

HPRS Participant Coverage Guide

Ohio State Highway Patrol Retirement System
2021 Coverage Year







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Welcome

to Medical Mutual

For over 80 years, we have been committed to providing our participants the very best coverage and services, and we feel privileged to offer you the same.

As the administrator of the Ohio State Highway Patrol Retirement System (HPRS) Retiree Health Plan, we provide:

- Claims processing, payment and appeals based on the coverage selected by HPRS
- Dedicated Customer Care Specialists
- Programs to help you live healthier and manage serious or ongoing medical conditions
- Online access to view claims and coverage information on My Health Plan, our secure member website
- A mobile app to check your claims and deductibles, look up providers and access your identification (ID) card

We developed this coverage guide to introduce you to Medical Mutual and help you get the most out of your health plan. Again, welcome to Medical Mutual. We look forward to helping you meet your healthcare needs.

Coverage Highlights

Note: Any services not covered at 100% are subject to deductible.

Plan Features	PPO Network	Out-of-Network
Healthcare Professional Access	PPO Network Provider	Any Provider
Annual Deductible (Per individual, per benefit period)	\$1,500 limit	\$2,000 limit
Maximum Out of Pocket (Per benefit period)	\$4,000	\$8,000
Precertification/Review	Provider's responsibility	Provider's responsibility
Hospital Services		
Inpatient Mental Health Substance Abuse	80%	60%
Outpatient Surgery Mental Health Substance Abuse Alcoholism All Others	80% 80% 80% 80% 80%	60% 60% 60% 60% 60%
Physician Services		
Office Visits Primary Care Provider Specialist	\$20 copay*; 100% ¹ \$45 copay*; 80%	60% 60%
Surgeon/Consultation	80%	60%
Emergency and Urgent Care		
Emergency Room Care (Emergencies)	\$200 copay; 80% (copay waived if admitted)	\$200 copay; 80% (copay waived if admitted)
Emergency Room Care (Non-Emergencies)	\$450 copay; 80% (copay waived if admitted)	\$450 copay; 80% (copay waived if admitted)
Urgent Care	\$60 copay; 100% ¹	60%

*Additional tests and lab work billed separately.

Plan Features	PPO Network	Out-of-Network
Preventive Care*		
Comprehensive Wellness Exam²	100%	100%
Annual Routine Physical Exam	100% ¹	60%
Routine Screening Tests³ (Including but not limited to, Pap Smear, Mammography, Colonoscopy, Bone Density Testing, Flexible Sigmoidoscopy)	100% ¹	60%
Vaccines Flu Pneumonia HPV ³ Shingles ³	100% ¹	60%

1 Not subject to deductible

2 Performed only at the Ohio Health Westerville Medical Campus, 300 Polaris Parkway Westerville, OH 43082 (approximately two miles east of I-71). To schedule an exam, call 1-614-566-2222, ext. 4795.

3 Subject to age, gender and frequency limitations.

*Your plan follows A and B preventive services guidelines (including frequency, age and gender limitations) as recommended by the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control (CDC). Age and frequency requirements are subject to change. Contact Medical Mutual at 1-877-520-6729 for further details. For a comprehensive list of recommended preventive services, visit USPreventiveServicesTaskforce.org/Page/Name/USPSTF-A-and-B-Recommendations.

Coverage Highlights

Note: Any services not covered at 100% are subject to deductible.

Plan Features	PPO Network	Out-of-Network
Other Covered Services		
Chiropractors	80%	60%
Physical Therapists	80%	60%
Private Duty Nurse	80%	60%
Durable Medical Equipment	80%	60%
Lab/X-Ray/Diagnostic	80%	60%
Ambulance	80%	60%
Home Healthcare	<ul style="list-style-type: none"> ▪ 100% first 100 days/year ▪ 80% additional days 	<ul style="list-style-type: none"> ▪ 90% first 100 days/year ▪ 60% additional days
Skilled Nursing Facility	80%	60%
Hospice Care	100%	60%
Hearing Aids/Exams, etc.	80% (\$1,000 max per aid per ear every 36 months)	80% (\$1,000 max per aid per ear every 36 months)

1 Not subject to deductible.

Helpful tips to get the most from your 2021 HPRS Retiree Health Plan

1. Keep your Medical Mutual ID card with you at all times in your wallet or download our Medical Mutual mobile app on your smartphone. Refer to it each time you visit your provider to ensure you pay the right copay.
2. Follow your doctor's prescribed treatments, especially if you have a chronic condition, including all of his or her recommended screenings.
3. Call our dedicated Customer Care Specialists at 1-877-520-6729 if you have any coverage questions or need additional information or assistance.

Your Medical Mutual ID Card

Be sure to carry your Medical Mutual ID card with you and present it to any healthcare provider you visit. You can also access your ID card digitally when you download our free MedMutual mobile app. On your card, you will find:

PPO (Members Residing in Ohio)

MEDICAL MUTUAL  Print Date: XX/XX/XX

SuperMed® NETWORK **PPO** PRODUCT

John Q. Member XXXXXXXXXXXX
Member Name

012345678910 **229050001**
Medical Mutual ID Number Group Number

1-877-520-6729 **711**
Customer Care TTY

MedMutual.com/Member

For Members

PRIMARY NETWORK: SuperMed PPO	Preventive Office Visit Copay:	\$0
OUTSIDE SUPERMED SERVICE AREA:	PCP Office Visit Copay:	\$20
Aetna Open Choice PPO/NAP	Specialist Copay:	\$45
24/7 NURSE LINE: 1-888-912-0636	Emergent ER Copay:	\$200
	Non-Emergent ER Copay:	\$450
	Urgent Care Copay:	\$60



For Providers

Inpatient prior approval required: Medical/Surgical: 1-855-887-2273 Behavioral Health: 1-800-258-3186

Providers in SuperMed PPO Service Area	Providers Outside SuperMed PPO Service Area
Medical Mutual ID Number: 012345678910	 Aetna ID Number: 012345678 PPO/NAP
Medical Mutual Group Number: 229040001	Aetna Group Number: 0863970-010-00100
MedMutual.com/Provider	
Medical Mutual Claims Submission	Aetna Claims Submission
Electronic Claims Payer ID: 29076	Electronic Claims Payer ID: 60054
P.O. Box 6018, Cleveland, OH 44101-1018	P.O. Box 981543, El Paso, TX 79998-1543
Provider Calls: 1-800-362-1279	Provider Calls: 1-888-238-6277

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE

Out of Area (Members Residing outside of Ohio)

MEDICAL MUTUAL   Print Date: XX/XX/XX

Aetna Open Choice PPO NETWORK **PPO/NAP** PRODUCT

John Q. Member XXXXXXXXXXXX
Member Name

012345678 **0863970-040-00200**
Aetna ID Number Aetna Group Number

1-877-520-6729 **711**
Customer Care TTY


MedMutual.com/Member

For Members

PRIMARY NETWORK: Aetna Open Choice PPO/NAP	Preventive Office Visit Copay:	\$0
OHIO NETWORK: SuperMed PPO	PCP Office Visit Copay:	\$20
24/7 NURSE LINE: 1-888-912-0636	Specialist Room Copay:	\$45
	Emergent ER Copay:	\$200
	Non-Emergent ER Copay:	\$450
	Urgent Care Copay:	\$60

For Providers

Inpatient prior approval required: Medical/Surgical: 1-855-887-2273 Behavioral Health: 1-800-258-3186

Providers Outside SuperMed PPO Service Area	Providers in SuperMed PPO Service Area
 Aetna ID Number: 012345678 PPO/NAP	Medical Mutual ID Number: 012345678910
Aetna Group Number: 0863970-040-00200	Medical Mutual Group Number: 229040007
	MedMutual.com/Provider
Aetna Claims Submission	Medical Mutual Claims Submission
Electronic Claims Payer ID: 60054	Electronic Claims Payer ID: 29076
P.O. Box 981543, El Paso, TX 79998-1543	P.O. Box 6018, Cleveland, OH 44101-1018
Provider Calls: 1-888-238-6277	Provider Calls: 1-800-362-1279

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE

Front Panel

This panel includes information such as your name, member ID number, group number and Customer Care contact information.

Back Panel

This panel shows your applicable copay amounts depending on your plan, what networks to use outside of the SuperMed Network, in addition to where providers should call for help and where to submit your claims.

Understanding an EOB

First Page

An Explanation of Benefits (EOB) provides a complete picture of the cost for health care services you receive. The EOB is not a bill and if you owe money for services, your provider will send you a bill directly. The following pages show an example of what an EOB looks like.

- 1 Date statement was produced**
- 2 Customer Care Center information**
Website and phone numbers where you can send inquiries and have your specific questions answered.
- 3 Your ID number**
Your member ID number located on your ID card. This number is the same as your contract/certificate number. It is important for all claim inquiries.
- 4 Your benefits provider**
- 5 Policyholder name and address**
- 6 Summary of your claims**
The amount paid by your health plan and the amount you owe.
- 7 Name of patient**
The person who received service(s).
- 8 The network status of your provider**
- 9 List of service(s) billed and any notes**
- 10 Explanation of your final responsibility for covered services**
- 11 Amount billed**
The dollar amount billed by your healthcare provider for the service(s) rendered.
- 12 Allowed amount**
The maximum benefit allowable under your health plan.
- 13 Benefits paid**
Amounts paid under your health plan to your healthcare provider.
- 14 Amount you are responsible for**
The amount you owe for the indicated service(s) rendered.



2060 East Ninth Street
Cleveland, Ohio 44115-1355

5 **JOHN DOE**
123 MAIN STREET
ANYTOWN OH 44000

1 **November 24, 2025**



2 **Questions?**
Visit MedMutual.com.
Call Customer Service
Monday–Thursday: 7:30 a.m. – 7:30 p.m. (EST)
Friday: 7:30 a.m. – 6:00 p.m. (EST)
Saturday: 9:00 a.m. – 1:00 p.m. (EST)
Toll free: (800) 111-1111

3 **Your ID number**
987654321987

4 **Benefits provided by**
ABC COMPANY

YOUR EXPLANATION OF BENEFITS

This is not a bill - it's a statement listing the details of your recent health benefit claims. You'll receive a bill from your service provider for any amount you owe. Please check the details below carefully and let us know if you have any questions.

Keep Your Costs Down!

You can minimize your out-of-pocket expenses by going to doctors and hospitals that are part of your health plan network. You can verify whether the doctors you used are in-network by checking the Details section below.

To find a list of doctors in your network, please visit our website or call a Customer Service representative at (800) 111-1111.

Remember, you can view your plan information and claims statements anytime, day or night, by signing on to My Health Plan on our website.

6 SUMMARY OF YOUR CLAIMS

Total benefits we paid **\$1,006.00**
▶ **Total you are responsible for** **\$244.48**

DETAILS OF YOUR CLAIM

7 John Doe

|| *Claim Number:* 0322612345-000

|| *Services provided by:* John M. Jones MD (In network) 8

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
9 Date of Service: October 31, 2025				
X-Ray Exam of Neck/Spine - <i>see note E23</i>	151.01	56.74	0.00	56.74
Office Visit, Mod Complex, 25 Min - <i>see note E23</i>	107.00	75.96	0.00	75.96
Total for this claim	\$258.01	\$132.70	\$0.00	\$132.70

10 A benefit year deductible of \$132.70 was applied to this claim.

11

12

13

14

Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

Understanding an EOB

Second Page

- 1 Covered charges**

Based on the total amount billed (by the hospital), this section shows the service(s) and amount(s) that are covered under your health plan.
- 2 Total amount billed**

This section itemizes the service(s) billed by the hospital and provides the dollar amount billed by the hospital for the service(s).
- 3 Check number**

This line verifies payment was made under your benefits for this service.
- 4 Note**

Additional information about the benefit administration.
- 5 Total for all EOB claims**

If there are multiple patients on an EOB, individual patient totals will be included in the statement.
- 6 Amount remaining**

The deductible and coinsurance amounts left before you meet your individual maximum.
- 7 Information on how to read your graphs**



YOUR EXPLANATION OF BENEFITS

November 24, 2025 ID number 987654321987 John Doe

Claim Number: 0324598765-000

Services provided by: Community Hospital (In network)

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: October 31, 2025				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
Total for this claim	\$2,452.50	\$1,117.78	\$1,006.00	\$111.78

Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging 2,452.50

Total amount billed \$2,452.50

An in-network coinsurance of \$111.78 was applied to this claim.

Check number 6999997 dated November 19, 2025 was sent to Community Hospital.

Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

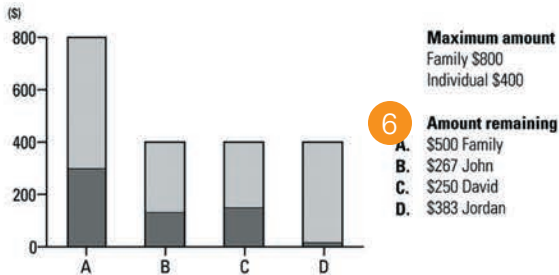
	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Total for John Doe	\$2,710.51	\$1,250.48	\$1,006.00	\$244.48

(Amount billed)

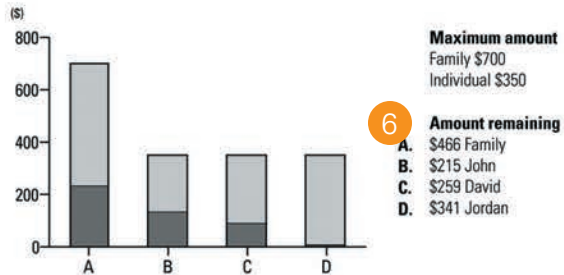
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2025–December 31, 2025

Deductible for services provided



Coinsurance for services provided



In the chart(s) above:

- The top of each bar shows your maximum contribution for the plan year.
- The dark shaded areas show how much you've contributed to November 24, 2025.
- The light shaded areas show the amounts remaining to be met. The letters below the bars refer to the family and individuals. See the tables to the right of the charts.



My Health Plan

My Health Plan is our secure member website, where you can review claims, manage your out-of-pocket spending or order new ID cards. Everything you need is available 24 hours a day.

Paperless EOBs

After you visit the doctor's office or a hospital, an explanation of your treatment and how much it costs is available online. A digital archive of current and past EOBs keeps these important records organized and easy to find. You can also choose to opt out of receiving mailed copies.

Find a Provider and Get an Estimate

With the Provider Search and My Care Compare tools, you can find a doctor or specialist for the care you need and compare the cost and quality of medical services.

Download our Free Mobile App

With the MedMutual mobile app, you can use your iPhone or Android to view your claims, check your deductible and out-of-pocket spending, search Ohio's largest network of healthcare providers, and email or fax your ID card. The app is available through the Apple App Store® and the Google Play Store™.

Register Online

Need to register for My Health Plan? Just visit [MedMutual.com/Member](https://www.MedMutual.com/Member). All you'll need is your member ID number or the last four digits of your Social Security number.

Staying Healthy

Medical Mutual offers you access to these award-winning health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

QuitLine

If you use tobacco, get help kicking the habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy.

Fitness Discounts

Receive discounts on enrollment and monthly fees at participating fitness centers, such as Curves and GlobalFit.

Member Discounts

Get discounts on hearing aids, drugstore items and other health-related products.

WW® (formerly Weight Watchers)

Choose from one of three WW programs to best meet your personal needs and goals. WW offers multiple tools and different levels of support and guidance through three programs: Digital, Studio and Digital as well as Personal Coaching and Digital. Start or renew your membership and save up to 50 percent off the regular cost.

Health Assessment

By completing a questionnaire about your medical history and lifestyle choices, you can identify your risks for chronic diseases and make changes to start living healthier.

Nurse Line

This new health benefit provides you with access to highly-trained and experienced nurses available to help you make informed medical decisions, talk through self-care for treating minor conditions at home, help determine if you need to go to the emergency room and stay on the line until everything is under control. There is no additional cost for this service available 24/7. Call 1-888-912-0636.

Telehealth (Telemedicine) Services

With telehealth services, you can stay connected with providers and obtain medical care through live video chats using a computer, tablet or smartphone. Generally, these virtual visits are covered the same as standard office visits when you have an existing relationship with the provider. Telehealth visits are great for routine care for acute conditions, such as a sore throat or sinus infection, or chronic health conditions, such as diabetes or high blood pressure.

WW is a registered trademark of WW International, Inc.



Specialized Benefits

Transitional Care Program

Offered in partnership with Direction Home and your local Area Agency on Aging, our Transitional Care program is dedicated to helping you successfully transition from the hospital to your home. A nurse will visit or call during your hospital stay to help you prepare for your release, assist with coordinating follow-up care and teach you self-care techniques.

Palliative Care Program

Our Palliative Care program is available through our partnership with Aspire Health to provide home-based support during your treatment for a serious illness. Offered at no additional cost, the program connects you with a team of doctors, nurse practitioners, nurses, social workers and chaplains. Aspire's trained personnel will visit your home to help you and your family experience some relief from the discomfort and stress associated with illness.



Spending Less

My Care Compare*

When making a decision about your healthcare, you want to make the best choice for your health as well as your budget. This can be difficult, especially because different doctors and different facilities often charge different amounts for the same services. Costs can vary significantly when the exact same doctor performs the exact same procedure but at a different facility.

Compare to Save

With My Care Compare, you can research and compare locations, services and costs of medical treatments and procedures—like lab work, surgeries and X-rays—to help you understand how your costs may change based on where you receive care. You can also review satisfaction and quality ratings for doctors, hospitals, clinics and other health service providers.

Even if you already have a doctor, you can use My Care Compare to see if your costs will change based on the location at which your doctor provides your care.

Log in to your secure My Health Plan account by going to [MedMutual.com/Member](https://www.MedMutual.com/Member) and click on My Care Compare to get all the information you need to make an informed decision.

More Ways to Reduce Your Out-of-Pocket Costs

Understanding your health insurance coverage can save you time and money. The following tips can help you reduce your out-of-pocket costs and get the most out of your coverage.

Stay in Network

Use doctors, hospitals and other healthcare providers in your plan's network. In-network providers often offer lowered or discounted rates, which means more money stays in your pocket.

Manage Your Health

Lower your costs by taking charge of your health. Your plan's preventive coverage may include well visits, screenings and immunizations. Prevention and early detection are critical to your overall health.

Avoid the Emergency Room

Sprain an ankle? Have an ear infection? Doctor's office closed? Talk to your doctor or visit an urgent care facility. Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you a significant amount of time and money each year. If you're not sure where to go, call NurseLine.

Know What's Covered

Before you have a service or procedure, review your Medical Plan Description (MPD) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

*The estimates provided by My Care Compare do not guarantee actual cost, services, coverage or payment, and are subject to your cost-sharing responsibilities.

Health Insurance Terms to Know

Allowed Amount

The maximum amount a plan will pay for a covered health care service.

Coinsurance

The percentage of a medical bill you share with your insurance company after you've paid your deductible. For example, if you have a \$100 doctor's bill and your plan covers 80 percent, the coinsurance amount you owe to the doctor's office is \$20.

Copay (or copayment)

The amount you pay a health care provider at the time you receive services. For instance, you may have to pay a copay for each covered visit to your doctor.

Deductible

The amount you pay before health plan coverage is provided. Once the deductible is met, covered services will begin to be paid.

Maximum Out-of-Pocket (MOOP)

The maximum dollar amount you would pay for in-network services in a year (including deductibles, copays and coinsurance). It does not include your monthly premium. Once the MOOP is met, covered services will be paid at 100 percent.

Please note: The material provided, including websites and links, is informational only. It does not take the place of professional medical advice, diagnosis or treatment. You should make decisions about care with your healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on your specific benefit plan.



Contact Information

Occasionally, everyone needs a little help navigating their healthcare coverage. My Health Plan is often the best way to get quick answers, but we also offer options to contact us.

Medical Mutual

By Phone

Customer Care 1-877-520-6729
TTY 711

By Mail

Medical Mutual of Ohio
P.O. Box 6018
Cleveland, OH 44101-1018

On the Web

MedMutual.com

Office Hours

Monday–Thursday 7:30 a.m.–7:30 p.m., ET
Friday 7:30 a.m.–6 p.m.
Saturday 9 a.m.–1 p.m.

Insurance Information

The Ohio Senior Health Insurance Information Program (OSHIIP) can answer questions about Medicare, Medicaid or private health insurance.

By Phone

OSHIIP 1-800-686-1578

Ohio HPRS

By Phone

HPRS 1-800-860-2268

By Mail

1900 Polaris Parkway, Suite 201
Columbus, OH 43240-4037

On the Web

OHPRS.org

Express Scripts

By Phone

Non-Medicare Enrollees 1-866-472-6249
Medicare Enrollees 1-866-745-8594

On the Web

Express-Scripts.com

Changing Your Coverage

When major life events take place, you may need to make changes to your healthcare coverage. To ensure you and/or your dependents have the right coverage, please inform HPRS immediately if you are faced with any one of the following life-changing events (specific details are available in your Medical Plan description):

- Name change
- Change of address
- Marriage
- Birth, adoption or legal guardianship of a child
- Marriage of an enrolled dependent
- Divorce or dissolution
- Medicare eligibility
- Death of an enrollee or dependent





MEDICAL MUTUAL®

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