

GET IN THE AEP SPIRIT!

WIN WITH



MEDICAL MUTUAL®



PARAMOUNT

Medicare Advantage

2025 Medicare Advantage Plan Preview



Looking Ahead

As we head into the AEP season, we couldn't be more excited about what we have in store for our Medicare Advantage business in 2025. We've made significant product investments in the areas that matter most to the seniors we serve — we're making our plans more affordable, enhancing our network and delivering even more value through boosted supplemental benefits.

Earlier this year, Paramount joined the Medical Mutual family of companies. We're proud to enter this AEP as two hometown health insurers and offer even more Medicare Advantage choices in 2025 and beyond. Nothing says hometown spirit like two companies with more than 125 years of combined experience and dedication to our local communities. We are so proud to be part of a unified organization that puts our members and our communities first. Your clients will be well taken care of with Medical Mutual and Paramount, and we look forward to serving them in 2025.

To those of you who have worked with us in the past, thank you for being a vital partner in our mission. We are happy to see you back with us for another year. If this is your first AEP with us, we welcome you! We have an exciting year ahead of us. Thank you for all that you do. We look forward to a winning AEP season with you!

Lori Johnston

President, Paramount Health

Matt Feret

Executive Vice President, Sales & Customer Relations

Your Hometown Health Insurers

Behind every athlete is a support system that's there to cheer them on, help them perform their best and give them a reason to believe when they need it most. With over 1.4 million members, Medical Mutual and Paramount are dedicated to helping those in our communities live healthier at every stage of life. Together, we will continue our goal of developing products and services that help our members and support our brokers.



1.4 Million Members Strong

Supported by a team of 3,500 Ohio-based employees and proud to serve 160,000 Medicare members



125+ Years of Trust and Partnership

Dedicated to helping people live healthier at every life stage



Being "Mutual" Matters

As a mutual company, we don't have stockholders or pay dividends to investors. Our focus is on our policyholders and helping them live healthier lives.



WIN!

Your Hometown Team by the Numbers

Medical Mutual and Paramount continue to rise through the ranks of Medicare Advantage providers, and thanks to brokers like you, we reached record numbers in 2023.



Commitment to Communities and to Quality

Our employees, our brokers and our members live, work and play right here in Ohio, so it's no surprise that local, high-quality service is our top priority. We rally behind our claims accuracy, our dedication to call resolution and our plan ratings, but our community pride goes beyond coverage. In 2023, Medical Mutual and provided 191,000 meals to local food banks, awarded over \$200,000 in scholarships and logged over 3,400 volunteer hours. We are committed to our communities because they are a part of who we are.



Your Local Legends

We have a straight-A standard when it comes to our plans. Together, we continue to make our Medicare Advantage plans more affordable and deliver better value for all of our members.

 Affordable

 Local

 High Quality



GO! SE

2025 Plan Enhancements

Both Paramount and Medical Mutual have major plan improvements coming in 2025, and if you're looking to win this AEP, you need two local champions in your portfolio. We want to GET LOUD about these enhancements to our most competitive plans.

Medical Mutual 2025 Plan Highlights

Enhancing our Most Competitive Plans:

Delivering greater affordability and overall value on our Signature HMO-POS and Access PPO plans

- Lower out-of-pocket maximum for better protection against unexpected costs¹
- \$0 prescription drug deductible^{1,2}
- \$3,200 comprehensive and preventive dental coverage—plus new 0% coinsurance on certain services up to the benefit maximum²
- Out-of-network dental coverage^{1,2}
- Transportation benefit now available without inpatient requirement

Satisfying the Needs of More Ohioans

Redesigning our Secure HMO-POS plan to serve the Low-Income Subsidy population

- New \$50 grocery allowance monthly³
- New \$2,500 comprehensive and preventive dental coverage—plus out-of-network dental coverage
- \$200 vision allowance
- \$115 over-the-counter allowance quarterly
- Lower out-of-pocket maximum for better protection against unexpected costs¹
- New \$0 prescription drug deductible

1. Access PPO (H4497-005-004)

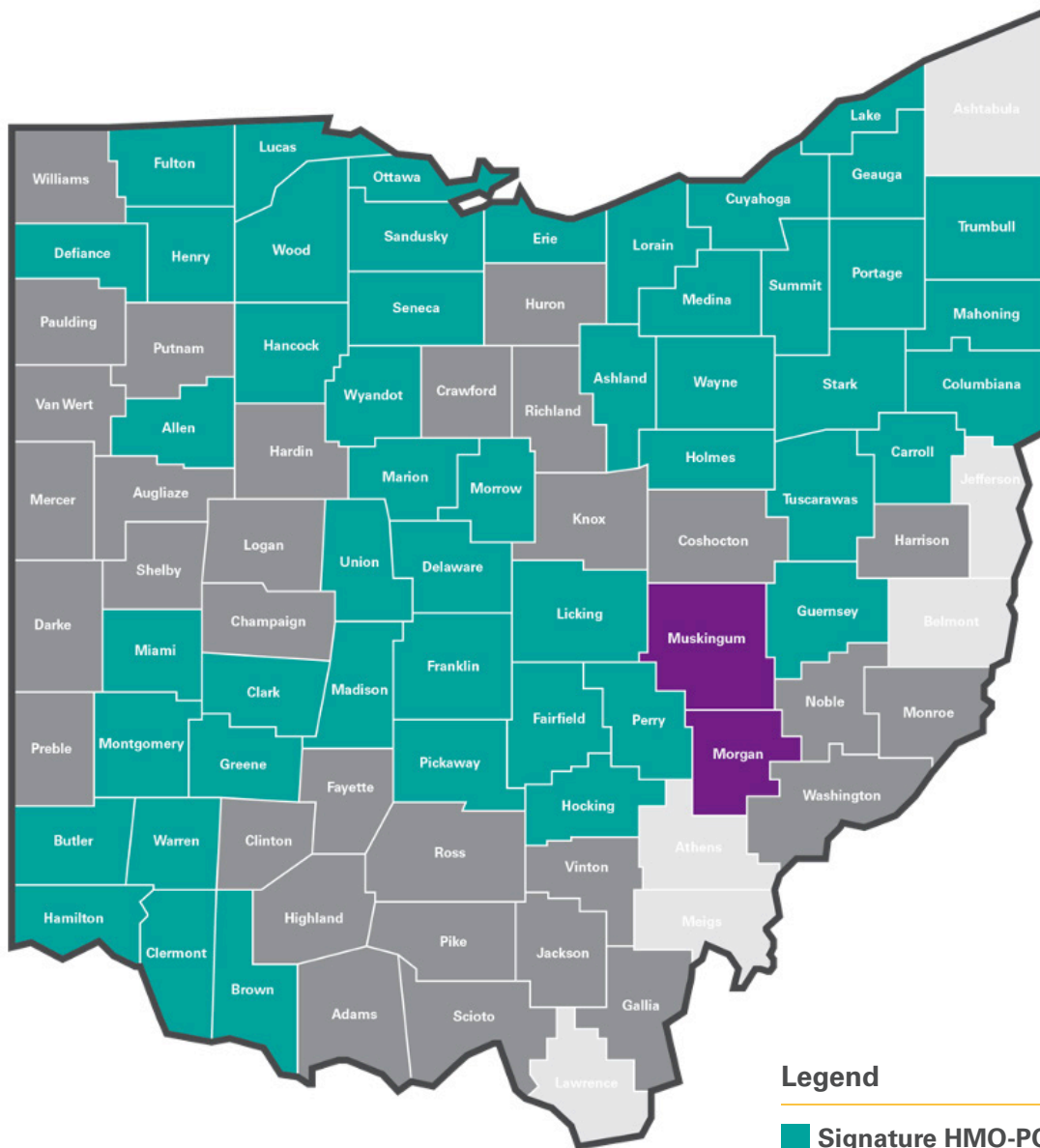
2. Signature HMO-POS (H6723-006-006)

3. Members must qualify for Special Supplemental Benefit for the Chronically Ill (SSBCI). H6723-005-001 plan only.

ALL! WIN!

2025 Medical Mutual Medicare Advantage Plans

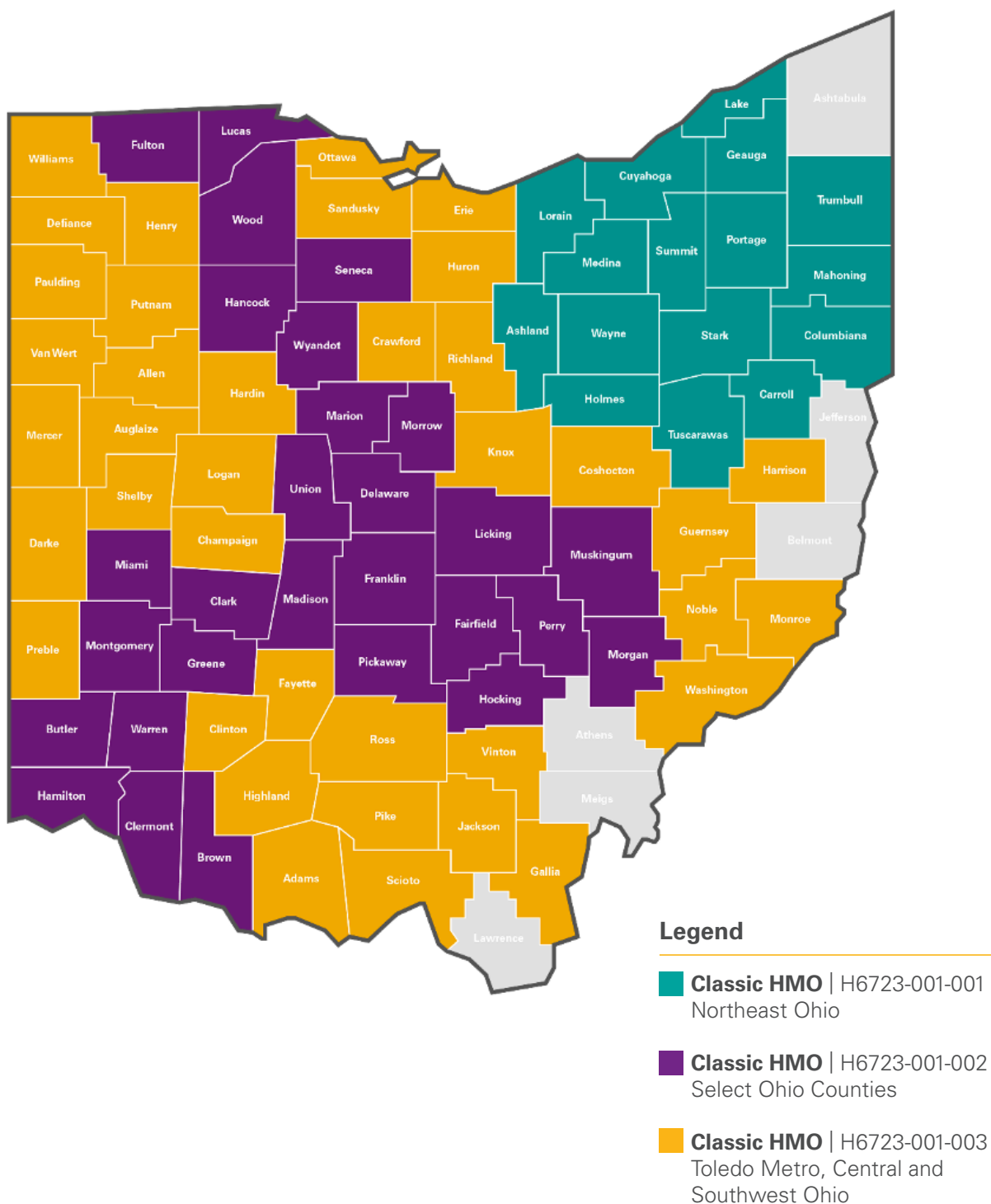
MedMutual Advantage Signature HMO-POS, Secure HMO-POS and Access PPO Service Area



Legend

- Signature HMO-POS** | H6723-006-006
Secure HMO-POS | H6723-005-001
Access PPO | H4497-005-003
Northeast, Northwest, Central, Eastern and Southwest Ohio
- Signature HMO-POS** | H6723-006-007
Secure HMO-POS | H6723-005-002
Access PPO | H4497-005-004
Southeast Ohio

MedMutual Advantage Classic HMO Service Area



MedMutual Advantage Signature HMO-POS Plans | 006 and 007

| | Signature HMO-POS | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| | H6723-006-006 | H6723-006-007 |
| Premium | \$0 | \$0 |
| MOOP | \$3,300 | \$3,900 |
| PCP | \$0 | \$0 |
| Specialist | \$0 | \$35 |
| Podiatry | \$0 | \$35 |
| Occupational Therapy | \$40 | \$45 |
| Physical Therapy | \$30 | \$35 |
| Inpatient | \$325 (Days 1-6) | \$325 (Days 1-6) |
| Observation Services | \$375 | \$390 |
| Outpatient (Surgical) | \$340 | \$355 |
| Diagnostic (CT / MRI / PET) | \$100 / \$125 / \$125 | \$100 / \$125 / \$125 |
| ER | \$110 | \$110 |
| Urgent | \$25 | \$35 |
| Preferred Rx Copays | –\$0 Deductible –Retail 30-Day: \$0 / \$0 / \$42 / 50% / 31% / \$0 – Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A / \$0 | –\$0 Deductible –Retail 30-Day: \$0 / \$0 / \$42 / 50% / 31% / \$0 –Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A / \$0 |
| Dental | \$3,200 (preventive and comprehensive) 0% coinsurance up to benefit maximum (50% OON) Dentures and implants included (50% coinsurance) | \$3,200 (preventive and comprehensive) 30-50% coinsurance up to benefit maximum (50% OON) |
| Vision | \$300 eyewear allowance | \$250 eyewear allowance |
| Hearing | \$499/ \$699/ \$999 copay for hearing aids | \$499/ \$699/ \$999 copay for hearing aids |
| OTC | \$100 per quarter (no rollover) | \$70 per quarter (no rollover) |
| Travel/Visitor Benefit | Up to \$7,500 per year | Up to \$7,500 per year |

MedMutual Advantage Secure HMO-POS Plans | 001 and 002

| | Secure HMO-POS | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| | H6723-005-001 | H6723-005-002 |
| Premium | \$39 | \$30 |
| MOOP | \$3,350 | \$4,200 |
| PCP | \$0 | \$0 |
| Specialist | \$20 | \$30 |
| Podiatry | \$20 | \$30 |
| Occupational Therapy | \$45 | \$45 |
| Physical Therapy | \$40 | \$40 |
| Inpatient | \$350 (Days 1-6) | \$335 (Days 1-6) |
| Observation Services | \$390 | \$395 |
| Outpatient (Surgical) | \$310 | \$375 |
| Diagnostic (CT / MRI / PET) | \$100 / \$125 / \$125 | \$100 / \$175 / \$175 |
| ER | \$110 | \$110 |
| Urgent | \$20 | \$30 |
| Preferred Rx Copays | –\$0 Deductible –Retail 30-Day: \$0 / \$5 / \$42 / 50% / 31% – Mail-Order 90-Day: \$0 / \$10 / \$110 / 50% / N/A | –\$0 Deductible – Retail 30-Day: \$0 / \$5 / \$42 / 50% / 31% –Mail-Order 90-Day: \$0 / \$10 / \$110 / 50% / N/A |
| Dental | \$2,500 (preventive and comprehensive) 30-50% coinsurance up to benefit maximum (50% OON) | \$850 (preventive and comprehensive) 30-50% coinsurance up to the benefit maximum (50% OON) |
| Vision | \$200 eyewear allowance | \$100 eyewear allowance |
| Hearing | \$499/ \$699/ \$999 copay for hearing aids | \$499/ \$699/ \$999 copay for hearing aids |
| OTC | \$115 per quarter (no rollover) | \$80 per quarter (no rollover) |
| Grocery Allowance | \$50 per month* (no rollover) | Not Included |
| Travel/Visitor Benefit | Up to \$7,500 per year | Up to \$7,500 per year |

*Individuals must qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI). Restrictions apply.

MedMutual Advantage Access PPO Plans | 003 and 004

| | Access PPO | | | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| | H4497-005-003 | | H4497-005-004 | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Premium | \$0 | \$0 | \$0 | \$0 |
| Deductible | \$0 | \$0 | \$0 | \$0 |
| MOOP | \$4,300 | \$7,990 (Combined IN & OON) | \$6,775 | \$11,000 (Combined IN & OON) |
| PCP / Specialist | \$0 / \$30 | \$10 / \$55 | \$0 / \$35 | \$10 / \$55 |
| Podiatry | \$30 | \$55 | \$35 | \$55 |
| Occupational Therapy | \$45 | \$50 | \$35 | \$55 |
| Physical Therapy | \$40 | \$45 | \$40 | \$45 |
| Inpatient | \$330 (Days 1-5) | 40% | \$370 (Days 1-5) | 40% |
| Observation Services | \$395 | 40% | \$395 | 40% |
| Outpatient (Surgical) | \$340 | \$400 | \$345 | \$400 |
| Diagnostic (CT / MRI / PET) | \$100 / \$175 / \$175 | 40% | \$100 / \$175 / \$175 | 40% |
| ER / Urgent | \$110 / \$40 | \$110 / \$40 | \$110 / \$40 | \$110 / \$40 |
| Preferred Rx Copays | – \$0 Deductible – Retail 30-Day: \$4 / \$8 / \$42 / 50% / 33% / \$0 – Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A / \$0 | | – \$0 Deductible – Retail 30-Day: \$4 / \$8 / \$42 / 50% / 33% / \$0 – Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A / \$0 | |
| Dental | – \$3,200 (preventive and comprehensive) – 0% coinsurance up to benefit maximum (50-70% OON) – Dentures and implants included (50% IN/ 70% OON) | | – \$2,000 (preventive and comprehensive) – 30-50% coinsurance (50-70% OON) | |
| Vision | \$250 eyewear allowance | | \$100 eyewear allowance | |
| Hearing | \$499/ \$699/ \$999 copay for hearing aids (In network) | | \$499/ \$699/ \$999 copay for hearing aids (In Network) | |
| OTC | \$80 per quarter (no rollover) | | \$60 per quarter (no rollover) | |
| Travel/Visitor Benefit | Up to \$7,500 per year | | Up to \$7,500 per year | |

MedMutual Advantage Classic HMO Plans | 001, 002 and 003

| | Classic HMO | | |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| | H6723-001-001 | H6723-001-002 | H6723-001-003 |
| Premium | \$0 | \$0 | \$0 |
| MOOP | \$4,600 | \$4,800 | \$4,900 |
| PCP | \$0 | \$0 | \$0 |
| Specialist | \$25 | \$25 | \$40 |
| Podiatry | \$35 | \$35 | \$40 |
| Occupational Therapy | \$45 | \$45 | \$45 |
| Physical Therapy | \$35 | \$40 | \$40 |
| Inpatient | \$290 (Days 1-7) | \$285 (Days 1-6) | \$290 (Days 1-7) |
| Observation Services | \$400 | \$350 | \$350 |
| Outpatient (Surgical) | \$310 | \$360 | \$310 |
| Diagnostic (CT / MRI / PET) | \$100 / \$175 / \$175 | \$150 / \$225 / \$225 | \$100 / \$175 / \$175 |
| ER | \$110 | \$110 | \$110 |
| Urgent | \$30 | \$45 | \$35 |
| Preferred Rx Copays | –\$95 Deductible (excludes T1 and T2) –Retail 30-Day: \$0 / \$5 / \$42 / 50% / 31% –Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A | –\$95 Deductible (excludes T1 and T2) –Retail 30-Day: \$0 / \$5 / \$42 / 50% / 31% – Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A | –\$95 Deductible (excludes T1 and T2) –Retail 30-Day: \$0 / \$5 / \$42 / 50% / 31% – Mail-Order 90-Day: \$0 / \$0 / \$110 / 50% / N/A |
| Dental | \$3,000 (preventive and comprehensive) 30-50% coinsurance up to benefit maximum | Preventive | \$3,000 (preventive and comprehensive) 30-50% coinsurance up to benefit maximum |
| Vision | \$200 eyewear allowance | \$200 eyewear allowance | \$200 eyewear allowance |
| Hearing | \$499/ \$699/ \$999 copay for hearing aids | \$499/ \$699/ \$999 copay for hearing aids | \$499/ \$699/ \$999 copay for hearing aids |
| OTC | \$90 per quarter (no rollover) | Not included | \$80 per quarter (no rollover) |
| Travel/Visitor Benefit | Up to \$7,500 per year | Up to \$7,500 per year | Up to \$7,500 per year |

Medical Mutual Supplemental Benefits

We offer additional benefits with all of our plans that help our policyholders stay healthy, get better and recover comfortably.



Enhanced Supplemental Benefits: Stay Healthy

NEW! Grocery Allowance

- \$50 monthly allowance*

NEW! Member Rewards Program

- Members can earn up to \$200 in rewards for completing healthy activities

Dental

- \$0 copays, 2 oral exams, 2 cleanings, 1 bitewing dental X-ray
- Comprehensive benefits available on some plans (up to \$3,200)

Eye Care

- \$0 copay, 1 exam
- Up to \$300 annual allowance for eyewear

Hearing Aids

- \$0 exam copay, 1 hearing exam, 1 hearing aid per ear per year with copays as low as \$499

Over-the-Counter

- Money loaded onto a card once per quarter to be used for health-related spending

SilverSneakers® Membership

- Access to 17,000+ facilities and a wide range of fitness classes

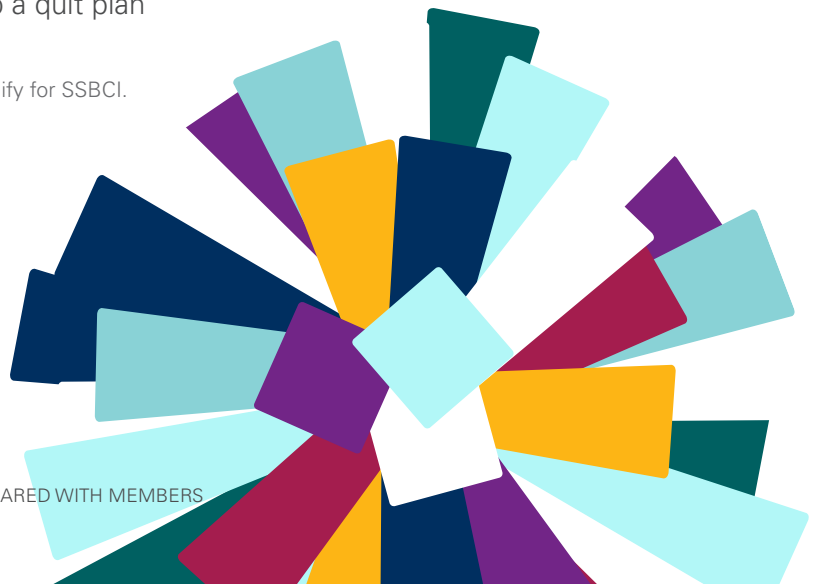
WeightWatchers®

- Discounted membership on Digital, Digital + Studio and WeightWatchers for Diabetes programs

Tobacco Cessation Program

- One-on-one coaching to develop a quit plan

*H6723-005-001 plan only. Members must qualify for SSBCI.





Extra Benefits: Get Better

MedMutual Advantage Travel Plus™

- Up to \$7,500 calendar year max toward care received outside of Ohio
- Claims paid at in-network level

Telemedicine

- Connect with a provider electronically

24-hour Nurse Line

- A clinical expert provides answers to health questions 24/7

Member Assistance Program

- High-risk members are paired with a personal advocate to help coordinate care and remove barriers to care

Chronic Condition Management Program

- A trained health coach helps members manage chronic conditions and maintain independence



Extra Benefits: Recover Comfortably

Transportation Services

- Up to 24 non-emergency trips to medical appointments

Home Meals Program

- Provides two meals a day for seven days after an inpatient hospital stay

Transitional Care

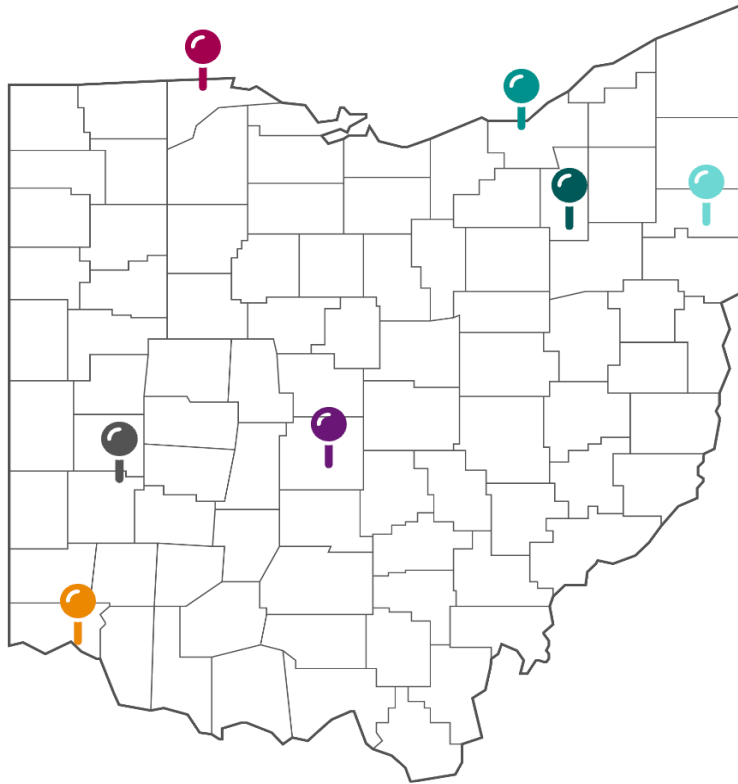
- A nurse visit, health coaching and care coordination services to help members transition home from the hospital

Palliative Care

- Care coordination and home-based support services to help improve quality of life for members with serious illnesses

The Medical Mutual Network

We show our Ohio spirit through our coverage. Check out the major hospital systems and pharmacies in our network:



Cleveland

- Cleveland Clinic
- University Hospitals
- MetroHealth

Toledo

- Mercy Health
- ProMedica
- University of Toledo Medical Center

Columbus

- OhioHealth
- Mount Carmel
- The Ohio State University Wexner Medical Center
 - Arthur G. James Cancer Hospital

Cincinnati

- Mercy Health
- The Christ Hospital
- TriHealth
- University of Cincinnati Medical Center

Akron

- Cleveland Clinic Akron General
- Summa Health

Youngstown

- Mercy Health

Dayton

- Premier Health
- Kettering Health

Medical Mutual Preferred Pharmacy Network



*This is not a complete listing. Other providers are available in our network.

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2025 Plan Enhancements

Paramount 2025 Plan Highlights

Prioritizing Affordability

- \$0 PPO plan with a \$0 deductible available across our 47 Ohio counties and **New!** in Kentucky, Michigan and Indiana service areas for 2025
- Reduced maximum out-of-pocket on our major plans
- \$0 PPO MA-Only plan with \$50 Part B rebate available across our 47 Ohio-counties and in Kentucky, Michigan and Indiana service areas
- \$0 copays on every plan for Tier 1 and Tier 2 drugs (30- and 90-day standard retail and mail order)

Bettering Our Benefits

- \$200 combined vision-wear allowance with EyeMed. Vision network providers include Walmart, Lenscrafters and others
- Up to a \$7,500 maximum dental plan allowance and ADA codes, including crowns and dentures
- Over-the-counter allowance as high as \$175 quarterly

Paramount Elite HMO-POS Plan Designs by Market

| State | Region | Counties | Elite Enhanced HMO-POS | Elite Standard HMO-POS | Elite Prime HMO-POS | Elite Essential HMO-POS |
|----------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------|-------------------------|
| Ohio | Northwest Ohio | Crawford, Defiance, Erie, Fulton, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Wayne, Williams, Wood, Wyandot | ✓ | ✓ | ✓ | |
| | Northeast Ohio | Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit, Wayne | | ✓ | | |
| | Southwest Ohio | Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Madison, Miami, Montgomery, Preble, Shelby, Warren | | | | ✓ |
| Michigan | Southeast Michigan | Branch, Hillsdale, Lenawee, Monroe, Washtenaw | ✓ | ✓ | ✓ | |
| Kentucky | Northern Kentucky | Boone, Campbell, Kenton | | | | ✓ |
| Indiana | Northeast Indiana | Adams, Allen, DeKalb, Noble | | ✓ | | |
| | Southeast Indiana | Dearborn, Franklin, Ohio, Switzerland | | | | ✓ |

Paramount Elite PPO Plan Designs by Market

| State | Region | Counties | Elite Preferred PPO | Elite Courage PPO |
|----------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|
| Ohio | Northwest Ohio | Crawford, Defiance, Erie, Fulton, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Wayne, Williams, Wood, Wyandot | ✓ | ✓ |
| | Northeast Ohio | Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit, Wayne | ✓ | ✓ |
| | Southwest Ohio | Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Madison, Miami, Montgomery, Preble, Shelby, Warren | ✓ | ✓ |
| Michigan | Southeast Michigan | Branch, Hillsdale, Lenawee, Monroe, Washtenaw | ✓ | ✓ |
| Kentucky | Northern Kentucky | Boone, Campbell, Kenton | ✓ | ✓ |
| Indiana | Northeast Indiana | Adams, Allen, DeKalb, Noble | ✓ | ✓ |
| | Southeast Indiana | Dearborn, Franklin, Ohio, Switzerland | ✓ | ✓ |



Paramount Elite HMO-POS Plans









| Plan | Elite Standard HMO-POS | Elite Prime HMO-POS | Elite Enhanced HMO-POS |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Premium | \$0 | \$27 | \$68 |
| Deductible | \$0 | \$0 | \$0 |
| MOOP | \$3,500 | \$3,300 | \$3,100 |
| PCP | \$0 | \$0 | \$0 |
| Specialist | \$20 | \$20 | \$30 |
| Urgent Care | \$35 | \$35 | \$35 |
| Emergency Care | \$140 | \$140 | \$140 |
| Inpatient Hospital (per hospital stay) | •Days 1-5: \$325 •Days 6-90: \$0 | •Days 1-5: \$310 •Days 6-90: \$0 | •Days 1-5: \$225 •Days 6-90: \$0 |
| Skilled Nursing Facility *100 day limit | •Days 1-20: \$0 •Days 21-100: \$186 | •Days 1-20: \$0 •Days 21-100: \$214 | •Days 1-20: \$0 •Days 21-100: \$214 |
| Outpatient Lab Services | \$0 | \$0 | \$0 |
| Outpatient Diagnostic | \$20 | \$15 | \$10 |
| OTC | \$150 quarterly (no rollover) | \$155 quarterly (no rollover) | \$162 quarterly (no rollover) |
| Rx | - \$0 Deductible - Retail 30 Days: \$0 / \$0 / \$45 / \$100 / 33% - Retail 90 Days: \$0 / \$0 / \$135 / \$300 / 33% - Mail 30 Days: \$0 / \$0 / \$45 / \$100 - Mail 90 Days: \$0 / \$0 / \$90 / \$200 | - \$0 Deductible - Retail 30 Days: \$0 / \$0 / \$45 / \$100 / 33% - Retail 90 Days: \$0 / \$0 / \$135 / \$300 / 33% - Mail 30 Days: \$0 / \$0 / \$45 / \$100 - Mail 90 Days: \$0 / \$0 / \$90 / \$200 | - \$0 Deductible - Retail 30 Days: \$0 / \$0 / \$42 / \$100 / 33% - Retail 90 Days: \$0 / \$0 / \$126 / \$300 / 33% - Mail 30 Days: \$0 / \$0 / \$42 / \$100 - Mail 90 Days: \$0 / \$0 / \$84 / \$200 |
| Dental | -Annual Maximum:\$6,000 -Deductible:\$0 -\$0 preventive and comprehensive care | Annual Maximum:\$6,500 -Deductible: \$0 -\$0 preventive and comprehensive care | Annual Maximum:\$7,500 -Deductible: \$0 -\$0 preventive and comprehensive care |
| Vision | -\$0 routine visits -\$200 Eyewear Allowance | -\$0 routine visits -\$200 Eyewear Allowance | -\$0 routine visits -\$200 Eyewear Allowance |
| Hearing | -\$0 deductible -\$20 diagnostic visits -Hearing Aids up to \$500 | -\$0 deductible -\$20 diagnostic visits -Hearing Aids up to \$500 | -\$0 deductible -\$30 diagnostic visits -Hearing Aids up to \$500 |

Paramount Elite PPO Plans

| Plan | Elite Preferred (PPO) In-Network/Out-of-Network | Elite Courage Med-Only (PPO) In-Network/Out-of-Network |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Premium | \$0 | \$0 |
| Deductible | \$0 | |
| Part B Premium Rebate | Not Applicable | \$50 |
| MOOP | \$4,200 / \$5,700 | \$4,151 / \$8,950 |
| PCP | \$0 / \$10 copay per visit | \$0 copay per visit / 30% coinsurance |
| Specialist | \$25 / \$40 copay per visit | \$35 copay per visit/30% coinsurance |
| Urgent Care | \$35 | \$35 |
| Emergency Care | \$100 | \$125 |
| Inpatient Hospital *per each hospital stay | •Days 1-5: \$360 (IN/OON) •Days 6-90: \$0 (IN/OON) | •Days 1-5: \$300 •Days 6-90: \$0 •Out-of-network: 30% coinsurance. |
| Skilled Nursing Facility *100 day limit | •Days 1-20: \$0 copay per day. •Days 21-100: \$214 copay per day •Out-of-network: 40% coinsurance. | •Days 1-20: \$0 copay per day. •Days 21-100: \$214 copay per day •Out-of-network: 30% coinsurance. - |
| Outpatient Lab Services | \$0-10 copay per visit (IN) 10% coinsurance (OON) | \$0-5 copay per visit/30% coinsurance |
| Diagnostic Tests | \$50 copay per visit/10% coinsurance | \$10 copay per visit/30% coinsurance |
| OTC | \$175 quarterly (no rollover) | \$150 quarterly (no rollover) |
| RX | -\$0 Deductible -30 Day Retail: \$ 0 / \$0 / \$45 / \$100 / 33% -90 Day Retail: \$0 / \$0 / \$135 / \$300 / 33% -30 Day Mail: \$0 / \$0 / \$45 / \$100 / 33% -90 Day Mail:\$ 0 / \$0 / 90 / \$200 / 33% | Not Covered |
| Dental | Annual Maximum:\$7,500 -Deductible: \$0 -\$0 preventive and comprehensive care -30% OON | Annual Maximum:\$2,500 -Deductible: \$0 -\$0 preventive and comprehensive care - OON coverage |
| Vision | -\$0 routine exams / 10%OON -\$200 Eyewear Allowance | -\$0 routine exams / \$25- \$150 OON -\$200 Eyewear Allowance |
| Hearing | -\$0 routine exam -\$30 diagnostic exams /10% OON Hearing Aids up to \$675 | -\$0 routine exam/ 50% OON Hearing Aids up to \$675 |

Paramount Supplemental Benefits

Our Supplemental Benefits give our members peace of mind. Whether they're recovering or working to stay healthy, our additional benefits provide the resources they need.

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Over-the-Counter Benefit Members receive up to \$175 allowance every calendar quarter* for over-the-counter (OTC) items through a mail-order catalog and/or retail. |  | SilverSneakers® No-cost fitness membership. |
|  | Hearing Benefit \$0 copay for routine hearing exam (one visit per year). Hearing aid benefit up to \$675 per year/per ear. All types (inner, outer, over) at \$0 copay. |  | Meal Benefit After an inpatient or skilled nursing facility stay, plan provides two meals a day for 14 days (maximum of four weeks per year). |
|  | Non-Emergent Transportation Members receive 24 one-way trips (taxi, rideshare or van) for \$0 copay.** |  | Wellness Incentive Earn up to \$80 on a refillable benefits card. |
|  | Personal Emergency Response (PERS) Not available on MA-Only plans. |  | Virtual Doctor Visit PCP and behavioral health virtual visits at same low copays as in-person visits. |

*Varies based on plan choice.

**Not available on all plans

Paramount Networks

Our broad network gives members access to major providers in Ohio, Indiana and Kentucky.

Northeast Ohio

- Cleveland Clinic
- MetroHealth
- University Hospitals
- Mercy Health – Lorain Hospital

Southwest Ohio & Northern Kentucky

- Mercy Health
- Premier Health
- The Christ Hospital
- UC Health
- And many more!

Northwest Ohio & Southeast Michigan

- ProMedica
- Mercy Health
- The Toledo Clinic
- The University of Toledo Medical Center
- Wood County Hospital

Indiana

- Mercy Health
- Parkview Health
- Parkview Orthopedic Hospital North

Paramount Standard Pharmacy Network

At Paramount, we use a Standard Pharmacy network, including over 56,000 locations across the United States. Some of our most popular pharmacies include:



Finding the Right Fit

We know it can be challenging to find the right plan for each client's unique set of needs, but Medical Mutual and Paramount have a plan to fit every type of Medicare shopper. With our wide range of plan options, you'll leave this Annual Enrollment Period as a champion.



ROBERT
Value Seeker

Robert's story: Robert doesn't go to the doctor very often or take many medications. He watches his budget closely and wants healthcare that doesn't break the bank.

What Robert values in a health plan:

Affordability | Dental and Vision Coverage

What plan is right for Robert?

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> Signature HMO-POS | <input checked="" type="checkbox"/> Access PPO |
| <input checked="" type="checkbox"/> Elite Preferred PPO | <input checked="" type="checkbox"/> Elite Standard HMO-POS |

- \$0 copays for routine doctor visits and Tier 1 and 2 prescription drugs
- Enhanced vision and dental coverage, including dentures and implants—plus, 0% coinsurance on comprehensive dental services on select plans



BARBARA
Experience Seeker

Barbara's story: Barbara has some minor health concerns, but she is not overly concerned about her health. While she appreciates a good deal, she also wants a smooth and easy experience with her health insurer.

What Barbara values in a health plan:

Affordability | Trusted Insurer with Excellent Customer Service | Convenient Access to In-network Doctors

What plan is right for Barbara?

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> Signature HMO-POS | <input checked="" type="checkbox"/> Access PPO |
| <input checked="" type="checkbox"/> Elite Preferred PPO | <input checked="" type="checkbox"/> Elite Standard HMO-POS |

- \$0 copays for routine doctor visits and Tier 1 and 2 prescription drugs
- Trusted insurers with over 125 years of experience and outstanding, Ohio-based customer service
- Access to a broad network of providers, with out-of-network coverage options on PPO plans



JIM
Managing Care Needs

Jim's story: Jim manages several chronic health conditions and uses healthcare services frequently. He is looking for a health plan to help him manage his chronic conditions and provide access to the prescription drugs he needs at an affordable price.

What Jim values in a health plan:

Robust Formulary with Affordable Copays |
Chronic Condition Support

What plan is right for Jim?

- ☒ Classic HMO
- ☒ Elite Enhanced HMO-POS
- ☒ Elite Prime HMO-POS

- Access to our richest formulary with Classic HMO plans
- \$0 copays for Tier 1 prescription drugs at retail and mail order
- Variety of programs to help manage chronic conditions, including health coaching, member assistance program, SilverSneakers fitness membership, tobacco cessation program, telemedicine, transportation, meal delivery services, and more



KIM
Receiving Extra Help

Kim's story: Kim is eligible for Low-Income Subsidy. She manages several chronic health conditions and watches her budget closely. She is looking for a health plan that gives her access to extra benefits and services that make her budget go further while helping her manage chronic conditions.

What Kim values in a health plan:

Enhanced Supplemental Benefits | Affordability |
Chronic Condition Support

What plan is right for Kim?

- ☒ Secure HMO-POS

- \$50 monthly grocery allowance for those who qualify*
- Enhanced dental and vision coverage
- Variety of programs to help manage chronic conditions, including health coaching, member assistance program, SilverSneakers fitness membership, tobacco cessation program, telemedicine, transportation, meal delivery services, and more

*H6723-005-001 plan only. Members must qualify for SSBCI.

Your Broker Curriculum

You're a champion for your clients, coaching them through important decisions regarding their health coverage. It's a position that requires trust and dedication. That's why you need a team-player supporting from the sidelines. With the service, technology and resources Medical Mutual has to offer, you'll be voted "Most Likely to Succeed" this year.

Local, Dedicated Support

- **Training and Education**
- **Marketing Support**

Competitive Compensation

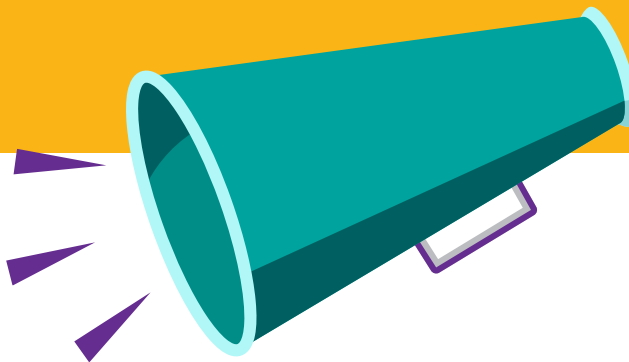
- **NEW! Now paying current FMV renewal rate on all MA policies**
- **Maximum compensation allowed by CMS, updated upon renewal**
- **If CMS raises allowable compensation, business written in 2021 and later will receive updated compensation upon renewal***
- **Incentives for completion of New Member Assessment**

*Paramount brokers receive full renewal compensation regardless of year

Technology & Resources

- **My Broker Link**
 - Customize/order supplies, materials and co-op pieces
 - Enroll & track applications
 - Access enrollment kits, EOCs, formulary tools and your book of business
- **MedMutual.com**
 - Find a Provider
 - Discover upcoming events
 - Download the First Look (when available)
- **ParamountHealthcare.com**
 - Find a Provider
 - Discover upcoming events

Your Pep Squad



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Notes

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Notes

This image shows a single sheet of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

