



## **2020 Annual Notice of Changes**

**MedMutual Advantage Preferred PPO Plan  
Region 1**

## **MedMutual Advantage Preferred PPO offered by Medical Mutual of Ohio (Medical Mutual)**

### **Annual Notice of Changes for 2020**

You are currently enrolled as a member of MedMutual Advantage Preferred PPO. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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#### **What to do now**

##### **1. ASK: Which changes apply to you**

☐ **Check the changes to our benefits and costs to see if they affect you.**

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.

☐ **Check the changes in the booklet to our prescription drug coverage to see if they affect you.**

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost-sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ **Check to see if your doctors and other providers will be in our network next year.**

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

☐ **Think about your overall health care costs.**

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ **Think about whether you are happy with our plan.**

**2. COMPARE:** Learn about other plan choices

☐ **Check coverage and costs of plans in your area.**

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
- Review the list in the back of your *Medicare & You* handbook.
- Look in Section 3.2 to learn more about your choices.

☐ **Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.**

**3. CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** MedMutual Advantage Preferred PPO, you don't need to do anything. You will stay in MedMutual Advantage Preferred PPO.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you **don't join another plan by December 7, 2019**, you will stay in MedMutual Advantage Preferred PPO.
- If you **join another plan by December 7, 2019**, your new coverage will start on January 1, 2020.

### **Additional Resources**

- Please contact our Customer Care number at 1-800-982-3117 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options.
- This booklet is available in alternate formats (e.g., Braille, large print, audio tapes).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

### **About MedMutual Advantage Preferred PPO**

- MedMutual Advantage Preferred PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage Preferred PPO plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage Preferred PPO.

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for MedMutual Advantage Preferred PPO in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$74	\$74
<b>Deductible</b>	\$1,750 for out-of-network services	\$1,750 for out-of-network services
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$5,700  From network and out-of-network providers combined: \$10,000	From network providers: \$5,700  From network and out-of-network providers combined: \$10,000
<b>Doctor office visits</b>	<u><b>In Network</b></u> Primary care visits: \$5 copay per visit Specialist visits: \$40 copay per visit  <u><b>Out of Network</b></u> Once you meet the \$1,750 yearly deductible, you pay 30% of the total cost.	<u><b>In Network</b></u> Primary care visits: \$5 copay per visit Specialist visits: \$40 copay per visit  <u><b>Out of Network</b></u> Once you meet the \$1,750 yearly deductible, you pay 30% of the total cost.
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<u><b>In Network</b></u> Days 1 - 5: \$360 copay per day Day 6 and thereafter: \$0 copay  <u><b>Out of Network</b></u> Once you meet the \$1,750 yearly deductible, you pay 30% of the total cost.	<u><b>In Network</b></u> Days 1 - 5: \$375 copay per day Day 6 and thereafter: \$0 copay  <u><b>Out of Network</b></u> Once you meet the \$1,750 yearly deductible, you pay 30% of the total cost.

Cost	2019 (this year)	2020 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: \$55  Copayment/Coinsurance during the Initial Coverage Stage:  <u>Drug Tier 1:</u> <b>Preferred</b> retail and mail-order pharmacies <ul style="list-style-type: none"> <li>• \$0 per prescription for up to a 30-day supply</li> <li>• \$0 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$6 per prescription for up to a 30-day supply</li> <li>• \$12 per prescription for up to a 90-day supply</li> </ul> <u>Drug Tier 2:</u> <b>Preferred</b> retail pharmacies <ul style="list-style-type: none"> <li>• \$10 per prescription for up to a 30-day supply</li> <li>• \$25 per prescription for up to a 90-day supply</li> </ul> <b>Preferred</b> mail-order pharmacies <ul style="list-style-type: none"> <li>• \$9 per prescription for up to a 30-day supply</li> <li>• \$22 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$15 per prescription for up to a 30-day supply</li> <li>• \$38 per prescription for up to a 90-day supply</li> </ul> <u>Drug Tier 3:</u> <b>Preferred</b> retail pharmacies <ul style="list-style-type: none"> <li>• \$42 per prescription for up to a 30-day supply</li> <li>• \$118 per prescription for up to a 90-day supply</li> </ul>	Deductible: \$55  Copayment/Coinsurance during the Initial Coverage Stage:  <u>Drug Tier 1:</u> <b>Preferred</b> retail and mail-order pharmacies <ul style="list-style-type: none"> <li>• \$0 per prescription for up to a 30-day supply</li> <li>• \$0 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$6 per prescription for up to a 30-day supply</li> <li>• \$12 per prescription for up to a 90-day supply</li> </ul> <u>Drug Tier 2:</u> <b>Preferred</b> retail pharmacies <ul style="list-style-type: none"> <li>• \$10 per prescription for up to a 30-day supply</li> <li>• \$25 per prescription for up to a 90-day supply</li> </ul> <b>Preferred</b> mail-order pharmacies <ul style="list-style-type: none"> <li>• \$9 per prescription for up to a 30-day supply</li> <li>• \$22 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$15 per prescription for up to a 30-day supply</li> <li>• \$38 per prescription for up to a 90-day supply</li> </ul> <u>Drug Tier 3:</u> <b>Preferred</b> retail pharmacies <ul style="list-style-type: none"> <li>• \$42 per prescription for up to a 30-day supply</li> <li>• \$118 per prescription for up to a 90-day supply</li> </ul>

Cost	2019 (this year)	2020 (next year)
	<p><b>Preferred</b> mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• \$40 per prescription for up to a 30-day supply</li> <li>• \$110 per prescription for up to a 90-day supply</li> </ul> <p><b>Standard</b> network retail pharmacies</p> <ul style="list-style-type: none"> <li>• \$47 per prescription for up to a 30-day supply</li> <li>• \$132 per prescription for up to a 90-day supply</li> </ul> <p><u>Drug Tier 4:</u>  <b>Preferred and Standard</b> network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• 50% of the total cost for up to a 30-day supply or a 90-day supply</li> </ul> <p><u>Drug Tier 5:</u>  <b>Preferred and Standard</b> network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• 32% of the total cost for up to a 30-day supply</li> </ul>	<p><b>Preferred</b> mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• \$40 per prescription for up to a 30-day supply</li> <li>• \$110 per prescription for up to a 90-day supply</li> </ul> <p><b>Standard</b> network retail pharmacies</p> <ul style="list-style-type: none"> <li>• \$47 per prescription for up to a 30-day supply</li> <li>• \$132 per prescription for up to a 90-day supply</li> </ul> <p><u>Drug Tier 4:</u>  <b>Preferred and Standard</b> network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• 50% of the total cost for up to a 30-day supply or a 90-day supply</li> </ul> <p><u>Drug Tier 5:</u>  <b>Preferred and Standard</b> network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> <li>• 32% of the total cost for up to a 30-day supply</li> </ul>

## ***Annual Notice of Changes for 2020***

### **Table of Contents**

<b>Summary of Important Costs for 2020.....</b>	<b>1</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year.....</b>	<b>5</b>
Section 1.1 Changes to the Monthly Premium .....	5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts .....	5
Section 1.3 Changes to the Provider Network .....	6
Section 1.4 Changes to the Pharmacy Network .....	7
Section 1.5 Changes to Benefits and Costs for Medical Services .....	7
Section 1.6 Changes to Part D Prescription Drug Coverage .....	10
<b>SECTION 2 Administrative Changes.....</b>	<b>15</b>
<b>SECTION 3 Deciding Which Plan to Choose.....</b>	<b>16</b>
Section 3.1 If you want to stay in MedMutual Advantage Preferred PPO.....	16
Section 3.2 If you want to change plans .....	17
<b>SECTION 4 Deadline for Changing Plans .....</b>	<b>17</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare.....</b>	<b>18</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs .....</b>	<b>18</b>
<b>SECTION 7 Questions? .....</b>	<b>19</b>
Section 7.1 Getting Help from MedMutual Advantage Preferred PPO .....	19
Section 7.2 Getting Help from Medicare.....	19



## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$74	\$74 (No change from 2019)
<b>Optional supplemental benefits</b>	You pay a \$25 premium for optional supplemental benefits if you enroll in this additional coverage.	You pay a \$22 premium for optional supplemental benefits if you enroll in this additional coverage.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,700	\$5,700 (No change from 2019) Once you have paid \$5,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2019 (this year)	2020 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$10,000	\$10,000 (No change from 2019) Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

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## Section 1.3 Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). You may also call Customer Care for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

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## Section 1.4 Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

## Section 1.5 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Chiropractic services</b>	<b><u>In Network</u></b> You pay a \$15 copay for each visit that Medicare covers to see a chiropractor.	<b><u>In Network</u></b> You pay a \$10 copay for each visit that Medicare covers to see a chiropractor.
<b>Dental and vision exclusions</b>	Dental and vision services excluded from coverage by your plan are listed in Chapter 4 of your <i>Evidence of Coverage</i> .	The list of dental and vision services excluded from coverage by your plan has been updated in Chapter 4 of your <i>Evidence of Coverage</i> .
<b>Diagnostic radiological services – listed under “Outpatient diagnostic tests and therapeutic services and supplies” and “Outpatient hospital services”</b>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>You pay a \$125 copay for each covered Magnetic Resonance test (MRI and MRA).</li> <li>You pay a \$350 copay for each covered nuclear medicine study, including PET scans.</li> </ul>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>You pay a \$175 copay for each covered Magnetic Resonance test (MRI and MRA).</li> <li>You pay a \$400 copay for each covered nuclear medicine study, including PET scans.</li> </ul>
<b>Home-based palliative care</b>	Home-based palliative care is <u>not</u> covered.	You pay a \$0 copay for covered home-based palliative care services.

<b>Cost</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Inpatient hospital care</b>	<b><u>In Network</u></b> You pay a \$360 copay per day for days 1 through 5.	<b><u>In Network</u></b> You pay a \$375 copay per day for days 1 through 5.
<b>Inpatient mental health care</b>	<b><u>In Network</u></b> You pay a \$330 copay per day for days 1 through 5.	<b><u>In Network</u></b> You pay a \$350 copay per day for days 1 through 5.
<b>Opioid treatment program services</b>	Opioid treatment program services are not listed as a separate service. Your cost sharing is based on type of service received.	<b><u>In Network</u></b> You pay a \$40 copay for opioid treatment program services.
<b>Outpatient hospital services</b>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>• You pay a \$375 copay for each covered surgery performed as an outpatient at a hospital.</li> <li>• You pay a \$300 copay for each covered surgery performed at an ambulatory surgical center.</li> </ul>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>• You pay a \$400 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital.</li> <li>• You pay a \$300 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</li> </ul>
<b>Outpatient surgery</b>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>• You pay a \$375 copay for each covered surgery performed as an outpatient at a hospital.</li> <li>• You pay a \$300 copay for each covered surgery performed at an ambulatory surgical center.</li> </ul>	<b><u>In Network</u></b> <ul style="list-style-type: none"> <li>• You pay a \$400 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital.</li> <li>• You pay a \$300 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</li> </ul>

<b>Cost</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Physician/Practitioner services – telehealth services</b>	The benefit description notes the following as covered services: “Certain telehealth services including consultation, diagnosis, and treatment by a physician or practitioner for patients in certain rural areas or other locations approved by Medicare.”	Additional information regarding covered telehealth services has been added.
<b>Prior authorization for outpatient rehabilitation services</b>	No prior authorization is required.	Your provider must obtain prior approval from the plan for certain occupational therapy, physical therapy, and speech therapy services. This is called prior authorization.
<b>Prior authorization for physician/practitioner services</b>	No prior authorization requirement is noted for physician/practitioner services.	Your provider must obtain prior approval for certain surgical procedures. This is called prior authorization.
<b>Prior authorization for sleep studies, surgical treatment of sleep apnea</b>	Prior authorization is required for sleep studies and related equipment and supplies and for surgical treatment of sleep apnea.	No prior authorization is required for sleep studies and related equipment and supplies or for surgical treatment of sleep apnea.  <b>Please note:</b> prior authorization is still required for any non-emergency inpatient hospital admission
<b>Skilled nursing facility (SNF) care</b>	<b><u>In Network</u></b> You pay a \$172 copay per day for days 21 through 100.	<b><u>In Network</u></b> You pay a \$178 copay per day for days 21 through 100.
<b>Supervised Exercise Therapy (SET) – for members who have symptomatic peripheral artery disease (PAD)</b>	<b><u>In Network</u></b> You pay a \$30 copay for each covered SET visit.	<b><u>In Network</u></b> You pay a \$10 copay for each covered SET visit.

Cost	2019 (this year)	2020 (next year)
<p><b>Transportation services</b>  After an inpatient stay in a hospital, eligible members may receive up to 24 one-way limited health-related trips. These trips must be requested within 90 days of discharge.</p> <p>LogistiCare must provide prior authorization in order for these services to be covered. If LogistiCare determines the transportation services are not an eligible expense, they will not be covered under this plan.</p> <p>Call LogistiCare toll free at 1-866-267-7640 to use your transportation benefit, to find out if you are eligible, or for more information about transportation services. (TTY users should call 1-866-288-3133.)</p> <p><b>Please note:</b> Transportation services are not available following a discharge for outpatient hospital observation services.</p>	<p>This type of transportation service is <u>not</u> covered.</p>	<p>You pay a \$0 copay for covered transportation services.</p>

## Section 1.6 Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy.

If after review of the Drug List you determine your drug(s) are restricted in some way (example: we have placed a prior authorization, step therapy, or quantity limit on it, or it doesn't appear at all), you may receive a temporary supply of your medication in the qualifying transition period. For additional information on this temporary supply, please refer to Chapter 5, Section 5.2 of the *Evidence of Coverage*.

We will continue to cover your approved exception request through the documented approval period. You will have to submit a new request upon the expiration date of your approved exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

### **Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30th, please call Customer Care and ask for the "LIS Rider." Phone numbers for Customer Care are in Section 7.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages - the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages - the Coverage Gap Stage or the Catastrophic Coverage Stage. To get

information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

### Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
<b>Stage 1: Yearly Deductible Stage</b>  During this stage, <b>you pay the full cost</b> of your Tier 3, Tier 4 and Tier 5 drugs until you have reached the yearly deductible.	The deductible is \$55.  During this stage, you pay: <ul style="list-style-type: none"> <li>• \$0 (<b>preferred</b> retail or mail order pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$6 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$0 (<b>preferred</b> retail or mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$12 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$10 (<b>preferred</b> retail pharmacy) or \$9 (preferred mail-order pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$15 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$25 (<b>preferred</b> retail pharmacy) or \$22 (preferred mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> </ul>	The deductible is \$55.  During this stage, you pay: <ul style="list-style-type: none"> <li>• \$0 (<b>preferred</b> retail or mail order pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$6 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$0 (<b>preferred</b> retail or mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$12 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$10 (<b>preferred</b> retail pharmacy) or \$9 (preferred mail-order pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$15 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$25 (<b>preferred</b> retail pharmacy) or \$22 (preferred mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> </ul>



Stage	2019 (this year)	2020 (next year)
	<ul style="list-style-type: none"> <li>\$38 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> </ul> <p style="text-align: center;"><b>and</b></p> <p>the full cost of drugs on <b>Tier 3, Tier 4 and Tier 5</b> until you have reached the yearly deductible.</p>	<ul style="list-style-type: none"> <li>\$38 (<b>standard</b> network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> </ul> <p style="text-align: center;"><b>and</b></p> <p>the full cost of drugs on <b>Tier 3, Tier 4 and Tier 5</b> until you have reached the yearly deductible.</p>

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost</b> . The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> . We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply at a network pharmacy: <b>Tier 1 (Preferred Generic Drugs):</b> <b>Standard cost-sharing:</b> You pay \$6 per prescription (retail). <b>Preferred cost-sharing:</b> You pay \$0 per prescription (retail or mail order). <b>Tier 2 (Generic Drugs):</b> <b>Standard cost-sharing:</b> You pay \$15 per prescription (retail). <b>Preferred cost-sharing:</b> You pay \$10 per prescription (retail) or \$9 per prescription (mail order). <b>Tier 3 (Preferred Brand Drugs):</b> <b>Standard cost-sharing:</b> You pay \$47 per prescription (retail). <b>Preferred cost-sharing:</b> You	Your cost for a one-month supply at a network pharmacy: <b>Tier 1 (Preferred Generic Drugs):</b> <b>Standard cost-sharing:</b> You pay \$6 per prescription (retail). <b>Preferred cost-sharing:</b> You pay \$0 per prescription (retail or mail order). <b>Tier 2 (Generic Drugs):</b> <b>Standard cost-sharing:</b> You pay \$15 per prescription (retail). <b>Preferred cost-sharing:</b> You pay \$10 per prescription (retail) or \$9 per prescription (mail order). <b>Tier 3 (Preferred Brand Drugs):</b> <b>Standard cost-sharing:</b> You pay \$47 per prescription (retail). <b>Preferred cost-sharing:</b> You

Stage	2019 (this year)	2020 (next year)
	<p>pay \$42 per prescription (retail) or \$40 per prescription (mail order).</p> <p><b>Tier 4 (Non-Preferred Drugs):</b>  <b>Standard cost-sharing:</b> You pay 50% of the total cost (retail).  <b>Preferred cost-sharing:</b> You pay 50% of the total cost (retail or mail order).</p> <p><b>Tier 5 (Specialty Drugs):</b>  <b>Standard cost-sharing:</b> You pay 32% of the total cost (retail).  <b>Preferred cost-sharing:</b> You pay 32% of the total cost (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>pay \$42 per prescription (retail) or \$40 per prescription (mail order).</p> <p><b>Tier 4 (Non-Preferred Drugs):</b>  <b>Standard cost-sharing:</b> You pay 50% of the total cost (retail).  <b>Preferred cost-sharing:</b> You pay 50% of the total cost (retail or mail order).</p> <p><b>Tier 5 (Specialty Drugs):</b>  <b>Standard cost-sharing:</b> You pay 32% of the total cost (retail).  <b>Preferred cost-sharing:</b> You pay 32% of the total cost (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages - the Coverage Gap Stage and the Catastrophic Coverage Stage - are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

The chart below shows some additional changes.

Process	2019 (this year)	2020 (next year)
<b>Catastrophic Coverage Stage cost-sharing</b> – when your out-of-pocket drug costs have reached a certain dollar amount.	<p>You enter the Catastrophic Coverage Stage when your year-to-date “out-of-pocket costs” for applicable Part D drugs reach \$5,100.</p> <p>Cost-sharing for Part D drugs in all tiers is calculated using the same methodology as in the Catastrophic Coverage Stage. This methodology is based on Medicare-defined amounts.</p>	<p>You enter the Catastrophic Coverage Stage when your year-to-date “out-of-pocket costs” for applicable Part D drugs reach \$6,350.</p> <p>You pay the Tier 1 copay for your <b>Tier 1 preferred generic drugs</b> through the Catastrophic Coverage Stage at a <b>preferred retail or mail order pharmacy</b>.</p> <p>Cost-sharing for Tier 1 drugs at a standard pharmacy and for drugs in all other tiers at preferred and standard pharmacies is calculated using Medicare-defined amounts during the Catastrophic Coverage Stage.</p>
<b>Mail order prescriptions – refills</b>	Your plan does not offer a program that automatically processes refills.	Your plan offers a program that automatically processes refills. See Chapter 5, Section 2.3 of your <i>Evidence of Coverage</i> for details.
<b>Medicare Part B drugs – step therapy requirements and appeals timeframes</b>	<p>Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> notes that some Part B drugs are subject to step therapy requirements.</p> <p>Part B drugs are not separately addressed in the timeframes for appeals in Chapter 9 of your <i>Evidence of Coverage</i>.</p>	<p>Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> also provides the following link for more detailed information on Part B drugs that are subject to step therapy requirements: <a href="http://MedMutual.com/MAplaninfo">MedMutual.com/MAplaninfo</a>.</p> <p>Chapter 9 of your <i>Evidence of Coverage</i> notes different appeals timeframes for Part B drugs than for medical items and services.</p>

Process	2019 (this year)	2020 (next year)
<b>Plan service area</b>	The service area for MedMutual Advantage Preferred PPO includes the following Ohio counties: Ashland, Brown, Butler, Carroll, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Hocking, Holmes, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morgan, Morrow, Perry, Pickaway, Portage, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood, and Wyandot.	The service area for MedMutual Advantage Preferred PPO includes the following Ohio counties: Ashland, Brown, Butler, Carroll, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Hocking, Holmes, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morgan, Morrow, Muskingum, Perry, Pickaway, Portage, Seneca, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wayne, Wood, and Wyandot.
<b>Payment options – paying by check</b>	The mailing address to pay your plan premium or Part D late enrollment penalty by check is listed in Chapter 1, Section 7.1 of your <i>Evidence of Coverage</i> as: Medical Mutual P.O. Box 932876 Cleveland, OH 44193-0025	The mailing address to pay your plan premium or Part D late enrollment penalty by check is listed in Chapter 1, Section 7.1 of your <i>Evidence of Coverage</i> as: Medical Mutual P.O. Box 182407 Columbus, OH 43218-2407
<b>Quality Improvement Organization</b>	KEPRO is listed in Chapter 2 of your <i>Evidence of Coverage</i> as the Quality Improvement Organization for Ohio.	Livanta is listed in Chapter 2 of your <i>Evidence of Coverage</i> as the Quality Improvement Organization for Ohio.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 If you want to stay in MedMutual Advantage Preferred PPO

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

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## Section 3.2 If you want to change plans

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We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Medical Mutual offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MedMutual Advantage Preferred PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MedMutual Advantage Select PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - - or - Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have

or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

OSHIIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. OSHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call OSHIIP at 1-800-686-1578 (toll free). You can learn more about OSHIIP by visiting their website (<http://www.insurance.ohio.gov/aboutodi/ODIDiv/Pages/OSHIIP.aspx>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ohio AIDS Drug Assistance Program. For information on eligibility criteria, covered

drugs, or how to enroll in the program, please call 1-800-777-4775.

## SECTION 7 Questions?

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### Section 7.1 Getting Help from MedMutual Advantage Preferred PPO

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Questions? We're here to help. Please call Customer Care at 1-800-982-3117. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. Calls to these numbers are free.

#### **Read your 2020 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for MedMutual Advantage Preferred PPO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [MedMutual.com/MAplaninfo](http://MedMutual.com/MAplaninfo). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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### Section 7.2 Getting Help from Medicare

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To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on "Find health & drug plans.")

#### **Read *Medicare & You 2020***

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed

to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



# Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

## Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك (بالمجان). اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-382-5729 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

## Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

**QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.**

**Nondiscrimination Notice**

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.