



MEDICAL MUTUAL®

## 2021 Annual Notice of Changes

### **MedMutual Advantage Select PPO Plan Region 1**

Ashland, Carroll, Columbiana, Cuyahoga, Geauga, Holmes,  
Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit,  
Trumbull, Tuscarawas, and Wayne counties

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

### **Annual Notice of Changes for 2021**

You are currently enrolled as a member of MedMutual Advantage Select 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 2021 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 [go.medicare.gov/drugprices](https://www.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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
- 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 don't join another plan by December 7, 2020, you will be enrolled in MedMutual Advantage Select 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, 2020**

- If you **don't join another plan by December 7, 2020**, you will be enrolled in MedMutual Advantage Select PPO.
- If you **join another plan by December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

### **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 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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About MedMutual Advantage Select PPO**

- MedMutual Advantage Select PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage Select 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 Select PPO.

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for MedMutual Advantage Select 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	2020 (this year)	2021 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$38	\$38 (No change from 2020)
<b>Deductible</b>	\$2,000 for out-of-network services	\$2,000 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: \$5,900  From network and out-of-network providers combined: \$10,000	From network providers: \$5,900  From network and out-of-network providers combined: \$11,300
<b>Doctor office visits</b>	<u><b>In Network</b></u> Primary care visits: \$10 copay per visit Specialist visits: \$45 copay per visit  <u><b>Out of Network</b></u> Once you meet the \$2,000 yearly deductible, you pay 30% of the total cost.	<u><b>In Network</b></u> Primary care visits: \$10 copay per visit Specialist visits: \$40 copay per visit  <u><b>Out of Network</b></u> Once you meet the \$2,000 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: \$380 copay per day Day 6 and thereafter: \$0 copay  <u><b>Out of Network</b></u> Once you meet the \$2,000 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 \$2,000 yearly deductible, you pay 30% of the total cost.

Cost	2020 (this year)	2021 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: \$95 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>• \$8 per prescription for up to a 30-day supply</li> <li>• \$16 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>• \$15 per prescription for up to a 30-day supply</li> <li>• \$38 per prescription for up to a 90-day supply</li> </ul> <b>Preferred</b> mail-order pharmacies <ul style="list-style-type: none"> <li>• \$14 per prescription for up to a 30-day supply</li> <li>• \$35 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$20 per prescription for up to a 30-day supply</li> <li>• \$50 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: \$95 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>• \$8 per prescription for up to a 30-day supply</li> <li>• \$16 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>• \$15 per prescription for up to a 30-day supply</li> <li>• \$38 per prescription for up to a 90-day supply</li> </ul> <b>Preferred</b> mail-order pharmacies <ul style="list-style-type: none"> <li>• \$14 per prescription for up to a 30-day supply</li> <li>• \$35 per prescription for up to a 90-day supply</li> </ul> <b>Standard</b> network retail pharmacies <ul style="list-style-type: none"> <li>• \$20 per prescription for up to a 30-day supply</li> <li>• \$50 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	2020 (this year)	2021 (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>• 31% 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>• 31% of the total cost for up to a 30-day supply</li> </ul>

## ***Annual Notice of Changes for 2021***

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**SECTION 1 Changes to Benefits and Costs for Next Year****Section 1.1 Changes to the Monthly Premium**

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$38	\$38 (No change from 2020)
<b>Optional supplemental benefits</b>	You pay a \$22 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. (No change from 2020)

- 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. Please see Section 7 regarding "Extra Help" from Medicare.

**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.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<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.	\$5,900	\$5,900 (No change from 2020) Once you have paid \$5,900 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	2020 (this year)	2021 (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	\$11,300  Once you have paid \$11,300 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.

### Section 1.3 Changes to the Provider Network

Our network has changed more than usual for 2021. 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. **We strongly suggest that you review our current Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are still 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 to manage 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.

Our network has changed more than usual for 2021. An updated Pharmacy Directory is located on our website at [MedMutual.com/MAplaninfo](https://www.MedMutual.com/MAplaninfo). You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still 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 *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Prior authorization requirements – see Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for details</b>	<p>Prior approval is required for certain services in these categories:</p> <ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Cardiac rehabilitation services</li> <li>• Durable medical equipment (DME) and related supplies</li> <li>• Home health agency care</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare Part B prescription drugs</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies</li> <li>• Outpatient hospital services</li> <li>• Outpatient rehabilitation services</li> <li>• Outpatient surgery</li> <li>• Physician/practitioner services</li> <li>• Prosthetic devices and related supplies</li> <li>• Pulmonary rehabilitation</li> <li>• Skilled nursing facility (SNF) care</li> <li>• Supervised Exercise Therapy (SET)</li> <li>• Transportation services</li> </ul>	<p>Prior authorization rules may apply for certain services in these categories – contact the plan for details:</p> <ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Cardiac rehabilitation services</li> <li>• Durable medical equipment (DME) and related supplies</li> <li>• Home health agency care</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare Part B prescription drugs</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies</li> <li>• Outpatient hospital services</li> <li>• Outpatient rehabilitation services</li> <li>• Outpatient surgery</li> <li>• Physician/practitioner services</li> <li>• Prosthetic devices and related supplies</li> <li>• Pulmonary rehabilitation</li> <li>• Skilled nursing facility (SNF) care</li> <li>• Supervised Exercise Therapy (SET)</li> <li>• Transportation services</li> <li>• Acupuncture for chronic low back pain</li> <li>• Home Meals Program</li> <li>• Opioid treatment program services</li> <li>• Podiatry services</li> </ul>

Cost	2020 (this year)	2021 (next year)
<b>Acupuncture for chronic lower back pain</b> For more information about this benefit and where you may obtain these covered services, see Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .	<b><u>In Network</u></b> You pay a \$10 copay for each covered acupuncture service in a primary care physician's office. You pay a \$45 copay for each covered acupuncture service in a specialist's office.	<b><u>In Network</u></b> You pay a \$10 copay for each covered acupuncture service in a primary care physician's office. You pay a \$40 copay for each covered acupuncture service in a specialist's office.
<b>Allergy testing and treatment – listed under “Outpatient diagnostic tests and therapeutic services and supplies” and “Outpatient hospital services”</b>	<b><u>In Network</u></b> You pay a \$10 copay for each allergy test or treatment in a primary care physician's office. You pay a \$45 copay for each allergy test or treatment in a specialist's office.	<b><u>In Network</u></b> You pay a \$0 copay for each covered allergy test or treatment. Any applicable office visit copays will still apply.
<b>Annual physical exam</b>	This service is <u>not</u> covered.	<b><u>In Network</u></b> You pay a \$0 copay for each covered physical exam (one per calendar year). <b><u>Out of Network</u></b> Once you meet the \$2,000 yearly deductible, you pay 30% of the total cost for each covered physical exam (one per calendar year).
<b>Dental services – additional comprehensive services under the Optional Supplemental Benefits package</b>	Frequency limits are listed for dental services (e.g., two diagnostic x-rays per calendar year, one restorative service per calendar year, etc.).	Frequency limits do not apply to the dental services listed.

Cost	2020 (this year)	2021 (next year)
<b>Dental services – preventive services</b>	<b><u>In Network</u></b> You pay a \$0 copay for these preventive services: 1 preventive dental examination per calendar year including: <ul style="list-style-type: none"> <li>• 1 set of bitewing x-rays per calendar year</li> <li>• 1 cleaning per calendar year</li> </ul>	<b><u>In Network</u></b> You pay a \$0 copay for these preventive services: 2 preventive dental examinations per calendar year including: <ul style="list-style-type: none"> <li>• 1 set of bitewing x-rays per calendar year</li> <li>• 2 cleanings per calendar year</li> </ul>
<b>Dental services – additional preventive services under the Optional Supplemental Benefits package</b>	<b><u>In Network</u></b> You pay a \$0 copay for these preventive services: 1 preventive dental examination per calendar year including: <ul style="list-style-type: none"> <li>• 1 cleaning per calendar year</li> </ul>	Additional preventive services are <u>not</u> covered under the Optional Supplemental Benefits package. These preventive services have been added to the standard dental services described in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .
<b>Diabetic supplies – listed under “Diabetes self-management training, diabetic services and supplies” and “Durable medical equipment (DME) and related supplies”</b>	<b><u>In Network</u></b> You pay 0% of the total cost for the following diabetic supplies: <ul style="list-style-type: none"> <li>• A blood glucose meter or monitor</li> <li>• Blood glucose test strips</li> <li>• Lancing devices and glucose lancets</li> <li>• Syringes and pen needles</li> <li>• Glucose control solutions for checking the accuracy of test strips and glucose meters and monitors</li> </ul> You pay 20% of the total cost for all other diabetic supplies.	<b><u>In Network</u></b> You pay 0% of the total cost for the following diabetic supplies: <ul style="list-style-type: none"> <li>• A blood glucose meter</li> <li>• Blood glucose test strips</li> <li>• Lancing devices and glucose lancets</li> <li>• Syringes and pen needles</li> <li>• Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors</li> </ul> You pay 20% of the total cost for all other diabetic supplies.
<b>Inpatient hospital care</b>	<b><u>In Network</u></b> You pay a \$380 copay per day for days 1 through 5.  You pay a \$0 copay for day 6 and thereafter.	<b><u>In Network</u></b> You pay a \$375 copay per day for days 1 through 5.  You pay a \$0 copay for day 6 and thereafter.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Inpatient mental health care</b>	<p><b><u>In Network</u></b>  You pay a \$350 copay per day for days 1 through 5.  You pay a \$0 copay for days 6 through 90.</p>	<p><b><u>In Network</u></b>  You pay a \$370 copay per day for days 1 through 5.  You pay a \$0 copay for days 6 through 90.</p>
<b>Opioid treatment program services</b>	<p><b><u>In Network</u></b>  You pay a \$40 copay for opioid treatment program services.</p>	<p><b><u>In Network</u></b>  You pay 20% of the total cost for opioid treatment medications.  You pay a \$40 copay for each covered therapy or counseling visit.  You pay a \$10 copay for each covered urine lab test. (This copayment may not apply if you visit a PCP or specialist on the same date of service that the test was performed, and your plan has an office visit copay for that visit.)</p>
<b>Outpatient surgery – listed under “Outpatient hospital services” and “Outpatient surgery”</b>	<p><b><u>In Network</u></b></p> <ul style="list-style-type: none"> <li>You pay a \$375 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital.</li> <li>You pay a \$325 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</li> </ul>	<p><b><u>In Network</u></b></p> <ul style="list-style-type: none"> <li>You pay a \$420 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital.</li> <li>You pay a \$350 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</li> </ul>
<b>Outpatient surgery performed in a doctor’s office – listed under “Outpatient surgery”</b>	<p><b><u>In Network</u></b>  You pay a \$10 copay for each covered surgery or surgical procedure performed in a primary care physician’s office.  You pay a \$45 copay for each covered surgery or surgical procedure performed in a specialist’s office.</p>	<p><b><u>In Network</u></b>  You pay a \$0 copay for each covered surgery or surgical procedure performed in a doctor’s office.  Any applicable office visit copays will still apply.</p>

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Physician/Practitioner services – specialist visits</b>	<b><u>In Network</u></b> You pay a \$45 copay for each covered specialist visit (including office visits to psychologists and psychiatrists).	<b><u>In Network</u></b> You pay a \$40 copay for each covered specialist visit (including office visits to psychologists and psychiatrists; and non-routine dental care).
<b>Podiatry services</b>	<b><u>In Network</u></b> You pay a \$45 copay for each covered podiatry visit.	<b><u>In Network</u></b> You pay a \$40 copay for each covered podiatry visit.
<b>Pulmonary rehabilitation services</b>	The benefit description does not reference hyperbaric or respiratory therapy.	The benefit description notes that hyperbaric and respiratory rehabilitation services are included in this benefit.
<b>Skilled nursing facility (SNF) care</b>	<b><u>In Network</u></b> You pay a \$0 copay for days 1 through 20.  You pay a \$178 copay per day for days 21 through 100.	<b><u>In Network</u></b> You pay a \$0 copay for days 1 through 20.  You pay a \$184 copay per day for days 21 through 100.
<b>Urgently needed services</b>	You pay a \$45 copay for each covered urgent care center visit.  This coverage is worldwide. You pay a \$45 copay for each urgent care visit outside the United States.	You pay a \$40 copay for each covered urgent care center visit.  This coverage is worldwide. You pay a \$40 copay for each urgent care visit outside the United States.



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## Section 1.6 Changes to Part D Prescription Drug Coverage

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### 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. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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."

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	2020 (this year)	2021 (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 \$95.  During this stage, you pay: <ul style="list-style-type: none"> <li>• \$0 (<b>preferred</b> retail or <b>mail order</b> pharmacy) cost sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$8 (<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 <b>mail-order</b> pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$16 (<b>standard</b> network retail pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$15 (<b>preferred</b> retail pharmacy) or \$14 (preferred <b>mail-order</b> pharmacy) cost sharing for up to a 30-day</li> </ul>	The deductible is \$95.  During this stage, you pay: <ul style="list-style-type: none"> <li>• \$0 (<b>preferred</b> retail or <b>mail order</b> pharmacy) cost sharing for up to a 30-day supply for drugs on <b>Tier 1</b></li> <li>• \$8 (<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 <b>mail-order</b> pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$16 (<b>standard</b> network retail pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 1</b></li> <li>• \$15 (<b>preferred</b> retail pharmacy) or \$14 (preferred <b>mail-order</b> pharmacy) cost sharing for up to a 30-day</li> </ul>

Stage	2020 (this year)	2021 (next year)
	<p>supply for drugs on <b>Tier 2</b></p> <ul style="list-style-type: none"> <li>• \$20 (<b>standard</b> network retail pharmacy) cost sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$38 (<b>preferred</b> retail pharmacy) or \$35 (preferred <b>mail-order</b> pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> <li>• \$50 (<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;"><i>and</i></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>	<p>supply for drugs on <b>Tier 2</b></p> <ul style="list-style-type: none"> <li>• \$20 (<b>standard</b> network retail pharmacy) cost sharing for up to a 30-day supply for drugs on <b>Tier 2</b></li> <li>• \$38 (<b>preferred</b> retail pharmacy) or \$35 (preferred <b>mail-order</b> pharmacy) cost sharing for up to a 90-day supply for drugs on <b>Tier 2</b></li> <li>• \$50 (<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;"><i>and</i></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	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage.</p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>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</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b>  <b>Standard cost sharing:</b> You pay \$8 per prescription (retail).  <b>Preferred cost sharing:</b> You pay \$0 per prescription (retail or mail order).</p> <p><b>Tier 2 (Generic Drugs):</b>  <b>Standard cost sharing:</b> You pay \$20 per prescription (retail).  <b>Preferred cost sharing:</b> You pay \$15 per prescription (retail) or \$14 per prescription (mail order).</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b>  <b>Standard cost sharing:</b> You pay \$8 per prescription (retail).  <b>Preferred cost sharing:</b> You pay \$0 per prescription (retail or mail order).</p> <p><b>Tier 2 (Generic Drugs):</b>  <b>Standard cost sharing:</b> You pay \$20 per prescription (retail).  <b>Preferred cost sharing:</b> You pay \$15 per prescription (retail) or \$14 per prescription (mail order).</p>

Stage	2020 (this year)	2021 (next year)
<p>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>.</p> <p>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.</p>	<p><b>Tier 3 (Preferred Brand Drugs):</b>  <b>Standard cost sharing:</b> You pay \$47 per prescription (retail).  <b>Preferred cost sharing:</b> You 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 31% of the total cost (retail).  <b>Preferred cost sharing:</b> You pay 31% 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>	<p><b>Tier 3 (Preferred Brand and Generic Drugs):</b>  <b>Standard cost sharing:</b> You pay \$47 per prescription (retail).  <b>Preferred cost sharing:</b> You 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 31% of the total cost (retail).  <b>Preferred cost sharing:</b> You pay 31% of the total cost (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$6,550 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.

Description	2020 (this year)	2021 (next year)
<b>Customer Care hours</b>	Customer care 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).	Customer Care 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 from April 1 through September 30 (except holidays).
<b>Disease Management Program name change</b>	The Disease Management Program is listed under the health and wellness programs in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .	The Chronic Condition Management Program is listed under the health and wellness programs in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .
<b>Ohio AIDS Drug Assistance Program</b>	The program web address is listed as <a href="http://www.odh.ohio.gov/odhprograms/hastpac/hivcare/Ohio%20ADAP/Ohio%20ADAP.aspx">www.odh.ohio.gov/odhprograms/hastpac/hivcare/Ohio%20ADAP/Ohio%20ADAP.aspx</a> .	The program web address is listed as <a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/</a> .
<b>Ohio Senior Health Insurance Information Program (OSHIIP)</b>	The program web address is listed as <a href="http://www.insurance.ohio.gov/aboutodi/ODIDiv/Pages/OSHIIP.aspx">http://www.insurance.ohio.gov/aboutodi/ODIDiv/Pages/OSHIIP.aspx</a> .	The program web address is listed as <a href="https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/ohio-senior-health-insurance-information-program">https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/ohio-senior-health-insurance-information-program</a> .
<b>Part D Prescription Drugs – Contact information</b>	The phone number for coverage decisions and appeals is 1-800-935-6103.	The phone number for coverage decisions and appeals is 1-844-374-7377 (1-844-ESI-PDPS).
<b>Part D Prescription Drug Tiers</b>	Cost sharing <b>Tier 3</b> : includes preferred brand drugs.	Cost sharing <b>Tier 3</b> : includes preferred brand and generic drugs.

Description	2020 (this year)	2021 (next year)
<b>Plan service area</b>	The service area for MedMutual Advantage Select 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.	The service area for MedMutual Advantage Select PPO includes the following Ohio counties: Ashland, Carroll, Columbiana, Cuyahoga, Geauga, Holmes, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas, and Wayne.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 If you want to stay in MedMutual Advantage Select 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 be enrolled in our MedMutual Advantage Select PPO.

### Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 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 2021*, 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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **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 Select 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, 2021.

### **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, 2021, 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, 2021. 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 (<https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/ohio-senior-health-insurance-information-program>).

## 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 Select 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 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 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for MedMutual Advantage Select 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 ([www.medicare.gov](http://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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).)

**Read *Medicare & You* 2021**

You can read *Medicare & You 2021* 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 ([www.medicare.gov](http://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)

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