

Medical Mutual's

# Federal Employees Health Benefits Plans

for Employees and Annuitants

2023 Coverage Year | [MedMutual.com/Feds](https://www.MedMutual.com/Feds)





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# Welcome to Medical Mutual

**Founded in 1934, Medical Mutual is the oldest health insurance company based in Ohio. Our priority is offering health insurance plans based on the local needs of the 1.2 million Ohioans we serve. We are committed to providing each of those members the best benefits and services we can.**

We are pleased to offer the Federal Employees Health Benefits (FEHB) Standard Option and Basic Option health insurance plans in northern and southern Ohio for the 2023 coverage year.

## **FEHB Standard Option**

You might want to choose this plan if you or your family expect to periodically visit the doctor for more than preventive care. This plan has higher premiums overall, but lower copays than our Basic Option plan for most healthcare services and prescription drugs.

## **FEHB Basic Option**

You might want to choose this plan if you and your family are in good health overall and typically only visit the doctor for preventive visits. This plan has lower premiums than our Standard Option plan, but includes a deductible and higher copays and/or coinsurance for most services.

### **Both plans offer the following:**

- Most preventive services at no out-of-pocket cost
- No referrals needed for certain specialists, including obstetricians/gynecologists, optometrists (for routine vision exams), and mental health or substance abuse providers
- A network of highly qualified, local doctors and health providers in the MedFlex HMO network

The TriHealth WellFlex™ network is also available to members in southern Ohio

# Plan Features

## MedFlex™ HMO Network

The MedFlex HMO network includes doctors and healthcare providers in a wide variety of specialties who provide care for all aspects of your health and well-being. Health systems, hospitals and providers in the network include: Mercy Health Partners (all locations), Premier Health System (Dayton), St. Luke's Hospital (Toledo), Cincinnati Children's Hospital Medical Center, Dayton Children's Hospital, Summa Health System, Toledo Clinic and University Hospitals (all locations).

## TriHealth WellFlex™ Network

This network, unique to the greater Cincinnati area, includes access to providers and facilities that are part of the TriHealth and St. Elizabeth Healthcare systems. Only members who live or work in Brown, Butler, Clermont, Green, Hamilton, Montgomery or Warren counties can enroll in this plan.

## Prescription Drug Benefit

The following changes help keep your out-of-pocket costs down when filling prescriptions:

### Pharmacy network

You will have access to the Walgreens Advantage Network which includes most chain and independent pharmacies in Ohio.

**Please note: CVS and some independent pharmacies are not covered.**

### Formulary

Your plan will cover medicines on the National Preferred Plus formulary which includes a wide variety of generic, brand and specialty drugs, but excludes certain drugs that have clinically effective, lower-cost alternatives on the formulary.

### Preventive medications at no cost

In addition to medicines covered on the formulary, you will pay \$0 out of pocket when you fill a prescription for a medicine on the Standard Plus Preventive Medications list at a network pharmacy. The medicines on this list are typically taken to maintain good health or prevent illness.

### Generic incentive program

You'll save money when you choose generic medicines whenever possible. If you choose a brand-name drug when a generic equivalent is available, you will pay your plan's brand-name copay (tier 2 or tier 3) PLUS the difference in cost between the generic and the brand-name drug.

## Learn More

For more detailed plan information, refer to your 2023 FEHB Brochure (RI 73-017 or RI 73-899) or visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds).

# Coverage Highlights

## MedFlex™ Network Options

Plan Features	2023 FEHB Benefit Plan Options You pay	
	FEHB Standard Option	FEHB Basic Option
<b>Annual Deductible</b>	\$0	\$750/\$1,500 (Accumulates toward out-of-pocket max.)
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$6,000/\$12,000	\$6,500/\$13,000
<b>Physician Office Visits</b>		
Preventive Adult Exam (per visit)	\$0	\$0
Preventive Well-Child Exam (per visit)	\$0	\$0
Primary Care Visit (per visit)	\$25	\$30
Specialty Care Visit (per visit)	\$45	\$60
Routine Vision Exam (per visit)	\$45	\$60
<b>Lab Services</b> Labs and X-rays, such as blood tests and ultrasounds	\$0 per visit	20% after deductible
<b>Ambulatory Surgery</b>	\$375 per surgery	20% after deductible
<b>Hospitalization</b>	\$650 per admission	20% after deductible
<b>Urgent Care Services (per visit)</b>	\$45 per visit	\$45 per visit
<b>Emergency Services* (per visit)</b>	\$250 per visit	\$250 per visit
<b>Most Durable Medical Equipment (DME)</b>	25%	30% after deductible
<b>Prescription Drugs</b> (Prescriptions must be filled at an in-network plan pharmacy or through home delivery services.)		
<b>Generic (tier 1)</b>		
Retail (up to a 30-day supply)	\$15 per fill	\$10 per fill
Mail Order (up to a 90-day supply)	\$30 per fill	\$20 per fill
<b>Preferred Brand (tier 2)</b>		
Retail (up to a 30-day supply)	\$75 per fill	40% up to \$250 max. per fill
Mail Order (up to a 90-day supply)	\$150 per fill	40% up to \$500 max. per fill
<b>Non-preferred Brand (tier 3)</b>		
Retail (up to a 30-day supply)	\$180 per fill	60% up to \$350 max. per fill
Mail Order (up to a 90-day supply)	\$360 per fill	60% up to \$700 max. per fill
<b>Specialty (tier 4)</b>		
Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 13) <i>Mail order is not available for specialty medications.</i>	25% up to \$500 max. per fill	30% up to \$500 max. per fill

\*Emergency copay is waived if admitted directly to the hospital as an inpatient.

Download a copy of the plan benefit brochure online at [MedMutual.com/Feds](http://MedMutual.com/Feds) or [OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits](http://OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits).

This is a summary of the features of the Medical Mutual Standard and Basic. This benefit information is a brief summary, not a complete description of benefits. Before making a final decision, please read the 2023 FEHB Federal Brochure (RI-017 for northern Ohio or RI-73-899 for southern Ohio).

# Coverage Highlights

## TriHealth WellFlex™ Network Option<sup>1</sup>

Plan Features	2023 FEHB Benefit Plan Options You pay		
	Tier 1	Tier 2	Tier 3
<b>Annual Deductible</b>	\$500/\$1,000	\$1,500/\$3,000	\$4,000/\$8,000
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$6,000/\$12,000	\$8,500/\$17,000	\$12,000/\$24,000
<b>Physician Office Visits</b>			
Preventive Adult Exam (per visit)	\$0	\$0	\$0
Preventive Well-Child Exam (per visit)	\$0	\$0	\$0
Primary Care Visit (per visit)	\$25	35% Coinsurance	50% Coinsurance
Specialty Care Visit (per visit)	\$50	35% Coinsurance	50% Coinsurance
Routine Vision Exam (per visit)	\$25/\$50	35% Coinsurance	50% Coinsurance
<b>Lab Services</b>	20% Coinsurance	35% Coinsurance	50% Coinsurance
Labs and X-rays, such as blood tests and ultrasounds			
<b>Ambulatory Surgery</b>	20% Coinsurance	35% Coinsurance	50% Coinsurance
<b>Hospitalization</b>	20% Coinsurance	35% Coinsurance	50% Coinsurance
<b>Urgent Care Services (per visit)</b>	\$40	35% Coinsurance	50% Coinsurance
<b>Emergency Services* (per visit)</b>	\$200	\$200	\$200
<b>Most Durable Medical Equipment (DME)</b>	20% Coinsurance	35% Coinsurance	50% Coinsurance
<b>Prescription Drugs</b> (Prescriptions must be filled at an in-network plan pharmacy or through home delivery services.)			
<b>Generic (tier 1)</b>			
Retail (up to a 30-day supply)		\$5 per fill	
Mail Order (up to a 90-day supply)		\$10 per fill	
<b>Preferred Brand (tier 2)</b>			
Retail (up to a 30-day supply)		40% up to \$250 max. per fill	
Mail Order (up to a 90-day supply)		40% up to \$500 max. per fill	
<b>Non-preferred Brand (tier 3)</b>			
Retail (up to a 30-day supply)		60% up to \$350 max. per fill	
Mail Order (up to a 90-day supply)		60% up to \$700 max. per fill	
<b>Specialty (tier 4)</b>			
Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 13)		30% up to \$500 max. per fill	
<i>Mail order is not available for specialty medications.</i>			

<sup>1</sup> Only members who live or work in Brown, Butler, Clermont, Green, Hamilton, Montgomery or Warren counties can enroll in this plan.

\*Emergency copay is waived if admitted directly to the hospital as an inpatient.


Download a copy of the plan benefit brochure online at [MedMutual.com/Feds](http://MedMutual.com/Feds) or [OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits](http://OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits).

This is a summary of the features of the Medical Mutual TriHealth WellFlex Option Health Plans. This benefit information is a brief summary, not a complete description of benefits. Before making a final decision, please read the 2023 FEHB Federal Brochure (RI-73-899 for southern Ohio).

# Your Personalized ID Card


Carry your Medical Mutual member 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 app. On your card, you will find:

## Front Panel

 <b>MEDICAL MUTUAL</b>	<small>Print Date: XX/XX/XX</small> <b>RX INFORMATION</b> <b>PBM Name</b> Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG
	<b>COPAYS</b> Preventive Visit: \$0 Urgent Care: \$35 ER: \$250 PCP Visit: \$25 Specialist: \$45
<b>MedFlex HMO Network</b>	
<b>John Q MemberXXXXXXXXXXXX</b> <small>Member Name</small>	
<b>12345678910</b> <small>Medical Mutual ID #</small>	<b>646329101</b> <small>Group #</small>
<b>1-800-315-3144</b> <small>Customer Care</small>	<b>711</b> <small>TTY</small>
<b>MedMutual.com/Feds</b> FEHB - MEDICAL MUTUAL OF OHIO	

The front of your ID card includes information such as your name, member ID number, Customer Care phone numbers and information to help process your prescription drug claims.

## Back Panel

<b>FOR MEMBER</b> Find a provider at <a href="http://MedMutual.com/Member">MedMutual.com/Member</a> . 24/7 NURSE LINE: 1-888-912-0636	<b>FOR PROVIDER</b> Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or <a href="http://MedMutual.com/Provider">MedMutual.com/Provider</a> . For services rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: <b>Medical Mutual &amp; SDC Claims Submission</b> Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 For emergency services not rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: <b>Cigna Claims Submission</b> Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 
<b>DEDUCTIBLE AND OUT-OF-POCKET:</b> In-Net DED Single/Family: \$0/\$0 In-Net OOP Single/Family: \$6000/\$12000	<small>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</small> <b>AWAY FROM HOME CARE</b>

The back of your ID card includes your copay information for different types of services, our Nurse Line phone number and information your provider needs to ensure any claims for services you receive are processed according to your benefits.

# My Health Plan

Stay Organized and Informed

**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 Explanation of Benefits Statements (EOBs)

After you visit the doctor's office or a hospital, an explanation of your treatment and how much it costs is available online. This is referred to as an EOB. 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

Our enhanced Find a Provider tool makes it easy to find in-network providers. Search by specialty, location, condition and more. You can also view quality ratings of network doctors and compare costs so you can make the best decision for your health and wallet.

## Download our Free Mobile App

With the MedMutual mobile app, you can use your smartphone to view your claims, check your deductible and out-of-pocket spending, search your network for healthcare providers, and access your digital ID card, which you can email or fax right from your device. The app is available through the Apple App Store® and the Google Play™ store.

## Register for My Health Plan

It's easy. Just visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds). All you'll need is your member ID card or the last four digits of your Social Security number.

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The Apple App Store is a registered trademark of Apple Inc.

The Google Play store is a registered trademark of Google Inc.



# Understand an EOB

An EOB provides a complete picture of the cost for healthcare services you receive. The EOB is not a bill. If you owe money for services, your provider will send you a bill directly. These pages show an example of what an EOB looks like.

**Date statement was produced**

**Customer Care Center information**  
Website and phone numbers where you can send inquiries and have specific questions answered.

**Policyholder name and address**

**Your ID number**  
Your member ID number located on your ID card. This is the same as your contract/certificate number. It is important for all claim inquiries.

**Your benefits provider**


**Summary of your claims**  
The amount paid by your health plan and the amount you owe.

**The network status of your healthcare provider**

**Name of patient**  
The person who received service(s).

**List of service(s) billed and any notes**

**Explanation of your final responsibility for covered services**



2060 East Ninth Street  
Cleveland, Ohio 44115-1355

**November 20, 2099**

|||||

JOHN DOE  
123 MAIN STREET  
ANYTOWN OH 44000

**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

**Your ID number**  
987654321987

**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.

**SUMMARY OF YOUR CLAIMS**

Total benefits we paid \$1,006.00

▶ Total you are responsible for **\$244.48**

### DETAILS OF YOUR CLAIM

**John Doe**  
Claim Number: 0322612345-000  
 Services provided by: John M. Jones MD (In network)

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
<b>Date of Service:</b> October 23, 2099				
X-Ray Exam of Neck/Spine - <i>see note E23</i>	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - <i>see note E23</i>	107.00	75.96	0.00	75.96
<b>Total for this claim</b>	<b>\$258.01</b>	<b>\$132.70</b>	<b>\$0.00</b>	<b>\$132.70</b>

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

**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.

11/20/2099 0000000029
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**Amount billed**  
The dollar amount billed by your healthcare provider for the service(s) rendered.

**Allowed amount**  
The maximum benefit allowable under your health plan.

**Benefits paid**  
Amounts paid under your health plan to your healthcare provider.

**Amount you are responsible for**  
The amount you owe for the indicated service(s) rendered.



**YOUR EXPLANATION OF BENEFITS**

November 20, 2099 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 23, 2099				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
<b>Total for this claim</b>	<b>\$2,452.50</b>	<b>\$1,117.78</b>	<b>\$1,006.00</b>	<b>\$111.78</b>

**Details of amounts billed for hospital outpatient services:**

Magnetic Resonance Imaging	2,452.50
<b>Total amount billed</b>	<b>\$2,452.50</b>

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

Check number 6999997 dated November 13, 2099 was sent to Community Hospital.

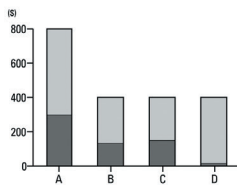
**Note: E69** - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

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

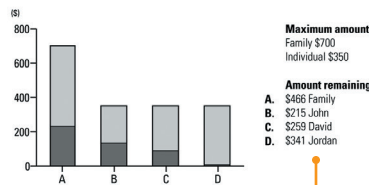
**UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES**

Your plan benefit year: January 1, 2099 – December 31, 2099

**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 20, 2099.
- 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.

**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.

**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).

**Check number**

This line verifies payment was made under your benefits for this service.

**Note**

Additional information about the benefit administration.

**Total for all EOB claims**

If there are multiple patients on an EOB, individual patient totals will be included in the statement.

**Amount remaining**

The deductible and coinsurance amounts left before you meet your individual and/or family maximum.

**Information on how to read your graphs**



For more information, log in to My Health Plan by visiting [MedMutual.com/Feds](https://www.MedMutual.com/Feds).



# Spend Less on Healthcare

## Make the Most of Your Healthcare Benefits

**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 even vary when the same doctor performs the exact same procedure but at a different facility.**

### Provider Search and Cost Comparison Tools

Our enhanced MedMutual Find a Provider tool makes it easy to find in-network providers. Search by specialty, location, condition and more. You can also view quality ratings of network doctors and compare costs so you can make the best decision for your health and wallet.

Go to [MedMutual.com/Feds](https://www.MedMutual.com/Feds) to log in to your secure My Health Plan account. Click on Find a Provider to get all the information you need to make an informed decision about what's right for you.

### Manage Your Health

Take charge of your health. Preventive services help catch illnesses early when they are easier and less expensive to treat. Your plan's preventive coverage includes well visits, screenings and immunizations, many at no out-of-pocket cost. We also offer you access to a variety of health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

### QuitLine® Tobacco Cessation Program

Get help kicking your tobacco habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy at no cost to you.

### Member Discounts

Receive discounts on a variety of health-related products.

### Fitness Discounts

Receive discounts on enrollment and monthly fees at participating fitness centers through GlobalFit®

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Medical Mutual's QuitLine is a registered trademark of Medical Mutual of Ohio.

GlobalFit is a registered trademark of Global Affiliates, Inc.



# Spend Less on Healthcare

## 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. You will be responsible for paying the charges in full if you receive services from a non-network provider.

To see if your preferred doctors and other healthcare providers are part of your plan's network, visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds) and click the Find a Provider link.

### Avoid the Emergency Room

Talk to your doctor or visit an urgent care facility. Sprain an ankle? Have an ear infection? Doctor's office closed? Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you time and money.

### Know What's Covered

Before you have a service or procedure, review your 2023 FEHB Brochure (RI 73-017 for northern Ohio or RI 73-899 for southern Ohio) or talk to a Medical Mutual Customer Care Specialist to make sure it is covered under your plan.

#### Helpful Tips

1. Keep your Medical Mutual ID card with you at all times (in your wallet or on your smartphone), and refer to it each time you visit your provider to ensure you pay the right copay.
2. Follow your doctor's prescribed treatments and preventive screening recommendations. This is especially important if you have a chronic condition.
3. Call our dedicated Customer Care Specialists at 1-800-315-3144 if you have any coverage questions or need additional help.

## Covered Drugs and Their Costs

Medications covered by the Medical Mutual FEHB Standard or Basic Option plans are listed on our preferred drug list. This list is also known as a formulary. Review your plan's formulary at [MedMutual.com/Feds](https://www.medmutual.com/Feds) to see how your medication is covered by your plan and the amount of your copay.

Some medications may require a coverage review before your plan will cover them. Medical Mutual uses coverage reviews to help make sure you get the right medication for your condition at a reasonable cost. Coverage review programs include prior approval, step therapy and quantity limits. These programs are also noted in the formulary at [MedMutual.com/Feds](https://www.medmutual.com/Feds).

Non-specialty prescription drugs must be filled through a retail pharmacy in the Walgreens Advantage Network (up to a 30-day supply) or by mail through the Express Scripts Pharmacy<sup>SM</sup> (up to a 90-day supply). Specialty drugs, such as those used to treat rheumatoid arthritis, cancer or multiple sclerosis, must be filled at a contracted specialty pharmacy, which offers extra care and service. In addition, specialty drugs are limited to 30 days per fill, which prevents waste if a medication or dose needs to be changed due to tolerance concerns or side effects.

### Save with Home Delivery of Long-term Medications

If you or a dependent take any long-term medications, your plan offers the Select Home Delivery Active Choice program to help you save time and money. This program allows you to skip the line at the pharmacy and have your long-term medication shipped directly to you. If you'd prefer to continue filling these prescriptions at your local pharmacy, you'll need to notify Express Scripts of your preference. To get started with home delivery, ask your doctor or healthcare provider to write you a prescription for up to 90 days, plus three refills (if applicable). Then:

- He or she can fax it to Express Scripts at 1-800-837-0959, send it through the Express Scripts e-prescribing system, OR
- You can download a mail-order form at [MedMutual.com/Feds](https://www.medmutual.com/Feds), print and complete it, and send it, along with your prescription, to Express Scripts at the address on the form. Standard shipping is FREE, and you'll receive your first order in about a week.

You can learn more about home delivery by visiting [MedMutual.com/PrescriptionHomeDelivery](https://www.medmutual.com/PrescriptionHomeDelivery).

### Preventive Drugs at No Cost

Preventive medications can help you avoid many illnesses and maintain good health. That's why the Federal Employees Health Benefits Plan is offering you Medical Mutual's Standard Plus Preventive Medications Program. The program includes medications to help prevent the onset or worsening of conditions like asthma, diabetes, high blood pressure, high cholesterol and more. When you fill a prescription for one of the eligible medications at a network pharmacy, you will pay \$0 out of pocket.

# Enroll in an FEHB Plan

## Standard or Basic Option

**Becoming a Medical Mutual member is easy. Just follow the three simple steps below. The information in this booklet can help you pick the right plan that meets your needs.**

### Step 1 | Pick a plan

Select the Standard or Basic Option plan for the 2023 coverage year. A brief description of these options is on page 3.

### Step 2 | Choose the type of coverage you need

Select Self Only, Self Plus One or Self Plus Family. Then review the chart on the next page for applicable rates and your enrollment code.

### Step 3 | Enroll in your new FEHB plan<sup>1</sup>

Most employees and annuitants can enroll online. Visit [OPM.gov](https://www.opm.gov) or contact your employing agency or retirement office for FEHB enrollment procedures and other information. Annuitants may call the Retirement Information Center at 1-888-767-6738 (TTY 1-855-887-4957 for hearing impaired) or email at [Retire@OPM.gov](mailto:Retire@OPM.gov).

## Changing Your Coverage

When major life events take place, you may need to make changes to your health insurance coverage. To ensure you and/or your dependents have the right coverage, please visit [OPM.gov](https://www.opm.gov) or contact your employing agency or retirement office for FEHB enrollment procedures within 31 days of any one of the following life-changing events. More details are available in the 2023 FEHB Brochures (RI 73-017 and RI 73-899).

- Change of address outside the Medical Mutual service area
- Marriage
- Birth, adoption, placement for adoption or legal guardianship of a child
- Marriage of an enrolled dependent
- Divorce or dissolution
- Medicare eligibility
- Death of an enrollee or dependent

2023 Rates <sup>2</sup> Northern Ohio*			Premium				
			Biweekly Share		Monthly Share		
			Government	You	Government	You	
Plan Options	Standard	Enrollment Code					
		Self Only	644	\$259.72	\$288.86	\$562.73	\$625.86
		Self + One	646	\$560.52	\$646.36	\$1,214.46	\$1,400.45
	Self + Family	645	\$611.42	\$705.18	\$1,324.74	\$1,527.89	
	Basic	Self Only	UX1	\$142.93	\$47.64	\$309.68	\$103.22
		Self + One	UX3	\$314.45	\$104.81	\$681.30	\$227.10
Self + Family		UX2	\$343.03	\$114.34	\$743.23	\$247.74	

\*Allen, Ashland, Ashtabula, Auglaize, Columbiana, Cuyahoga, Defiance, Erie, Fulton, Geauga, Henry, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Wayne, Williams and Wood counties

2023 Rates <sup>2</sup> Southern Ohio MedFlex HMO*			Premium				
			Biweekly Share		Monthly Share		
			Government	You	Government	You	
Plan Options	Standard	Enrollment Code					
		Self Only	YF4	\$259.72	\$298.28	\$562.73	\$646.27
		Self + One	YF6	\$560.52	\$667.09	\$1,214.46	\$1,445.36
	Self + Family	YF5	\$611.42	\$727.79	\$1,324.74	\$1,576.88	
	Basic	Self Only	YF1	\$140.59	\$46.86	\$304.61	\$101.53
		Self + One	YF3	\$309.29	\$103.10	\$670.13	\$223.38
Self + Family		YF2	\$337.41	\$112.47	\$731.06	\$243.68	

\*Adams, Brown, Butler, Clark, Champaign, Clermont, Greene, Hamilton, Miami, Montgomery and Warren counties.

2023 Rates <sup>2</sup> TriHealth WellFlex Option*			Premium				
			Biweekly Share		Monthly Share		
			Government	You	Government	You	
Plan Option	WellFlex	Enrollment Code					
		Self Only	F11	\$249.73	\$83.24	\$541.08	\$180.36
		Self + One	F13	\$549.39	\$183.13	\$1,190.35	\$396.78
Self + Family	F12	\$599.34	\$199.78	\$1,298.57	\$432.86		

\*Brown, Butler, Clermont, Greene, Hamilton, Montgomery and Warren counties.

1 These are highlights of the FEHB enrollment process. Please refer directly to OPM.gov and your employing agency or retirement office for FEHB coverage effective dates, enrollment procedures and deadlines, and other information. To add an eligible family member to your Self, Self Plus One or Self Plus Family enrollment, complete and return an Enrollment Change Form to us. These forms can be obtained by contacting your employing agency or retirement office. Or visit OPM.gov/Healthcare-Insurance for enrollment information.

2 These do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website. You can also contact the agency or Tribal Employer that maintains your health benefits enrollment.



# Contact Us

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

## By Phone

Customer Care ..... 1-800-315-3144  
TTY ..... 711

## Hours

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

## By Mail

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

## Online

[MedMutual.com/Feds](https://www.MedMutual.com/Feds)





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