

# Advantage Plan

From Medical Mutual of Ohio®



PRODUCT INFORMATION



**MEDICAL MUTUAL OF OHIO®**  
YOUR HEALTHCARE PARTNER SINCE 1934

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# Advantage

## Medicare Advantage Plans

From Medical Mutual of Ohio®



Thank you for your interest in a Medicare Advantage plan from Medical Mutual. We hope this guide allows you to learn more about what Medical Mutual has to offer and helps you select a plan that's right for you.

We offer two Medicare Advantage plans. Both are considered Health Maintenance Organization/Point of Service (HMO/POS) plans and include medical and prescription drug coverage with access to our comprehensive network of doctors and hospitals. This booklet will help you understand our plans, our networks, your eligibility options, many tools and programs available to all our members — and how to sign up.

***Medical Mutual is a health plan with a Medicare contract***

## What are my Medicare Advantage options?

At Medical Mutual we offer two Medicare Advantage plans: Secure<sub>x</sub> (HMO/POS) and Optimum<sub>x</sub> (HMO/POS), which are compared on pages 4 and 5. With an HMO/POS plan you get the following features:

- In-network physicians to handle any of your pre-certification needs
- No pharmacy deductibles
- Never required to get a referral to see a specialist
- Primary Care Physicians required to help coordinate care for chronic conditions

## What is MSA/Non-MSA?

Through guidance from Medicare, we set our premiums based on the county in which an applicant lives. All Ohio counties are considered MSA except for the following, which are Non-MSA counties:

Adams, Ashland, Athens, Auglaize, Champaign, Clinton, Crawford, Darke, Fayette, Gallia, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Huron, Jackson, Logan, Marion, Meigs, Mercer, Monroe, Morgan, Noble, Paulding, Perry, Pike, Putnam, Ross, Sandusky, Scioto, Seneca, Shelby, Van Wert, Vinton, Williams and Wyandot.

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**Medical Mutual is happy to schedule an appointment with you to answer questions or explain the application process in person. Please call 800/613-2583.**

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# Medicare Advantage Plan Benefits\*

	Secure <sub>x</sub>	Optimum <sub>x</sub>
<b>Premium</b>	<b>\$58</b> (Medical w/Rx)	<b>\$170/\$210</b> (MSA/Non-MSA)
<b>Deductible</b> (Network/ Non-Network)	<b>\$500/\$500</b>	<b>\$0/\$0</b>
<b>Out-of-Pocket Max.</b> (Network/Non-Network)	<b>\$3,400/\$3,400</b>	<b>\$3,400/\$3,400</b>
<b>Inpatient Services</b>		
Inpatient Hospital	\$250 Copay per admission (Unlimited days)	\$250 Copay per admission (Unlimited days)
Inpatient Mental Health	\$250 Copay per admission (Limited days)	\$250 Copay per admission (Limited days)
Skilled Nursing	\$100 Copay per stay (60 day renewal)	\$100 Copay per stay (60 day renewal)
Home Health	\$0 Copay per visit	\$0 Copay per visit
<b>Outpatient Services</b>		
Emergency Room	\$50 Copay per visit	\$50 Copay per visit
Urgent Care	\$25 Copay per visit	\$30 Copay per visit
Surgeries - Ambulatory Surgical Center - Outpatient Hospital	\$100 Copay per visit \$100 Copay per visit	\$75 Copay per visit \$100 Copay per visit
Diagnostic Tests - Lab - Radiation Therapy - X-Ray	\$0 Copay per visit \$20 Copay per visit \$20 Copay per visit	\$0 Copay per visit \$0 Copay per visit \$0 Copay per visit
Cardiovascular	\$20 Copay per visit	\$20 Copay per visit
Therapy (Physical/ Occupational/Speech)	\$20 Copay per visit	\$20 Copay per visit
Other Services	\$0 Copay per visit	\$0 Copay per visit
<b>Professional Services</b>		
Inpatient Visits/Services	\$0 Copay per visit	\$0 Copay per visit
Outpatient Visits/Services	\$0 Copay per visit	\$0 Copay per visit
Primary Care Physician (PCP) Office Visits	\$15 Copay per visit	\$10 Copay per visit
Specialist Office Visits	\$20 Copay per visit	\$20 Copay per visit
Chiropractor	\$20 Copay per visit	\$20 Copay per visit
Routine Chiropractic	Not covered	\$20 Copay per visit (6 visits per year)

	<b>Secure<sub>x</sub></b>	<b>Optimum<sub>x</sub></b>
Podiatry	\$20 Copay per visit	\$20 Copay per visit
Routine Podiatry	Not covered	\$20 Copay per visit (6 visits per year)
Outpatient Rehab	\$20 Copay per visit	\$20 Copay per visit
Outpatient Mental Health	\$20 Copay per visit	\$20 Copay per visit
Outpatient Substance Abuse	\$20 Copay per visit	\$20 Copay per visit
<b>Vision &amp; Hearing</b>		
Diagnostic Hearing Exams	\$20 Copay per visit	\$20 Copay per visit
Hearing Tests	Not covered	\$20 Copay per visit
Hearing Aids	Not covered	\$250 Allowance every 3 years
Diagnostic Eye Exams	\$20 Copay per visit	\$20 Copay per visit
Routine Eye Exams	Not covered	\$20 Copay per visit
Eyewear	Not covered	\$40 Allowance per year
<b>Other Services</b>		
Ambulance	\$50 Copay per trip	\$50 Copay per trip
DME/Prosthetics	20% Coinsurance	20% Coinsurance
Routine Physical	One per lifetime	\$0 Copay per visit
<b>Pharmacy</b>		
	\$0 Deductible Copays (up to \$2,830 Initial Coverage Limit): - \$4 Preferred Generic - \$15 Non-preferred Generic - \$50 Preferred brand - \$90 Non-preferred brand - 33% Specialty drugs No coverage in Gap Max. 5% (\$2.50G/\$6.30B) after \$4,550 True Out-of-Pocket reached Mail order copays: - 2 x retail (generic) - 3 x retail (brand)	\$0 Deductible Copays (up to \$2,830 Initial Coverage Limit): - \$4 Preferred Generic - \$15 Non-preferred Generic - \$50 Preferred brand - \$90 Non-preferred brand - 33% Specialty drugs Generic coverage in Gap Max. 5% (\$2.50G/\$6.30B) after \$4,550 True Out-of-Pocket reached Mail order copays: - 2 x retail (generic) - 3 x retail (brand)
<b>Out-of-Network</b>	<b>20% Coinsurance</b>	<b>20% Coinsurance</b>

\* The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage.

## Now that you've reviewed the plans, let's go over the eligibility rules, and other important information.

# Eligibility

### Am I eligible?



In order to qualify for Medicare Advantage coverage, you must be entitled to Medicare Part A benefits and enrolled in Medicare Part B – while continuing to pay your Part B premium. You can only be enrolled in one Medicare Advantage program at a time, so if you enroll into a Medical Mutual Medicare Advantage Plan, you will be disenrolled from your current Medicare plan.

Medicare has residency requirements and, as a result, you must reside in the coverage area defined by Medical Mutual. Our only requirement is that you live in the state of Ohio. We do not offer plans in Coshocton, Guernsey or Muskingum Counties.

In addition to the residency requirement, individuals with end-stage renal disease (kidney failure) are not eligible to enroll in our plans.

### How do I sign up?

The open-enrollment period begins November 15, 2009, and ends December 31, 2009. During this time you are free to sign up for any of our plans. All you have to do is fill out an application and give it to your broker, sales representative or send it to Medical Mutual directly. Applications are available through Medical Mutual by calling 800/613-2583 or visiting [Advantage-Plan.com](http://Advantage-Plan.com). Once we receive your application, we will confirm your eligibility and your coverage will start on January 1, 2010.

In addition to the open-enrollment period, there is another sign-up period from January 1, 2010, to March 31, 2010. During this period you must keep the same type of plan, but you may switch carriers. The same enrollment process is followed, with coverage beginning the first of the following month.

If you age into Medicare outside of the open-enrollment period, you can sign up for a Medicare Advantage Plan, three months prior to your birth month and up to three months past your birth month (seven full months). Your coverage starts on the first of the following month.

Medicare beneficiaries can also enroll in Medical Mutual's Advantage Plan through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at [Medicare.gov](http://Medicare.gov). For more information, contact Medical Mutual at 800/613-2583.

Advantage Plan Enrollment Schedule	
Sign-up Period	Coverage Begins
November 15 to December 31, 2009	January 1, 2010
January 1 to January 31, 2010	February 1, 2010
February 1 to February 28, 2010	March 1, 2010
March 1 to March 31, 2010	April 1, 2010
Limited Options after March 31, 2010	1st of following month if qualified

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 800/MEDICARE (800/633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2408.

## My Health Plan

Our member Web site, My Health Plan, is your one-stop resource for managing your benefits, plus you have access to the following:

- **Quicken Health** – From the makers of Turbo Tax, Quicken Health explains and simplifies your medical claims and expenses.
- **Health Record** – Track your personal health history and information by creating a unique health journal.
- **Wellness Programs** – Whether you want to start walking more, quit smoking, or manage your diabetes better, we've got a program just for you.
- **Condition Management Programs** – Access information about, and receive counseling for more than 50 different medical conditions.

To access these tools and more on My Health Plan, visit [MedMutual.com](http://MedMutual.com).



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## Condition Management Programs

Medical Mutual has programs to help our members who are diagnosed with the following conditions and much more:

- Diabetes
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Asthma
- Coronary artery disease
- Chronic pain conditions
- Depression

More information is available on My Health Plan.

## Wellness Programs

In addition to the Condition Management programs, you'll also be eligible for the following wellness benefits:

- **QuitLine** – We provide an eight-week supply of nicotine replacement patches for free.
- **Weight Watchers** – Get up to \$150 in registration fees reimbursed.
- **Global Fit** – Receive reduced rates on fitness club memberships at more than 2,000 clubs nationwide.
- **Walking for Wellness** – An innovative walking program with helpful materials and pedometers.

## For More Information

For more information, please contact your broker or Medical Mutual directly at 800/613-2583 (TTY/TDD 800/982-8109) seven days a week, from 8 a.m. to 8 p.m., during open enrollment. After March 1, 2010, we are available five days a week, Monday through Friday from 8 a.m. to 8 p.m.

You can also get more information on our Web site, [Advantage-Plan.com](http://Advantage-Plan.com). In addition, you can call Medicare at 800/633-4227 or visit [Medicare.gov](http://Medicare.gov). TTY/TDD users should call 877/486-2048. Medicare customer service representatives are available 24 hours a day, seven days a week.





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Visit [MedMutual.com](http://MedMutual.com).