2024 Summary of Benefits
January 1, 2024 – December 31, 2024
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).

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.

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 care Providers” 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.
## Summary of Benefits

<table>
<thead>
<tr>
<th>Premiums and Benefits</th>
<th>MedMutual Advantage (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>This plan has a deductible for some hospital and medical services. $500 deductible per year for in-network and out-of-network services</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</strong></td>
<td>You pay no more than: $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.</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Care</strong> (services may require prior authorization)</td>
<td>There is no limit to the number of days covered by the plan. In-network and out-of-network: 15% coinsurance after the deductible</td>
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<tr>
<td><strong>Outpatient Hospital Services</strong> (services may require prior authorization)</td>
<td>Outpatient hospital: In-network and out-of-network: 15% coinsurance</td>
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<tr>
<td><strong>Ambulatory Surgical Center</strong> (services may require prior authorization)</td>
<td>Ambulatory surgery center: In-network and out-of-network: 15% coinsurance</td>
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<tr>
<td><strong>Doctor’s Office Visits</strong> (services may require prior authorization)</td>
<td>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. Primary care provider (PCP) visit: In-network and out-of-network: 15% coinsurance Specialist visit: 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.</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>In-network and out-of-network: $0 copay Our plan covers many preventive services, including: 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) Other preventive services are available. There are some covered services that have a cost.</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>$120 copay for each covered emergency room visit If you are admitted to the hospital within 24 hours, you do not have to pay the $120 copay. You may get covered emergency medical care whenever you need it, anywhere in the world, up to $50,000 per calendar year.</td>
</tr>
<tr>
<td><strong>Urgent Care Center Visit</strong></td>
<td>$30 copay for each covered urgent care visit An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to $50,000 per calendar year.</td>
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| **Diagnostic Services, Labs and Imaging** (services may require prior authorization) | Diagnostic tests and services:  
- In-network and out-of-network: 15% coinsurance  
Diagnostic radiological services (CT/MRI/PET scans):  
- In-network and out-of-network: 15% coinsurance  
Lab services:  
- In-network and out-of-network: 15% coinsurance  
Outpatient X-rays:  
- In-network and out-of-network: 15% coinsurance  
Therapeutic radiology services (such as radiation therapy for cancer):  
- In-network and out-of-network: 15% coinsurance after the deductible  
Costs for these services may be different if received in an outpatient surgery setting. |

| Hearing Services | Hearing exam to determine if you need medical treatment for a hearing condition:  
- In-network and out-of-network: 15% coinsurance |

| Mental Health Care (services may require prior authorization) | 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.  
- In-network and out-of-network: 15% coinsurance after the deductible for days 1 through 90  
Outpatient group therapy visit:  
- In-network and out-of-network: 15% coinsurance after the deductible  
Outpatient individual therapy visit:  
- In-network and out-of-network: 15% coinsurance after the deductible |

| **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 and some are covered by Medicare Part D. Part B drugs do not count toward your Part D initial coverage limit or out-of-pocket costs.  
For chemotherapy, insulin and other drugs covered by Medicare Part B:  
- In-network: 0-20% coinsurance or less  
- Out-of-network: 0-20% coinsurance or less  
To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAGroup. |

| **Other Benefits** | |
| **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.  
- In-network and out-of-network: 15% coinsurance after the deductible |

| **Ambulance** (services may require prior authorization) | In-network and out-of-network: 15% coinsurance after the deductible for covered one-way ground and air ambulance services |

| **Outpatient Rehabilitation Services** (services may require prior authorization) | Physical therapy, occupational therapy or speech/language therapy visit:  
- In-network and out-of-network: 15% coinsurance |

| **Outpatient Substance Abuse Services** (services may require prior authorization) | This applies to an individual therapy visit or if the visit is part of group therapy.  
- In-network and out-of-network: 15% coinsurance after the deductible |

| **Foot Care (podiatry services)** (services may require prior authorization) | Medicare covered podiatry visit:  
- 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):  
- In-network and out-of-network: 15% coinsurance after the deductible |
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<td>Durable Medical Equipment (wheelchairs, oxygen, etc.)</td>
<td>In-network and out-of-network: 15% coinsurance after the deductible (services may require prior authorization)</td>
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<tr>
<td>Prosthetic Devices (braces, artificial limbs, etc.)</td>
<td>You pay 0% of the total cost for the following diabetic supplies: 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 (services may require prior authorization)</td>
</tr>
<tr>
<td>Diabetes Supplies and Services</td>
<td>Diabetes monitoring supplies and therapeutic shoes or inserts: In-network and out-of-network: $0 copay</td>
</tr>
<tr>
<td>Health and Wellness Education Programs</td>
<td>Wellness programs included at no additional cost, except for WeightWatchers® (formally known as WW). <strong>Chronic Condition Management Program</strong> 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). <strong>Nurse Line</strong> 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 1-888-912-0638 (TTY 711), 24 hours a day, seven days a week for advice. Your call is kept confidential. <strong>SilverSneakers® Fitness Program</strong> 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. <strong>WeightWatchers Program</strong> (Note: You pay your reduced WeightWatchers fees.) To help you meet your health goals, we partner with WeightWatchers, the world’s leading provider of weight management services. Monthly fees for specified programs are reduced for MedMutual Advantage PPO members. The benefit does not include food or meals.</td>
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<td><strong>Chiropractic Care</strong></td>
<td>We only cover manual manipulation of the spine to correct subluxation: In-network and out-of-network: 15% coinsurance</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>In-network and out-of-network: 15% coinsurance after the deductible (services may require prior authorization)</td>
</tr>
<tr>
<td><strong>Renal Dialysis</strong></td>
<td>Covered dialysis equipment and supplies: In-network and out-of-network: 15% coinsurance after the deductible</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>When you enroll in a Medicare certified hospice program, your hospice services (and any Part A or Part B services related to your terminal prognosis) are paid for by Original Medicare.</td>
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</tbody>
</table>

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 Logo and Weight Watchers are the trademarks of WW International, Inc. SilverSneakers is a registered trademark of Tivity Health, Inc.
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, 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 group number 227922 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 annually on January 1.
- 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.
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

Arabic
شأن المكتوب: إذا كنت تتحدث اللغة العربية، فأن خدمات المساعدة اللغوية تتوفر.

Pennsylvania Dutch

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

Navajo
Dii baa akó nínizín: Díí saad bee yánílì’i go Diné Bizaad, saad bee akóláníí áwoó’dééjí, táá jik’éeh, éí ná hóʼó, kojíí hólíilíí 1-800-382-5729 (TTY: 711).

Oromo

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

Romanian
ATENTIE: 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.
IMPORTANT INFORMATION:

2023 Medicare Star Ratings

Medical Mutual of Ohio - H4497

For 2023, 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. The number of stars show how well a plan performs.

EXCELLENT
ABOVE AVERAGE
AVERAGE
BELOW AVERAGE
POOR

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.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at 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 800-801-4823 (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).