

Medical Mutual's

# Federal Employees Health Benefits Plans

for Employees & Annuitants

2020 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 1.4 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 northeast, northwest and southwest Ohio for the 2020 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. That's because 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

# Plan Features & Coverage Highlights

New for 2020

## **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).

## **Prescription Drug Benefit Changes**

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

### **Pharmacy network**

You will have access to the Walgreens Advantage Network in 2020. It includes most chain and independent pharmacies in Ohio; however, all CVS and some independent pharmacies will no longer be covered.

### **Formulary**

Your plan will cover medicines on the National Preferred Plus formulary in 2020. It 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, in 2020, when you fill a prescription for a medicine on the Standard Plus Preventive Medications list at a network pharmacy, you will pay \$0 out of pocket. The medicines on this list are typically taken to maintain good health or prevent illness.

### **Generic incentive program**

To encourage you to take generic medicines whenever possible, if you buy 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.

## **Additional Plan Information**

For more detailed plan information, refer to your 2020 FEHB Brochure (RI 73-017 or RI 73-899) or visit [MedMutual.com/Feds](http://MedMutual.com/Feds).

## Your 2020 FEHB Plan Options

| Plan Features   | Using the MedFlex HMO Network, You Pay |  |
|---|--|--|
|   | Standard Option                        | Basic Option   |
| <b>Annual Deductible</b>  | \$0                                    | \$750/\$1,500<br>(accumulates toward out-of pocket max.) |
| <b>Out-of-Pocket Maximum</b><br>(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><br>(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>                                       | \$35                                   | \$45   |
| <b>Emergency Services (per visit)*</b>  | \$250                                  | \$250  |
| <b>Most Durable Medical Equipment (DME)</b>                                   | 25%                                    | 30% after deductible                                     |

| Prescription Drugs   | Using the Walgreens Advantage Network, You Pay |                                 |
|--|--|---------------------------------|
|  | Standard Option                                | Basic Option                    |
| <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 a \$250 max. per fill |
| Mail Order (up to a 90-day supply)   | \$150 per fill                                 | 40% up to a \$500 max. per fill |
| <b>Non-preferred Brand (tier 3)</b>  |  |                                 |
| Retail (up to a 30-day supply)   | \$180 per fill                                 | 60% up to a \$350 max. per fill |
| Mail Order (up to a 90-day supply)   | \$360 per fill                                 | 60% up to a \$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)<br><i>Mail order is not available for specialty medications.</i> | 25% up to \$500 per fill                       | 30% up to \$500 per fill        |

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

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

This is a summary of features of the Medical Mutual Standard and Basic option Health Plans in the Federal brochure. Before making a final decision, please read the Plan's Federal Brochure (RI 73-017 for the Northeast Region & Northwest region) and RI 73-899 for the Southwest region) All benefits are subject to the definitions, limitations and exclusions set forth in the FEHB brochure. This benefit information provided is a brief summary, not a complete description of benefits. For more information, refer to the Plan's Federal brochure (RI 73-017) (RI 73-899)

# Plan Features & Coverage Highlights

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 app. On your card, you will find:

## Front Panel



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

## Back Panel



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

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 smartphone to view your claims, check your deductible and out-of-pocket spending, search the MedFlex HMO network of 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 Online

Need to register for My Health Plan? 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.

# Understanding an EOB

An EOB provides a complete picture of the cost for healthcare services you receive. The EOB is not a bill, and 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** - November 26, 2020

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

**Policyholder name and address** - JOHN DOE, 123 MAIN STREET, ANYTOWN OH 44000

**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** - ABC COMPANY

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

**The network status of your healthcare provider** - John Doe (In network)

**Name of patient** - John Doe

**List of service(s) billed and any notes** - Includes X-Ray Exam of Neck/Spine and Office Visit.

**Explanation of your final responsibility for covered services** - A benefit year deductible of \$132.70 was applied to this claim.

| Type of service                                  | Amount billed(\$) | Allowed amount(\$) | Benefits paid(\$) | Amount you are responsible for(\$) |
|--|-------------------|--------------------|-------------------|------------------------------------|
| Date of Service: October 27, 2020                |                   |                    |                   |                                    |
| X-Ray Exam of Neck/Spine - see note E23          | 151.01            | 56.74              | 0.00              | 56.74                              |
| Office Visit, Mod Complex, 25 Min - see note E23 | 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>                    |

**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 26, 2020 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 27, 2020<br>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 8999987 dated November 21, 2020 was sent to Community Hospital.

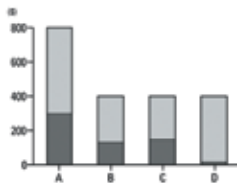
**Note: E69 -** For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

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

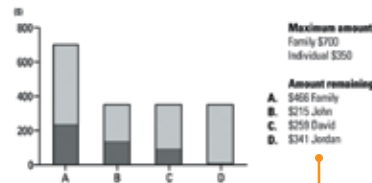
**UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES**

Your plan benefit year: January 1, 2020 – December 31, 2020

**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 26, 2020.
- 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.

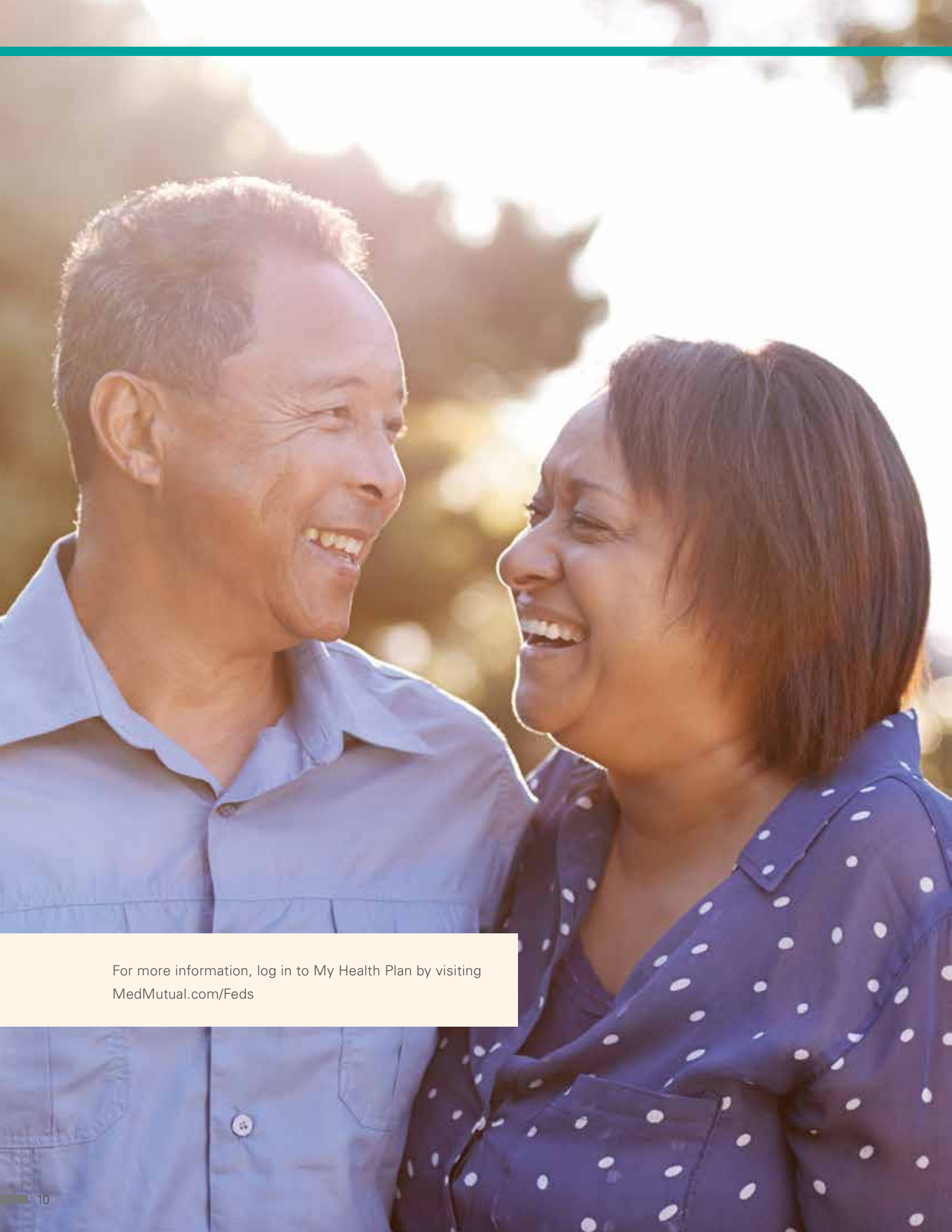
**Total for all EOB claims**

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)

# Spending 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 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 cost estimates 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.

Go to [MedMutual.com/Feds](https://www.MedMutual.com/Feds) to log in to your secure My Health Plan account. Click on My Care Compare 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.

### Medical Mutual's 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 items including baby products, hearing aids and other health-related products.

### Fitness Discounts

Receive discounts on enrollment and monthly fees at participating fitness centers, like Curves® and GlobalFit®.

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

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

Curves is a registered trademark of Curves International, Inc.

GlobalFit is a registered trademark of Global Affiliates, Inc.



# Spending 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 the MedFlex HMO network. In-network providers often offer lowered or discounted rates, which means more money stays in your pocket. Plus, as a member of an HMO health plan, you do not have out-of-network coverage, other than for emergency services. You will be responsible for paying the charges in full if you receive services from a non-network provider.

### 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 a significant amount of time and money each year.

### Know What's Covered

Before you have a service or procedure, review your FEHB Brochure (RI 73-017 or RI 73-899) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

### Register Online

1. Keep your 2020 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, especially if you have a chronic condition, including all of his or her recommended screenings.
3. Call our dedicated Customer Care Specialists at 1-800-315-3144 if you have any coverage questions or need additional information or assistance.

## 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. You can 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 which copay tier it is in.

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.

### Pay Less for Long-term Medications

You can save time and money while having your non-specialty, long-term medications delivered right to your door through the Express Scripts Pharmacy. 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.

### Specialty Drug Solution

Specialty drugs require special handling, administration or monitoring. That's why we offer our Specialty Drug Solution. With this program, specialty drugs must be filled through one of our two specialty pharmacies, Accredo or Gentry Health Services. These specialty pharmacies offer you extra care and service, such as dedicated staff who have extra training for certain conditions and drugs, free delivery of supplies like syringes and alcohol swabs, monthly calls to see if you need refills, and help with enrolling you in patient assistance programs to reduce your out-of-pocket expenses.

If you receive financial assistance to help pay for your specialty drugs, the amount you receive in assistance will not count toward your annual deductible and/or out-of-pocket maximum. Only the amount you pay yourself will apply toward your annual deductible and/or out-of-pocket maximum. For example, if your medicine costs \$500 and you receive \$450 in financial assistance, only the remaining \$50 you pay out of pocket will be applied toward your annual deductible and/or out of pocket maximum.

For more information or to see which drugs are considered specialty, visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds) and click Prescription Drug Information.

# Enrolling 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 2020 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. Self Plus Family provides benefits for you and your eligible family members. Then review the chart below 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](http://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](http://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 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

| Plan Option |               | 2020 Rates <sup>2</sup><br>Northeast Ohio* |          | Non-Postal Premium |            |               |            | Postal Premium |            |
|-------------|---------------|--|----------|--------------------|------------|---------------|------------|----------------|------------|
|             |               |  |          | Biweekly Share     |            | Monthly Share |            | Biweekly Share |            |
|             |               |  |          | Enrollment Code    | Government | You           | Government | You            | Category 1 |
| Standard    | Self Only     | 644  | \$235.77 | \$238.59           | \$510.84   | \$516.94      | \$235.31   | \$225.49       |            |
|             | Self + One    | 646  | \$504.12 | \$539.49           | \$1,092.26 | \$1,168.90    | \$532.49   | \$511.48       |            |
|             | Self + Family | 645  | \$546.47 | \$592.01           | \$1,184.02 | \$1,282.69    | \$584.42   | \$561.66       |            |
| Basic       | Self Only     | UX1  | \$152.36 | \$50.78            | \$330.11   | \$110.03      | \$48.75    | \$42.15        |            |
|             | Self + One    | UX3  | \$335.19 | \$111.73           | \$726.25   | \$242.08      | \$107.26   | \$92.74        |            |
|             | Self + Family | UX2  | \$365.66 | \$121.88           | \$792.26   | \$264.08      | \$117.01   | \$101.16       |            |

\*Ashland, Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull and Wayne counties.

| Plan Option |               | 2020 Rates <sup>2</sup><br>Northwest Ohio* |          | Non-Postal Premium |            |               |            | Postal Premium |            |
|-------------|---------------|--|----------|--------------------|------------|---------------|------------|----------------|------------|
|             |               |  |          | Biweekly Share     |            | Monthly Share |            | Biweekly Share |            |
|             |               |  |          | Enrollment Code    | Government | You           | Government | You            | Category 1 |
| Standard    | Self Only     | X64  | \$235.77 | \$156.27           | \$510.84   | \$338.58      | \$152.99   | \$143.17       |            |
|             | Self + One    | X66  | \$504.12 | \$358.36           | \$1,092.26 | \$776.45      | \$351.36   | \$330.35       |            |
|             | Self + Family | X65  | \$546.47 | \$394.42           | \$1,184.02 | \$854.58      | \$386.83   | \$364.07       |            |
| Basic       | Self Only     | X61  | \$152.30 | \$50.77            | \$329.99   | \$110.00      | \$48.74    | \$42.14        |            |
|             | Self + One    | X63  | \$335.06 | \$111.69           | \$725.97   | \$241.99      | \$107.22   | \$92.70        |            |
|             | Self + Family | X62  | \$365.52 | \$121.84           | \$791.96   | \$263.99      | \$116.97   | \$101.13       |            |

\*Allen, Defiance, Fulton, Henry, Lucas, Ottawa, Putnam, Sandusky, Seneca and Wood counties.

| Plan Option |               | 2020 Rates <sup>2</sup><br>Southwest Ohio* |          | Non-Postal Premium |            |               |            | Postal Premium |            |
|-------------|---------------|--|----------|--------------------|------------|---------------|------------|----------------|------------|
|             |               |  |          | Biweekly Share     |            | Monthly Share |            | Biweekly Share |            |
|             |               |  |          | Enrollment Code    | Government | You           | Government | You            | Category 1 |
| Standard    | Self Only     | YF4  | \$235.77 | \$211.45           | \$510.84   | \$458.14      | \$208.17   | \$198.35       |            |
|             | Self + One    | YF6  | \$504.12 | \$479.76           | \$1,092.26 | \$1,039.48    | \$472.76   | \$451.75       |            |
|             | Self + Family | YF5  | \$546.47 | \$526.86           | \$1,184.02 | \$1,141.53    | \$519.27   | \$496.51       |            |
| Basic       | Self Only     | YF1  | \$152.36 | \$50.78            | \$330.11   | \$110.03      | \$48.75    | \$42.15        |            |
|             | Self + One    | YF3  | \$335.19 | \$111.73           | \$726.25   | \$242.08      | \$107.26   | \$92.74        |            |
|             | Self + Family | YF2  | \$365.66 | \$121.88           | \$792.26   | \$264.08      | \$117.01   | \$101.16       |            |

\*Adams, Brown, Butler, Champaign, Clark, Clermont, Greene, Hamilton, Miami, 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 your special FEHB Guide or contact the agency that maintains your health benefits enrollment.

# Contact Information

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.  
Saturday, 9 a.m.–7:30 p.m.

## By Mail

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

## Online

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









# MEDICAL MUTUAL®

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Cleveland, OH 44115-1355

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