSneakers is a complete health and fitness program designed for Medicare beneficiaries 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>WW Program (Note: You pay your reduced WW fees.) To help you meet your health goals, we partner with WW, 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>

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Chiropractic Care	We only cover manual manipulation of the spine to correct subluxation: <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance
Home Health Care (services may require prior authorization)	In-network and out-of-network: 15% coinsurance after the deductible
Renal Dialysis	Covered dialysis equipment and supplies: <ul style="list-style-type: none"> ■ In-network and out-of-network: 15% coinsurance after the deductible
Hospice	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.

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).

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. Visit 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.
- 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.
- Review the formulary to make sure your drugs are covered.

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, 2024.
- 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.

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. WW is a registered trademark of WW International. SilverSneakers is a registered trademark of Tivity Health, Inc.

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 schwetzsch, 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 yánífti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódíílnih 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

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
- 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

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:

2022 Medicare Star Ratings



Medical Mutual of Ohio - H4497

For 2022, Medical Mutual of Ohio - H4497 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

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 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 through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-801-4823 (toll-free) or 711 (TTY).