
2022 Summary of Benefits

January 1, 2022 – December 31, 2022

MedMutual Advantage Choice HMO (H6723-002-002)

Select Ohio Counties

Adams, Allen, Auglaize, Champaign, Clinton, Coshocton, Crawford, Darke, Defiance, Erie, Fayette, Gallia, Guernsey, Hardin, Harrison, Henry, Highland, Huron, Jackson, Knox, Logan, Mercer, Monroe, Noble, Ottawa, Paulding, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Shelby, Van Wert, Vinton, Washington and Williams counties

Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover, see our Evidence of Coverage at our website, [MedMutual.com/MAplaninfo](https://www.MedMutual.com/MAplaninfo).

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan such as MedMutual Advantage Choice (HMO).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what MedMutual Advantage Choice (HMO) covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [Medicare.gov](https://www.Medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-982-3117 (TTY: 711).

Things to know about MedMutual Advantage Choice (HMO)

Phone Numbers and Website

- If you are a member of one of these plans, call toll-free 1-800-982-3117. TTY users should call 711.
- Our website: [MedMutual.com/Medicare](https://www.MedMutual.com/Medicare)

Hours of Operation

- From October 1 to March 31 (except Thanksgiving and Christmas), you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m.

Who can join?

To join, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Ohio: Adams, Allen, Auglaize, Champaign, Clinton, Coshocton, Crawford, Darke, Defiance, Erie, Fayette, Gallia, Guernsey, Hardin, Harrison, Henry, Highland, Huron, Jackson, Knox, Logan, Mercer, Monroe, Noble, Ottawa, Paulding, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Shelby, Van Wert, Vinton, Washington and Williams.

Which doctors, hospitals and pharmacies can I use?

Our plans have a network of doctors, hospitals, pharmacies and other providers. With an HMO plan, you must see an in-network provider for the plan to pay any amount on claims submitted on your behalf. If you go out of network, you will have to pay all charges due to the provider up to the full amount.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website, MedMutual.com/MAplaninfo.
- You can see our plan's pharmacy directory at our website, MedMutual.com/MAplaninfo.
- Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Information on our Optional Supplemental Benefits is included in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, MedMutual.com/MAplaninfo.
- Or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap and Catastrophic Coverage.

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|---|--|
| Monthly Plan Premium | \$100 per month You must continue to pay your Medicare Part B premium. |
| Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs) | You pay no more than: <ul style="list-style-type: none"> ▪ \$4,800 annually for services you receive from in-network providers Includes copayments and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year. |
| Inpatient Hospital Care (Services may require prior authorization) | There is no limit to the number of days covered by the plan. <ul style="list-style-type: none"> ▪ \$385 copay per day for days 1 through 5 ▪ \$0 copay per day for days 6 and thereafter |
| Outpatient Hospital Services (Services may require prior authorization) | Outpatient hospital: <ul style="list-style-type: none"> ▪ \$450 copay for each covered surgery |
| Ambulatory Surgical Center (Services may require prior authorization) | Ambulatory surgery center: <ul style="list-style-type: none"> ▪ \$350 copay for each covered surgery |
| Doctor's Office Visits (Services may require prior authorization) | Option to get these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a provider who offers the service by telehealth. Primary care physician (PCP) visit: <ul style="list-style-type: none"> ▪ \$0 copay for each covered PCP visit Specialist visit: <ul style="list-style-type: none"> ▪ \$40 copay for each covered specialist visit There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit. |

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|-------------------------------|--|
| <p>Preventive Care</p> | <p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse counseling ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease testing ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ▪ Depression screening ▪ Diabetes screening ▪ HIV screening ▪ Immunizations, including flu shots, hepatitis B shots, pneumonia shots ▪ Medical nutrition therapy services ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy ▪ Prostate cancer screenings (PSA) ▪ Sexually transmitted infections screening and counseling ▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ▪ Welcome to Medicare preventive visit (one-time) <p>Other preventive services are available. There are some covered services that have a cost.</p> |
| <p>Emergency Care</p> | <p>\$90 copay for each covered emergency room visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay the \$90 copay.</p> <p>You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p> |

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|---|--|
| <p>Urgently Needed Services</p> | <p>\$40 copay for each covered urgent care center visit from both in-network and out-of-network providers</p> <p>An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p> |
| <p>Diagnostic Services, Labs and Imaging (Costs for these services may be different if received in an outpatient surgery setting. Services may require prior authorization.)</p> | <p>Diagnostic tests and services:</p> <ul style="list-style-type: none"> ▪ \$0-10 copay for each covered diagnostic test and service <p>Diagnostic radiological services (CT/MRI/PET scans):</p> <ul style="list-style-type: none"> ▪ \$150/\$225/\$225 copay for each covered service <p>Lab services:</p> <ul style="list-style-type: none"> ▪ \$0-10 copay for each covered lab service <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> ▪ \$50 copay for each covered X-ray service <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> ▪ 20% coinsurance for each covered therapeutic radiology service |
| <p>Hearing Services (In-network additional services provided by TruHearing providers)</p> | <p>\$0 copay for each covered hearing exam to determine if you need medical treatment for a hearing condition.</p> <p>Additional hearing services</p> <p>Routine hearing exam (1 every year): \$0 copay</p> <p>Hearing aid fitting-evaluation visits: \$0 copay</p> <p>TruHearing-branded hearing aids (1 per ear per year):</p> <ul style="list-style-type: none"> ▪ \$699 copay for each covered hearing aid for Advanced aids ▪ \$999 copay for each covered hearing aid for Premium aids <p>Any cost you pay for hearing aids will not count toward your maximum out-of-pocket.</p> |

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|--|--|
| <p>Dental Services (Preventive in-network services provided by Medicare DenteMax providers)</p> | <p>Preventive Dental \$0 copay for two preventive dental examinations per calendar year, including:</p> <ul style="list-style-type: none"> ▪ Cleanings (2 every year) ▪ Dental X-ray (1 every year) <p>If you want to purchase additional dental coverage, see Optional Supplemental Benefits on page 12.</p> |
| <p>Vision Services (Routine eye exam and contacts/glasses provided by EyeMed Insight providers)</p> | <p>\$0 copay for Original Medicare covered vision services, including a yearly glaucoma screening and diabetic eye exam</p> <p>20% coinsurance for Original Medicare covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for each covered routine eye exam (1 every year)</p> <p>\$100 allowance toward one pair of contact lenses or eyeglasses (frames and lenses) (1 every year) and you are responsible for any amount more than \$100</p> |
| <p>Mental Health Care (Services may require prior authorization)</p> | <p>Inpatient Visit: There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to Mental Health services provided in a psychiatric unit of a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts on the first day you go into the hospital. The benefit period ends when you haven't had any inpatient hospital care for 60 days in a row.</p> <p>The plan covers 90 days each benefit period.</p> <p>You have 60 lifetime reserve days that can be used for an inpatient psychiatric admission. You have no copayment for these extra days.</p> <ul style="list-style-type: none"> ▪ \$370 copay per day for days 1 through 5 ▪ \$0 copay per day for days 6 through 90 <p>Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay</p> |

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|--|---|
| <p>Skilled Nursing Facility (SNF) Care (Services may require prior authorization)</p> | <p>We will pay for skilled nursing facility care for up to 100 days per benefit period. A benefit period starts on the first day you stay in a skilled nursing facility. It ends when you have not had care as an inpatient in a hospital or skilled nursing facility for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit on how many benefit periods you can have.</p> <ul style="list-style-type: none"> ▪ \$0 copay per day for days 1 through 20 ▪ \$188 copay per day for days 21 through 100 |
| <p>Outpatient Rehabilitation Services</p> | <p>\$40 copay for each covered physical therapy, occupational therapy or speech/language therapy visit</p> |
| <p>Ambulance (Services may require prior authorization)</p> | <p>\$255 copay for each covered ground ambulance trip 50% for air ambulance services</p> |
| <p>Transportation Services (Services may require prior authorization)</p> | <p>\$0 copay</p> <p>After your inpatient stay in a hospital, you are eligible to receive health-related transportation services. You may receive up to 24 one-way limited trips within 90 days of each discharge from an acute inpatient hospital stay.</p> |
| Prescription Drug Benefits | |
| <p>Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements)</p> | <p>20% coinsurance for chemotherapy and other drugs covered by Medicare Part B</p> <p>Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D initial coverage limit or out-of-pocket costs.</p> <p>To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAplaninfo.</p> |

| Premium and Benefits | | MedMutual Advantage Choice (HMO) |
|-------------------------------|---|----------------------------------|
| Outpatient Prescription Drugs | | |
| Deductible | \$55 for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2, which are excluded from the deductible | |
| Initial Coverage | <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at preferred (retail and mail order) pharmacies and standard network retail pharmacies.</p> <p>Retail cost sharing: (preferred/standard)</p> <ul style="list-style-type: none"> ▪ Tier 1 (preferred generic drugs) <ul style="list-style-type: none"> – One-month supply: \$0/\$6 copay – Three-month supply: \$0/\$12 copay ▪ Tier 2 (generic drugs) <ul style="list-style-type: none"> – One-month supply: \$5/\$12 copay – Three-month supply: \$13/\$30 copay ▪ Tier 3 (preferred brand and generic drugs) <ul style="list-style-type: none"> – One-month supply: \$42/\$47 copay – Three-month supply: \$118/\$132 copay ▪ Tier 4 (non-preferred drugs) <ul style="list-style-type: none"> – One-month supply: 50%/50% of the cost – Three-month supply: 50%/50% of the cost ▪ Tier 5 (specialty tier drugs) <ul style="list-style-type: none"> – One-month supply: 32%/32% of the cost – Three-month supply: Not covered/Not covered | |

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|--|---|
| Outpatient Prescription Drugs | |
| <p>Initial Coverage (continued)</p> | <p>Mail-order cost sharing: (preferred/standard)</p> <ul style="list-style-type: none"> ▪ Tier 1 (preferred generic drugs) <ul style="list-style-type: none"> – One-month supply: \$0/\$5 copay – Three-month supply: \$0/\$10 copay ▪ Tier 2 (generic drugs) <ul style="list-style-type: none"> – One-month supply: \$4/\$11 copay – Three-month supply: \$10/\$28 copay ▪ Tier 3 (preferred brand and generic drugs) <ul style="list-style-type: none"> – One-month supply: \$40/\$45 copay – Three-month supply: \$110/\$130 copay ▪ Tier 4 (non-preferred drugs) <ul style="list-style-type: none"> – One-month supply: 50%/50% of the cost – Three-month supply: 50%/50% of the cost ▪ Tier 5 (specialty tier drugs) <ul style="list-style-type: none"> – One-month supply: 32%/32% of the cost – Three-month supply: Not covered/Not covered <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>In most cases, your prescriptions are covered only if they are filled at the plan’s network pharmacies.</p> |
| <p>Coverage Gap</p> | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p> |

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|--|---|
| Outpatient Prescription Drugs | |
| <p>Coverage Gap (continued)</p> | <p>Retail cost sharing: (preferred/standard)</p> <ul style="list-style-type: none"> ▪ Tier 1 (preferred generic drugs) <ul style="list-style-type: none"> – Drugs covered: All – One-month supply: \$0/\$6 copay – Three-month supply: \$0/\$12 copay ▪ Tier 2 (generic drugs) <ul style="list-style-type: none"> – Drugs covered: All – One-month supply: \$5/\$12 copay – Three-month supply: \$13/\$30 copay <p>Mail-order cost sharing: (preferred/standard)</p> <ul style="list-style-type: none"> ▪ Tier 1 (preferred generic drugs) <ul style="list-style-type: none"> – Drugs covered: All – One-month supply: \$0/\$5 copay – Three-month supply: \$0/\$10 copay ▪ Tier 2 (generic drugs) <ul style="list-style-type: none"> – Drugs covered: All – One-month supply: \$4/\$11 copay – Three-month supply: \$10/\$28 copay |
| <p>Catastrophic Coverage</p> | <p>After your yearly out-of-pocket drug costs reach \$7,050, you pay:</p> <ul style="list-style-type: none"> ▪ \$0 copay for Tier 1 preferred generic drugs purchased at a preferred retail or preferred mail order pharmacy or the greater of: <ul style="list-style-type: none"> – 5% coinsurance of the cost of the drug, or – \$3.95 copay for generic (including brand drugs treated as generic) and \$9.85 copay for all other drugs |

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|---|--|
| Visitor/Travel Benefit | <p>Up to a \$2,500 maximum per calendar year.</p> <p>Through our visitor/travel program, you have coverage under this plan for medically necessary services you receive while you are temporarily outside of Ohio, but still within the United States. The actual benefits payable are based upon the services you receive. Although services received outside Ohio would normally be considered outside of our network, your coverage under this visitor/travel benefit is paid at the in-network level.</p> <p>You must use a provider who accepts Medicare and contact Customer Care at 1-800-982-3117 prior to your departure to activate this benefit. See your Evidence of Coverage for full benefit details and requirements.</p> |
| Outpatient Substance Abuse Services | <p>\$40 copay for each covered therapy visit</p> <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p> |
| Foot Care (podiatry services) (Services may require prior authorization) | <p>\$40 copay for each covered podiatry visit</p> |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) (Services may require prior authorization) | <p>20% coinsurance for durable medical equipment</p> |
| Prosthetic Devices (braces, artificial limbs, etc.) (Services may require prior authorization) | <p>20% coinsurance for prosthetic devices and supplies</p> |
| Diabetes Supplies and Services (Services may require prior authorization) | <p>0% coinsurance for diabetic supplies and services</p> <p>Diabetic supplies covered at 0% coinsurance include:</p> <ul style="list-style-type: none"> ▪ Blood glucose meter (excluding continuous glucose monitors) ▪ Blood glucose test strips ▪ Lancing devices and glucose lancets ▪ Syringes and pen needles ▪ Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors. <p>All other diabetes supplies and therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> ▪ 20% coinsurance |

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|--|---|
| <p>Over-the-Counter Items</p> | <p>Your plan includes a \$20 quarterly allowance to be used toward the purchase of over-the-counter (OTC) health and wellness supplies to be delivered to your home.</p> <p>Visit our website, MedMutual.com/SimplySupplies, to see our list of over-the-counter supplies.</p> |
| <p>Health and Wellness Education Programs</p> | <p>Wellness programs included at no additional cost, except WW® (Weight Watchers Reimagined).</p> <p>Chronic Condition Management Program</p> <p>This program can help you stay healthy, manage your chronic conditions and maintain your independence. A trained health coach works with you to develop a personalized plan that supplements the care you get from your doctor. For more information call Customer Care at 1-800-982-3117 (TTY: 711).</p> <p>Nurse Line</p> <p>If you have questions about symptoms you're experiencing but aren't sure if you need to see your doctor, we can help. Call our Nurse Line at 1-888-912-0636 (TTY: 711), 24 hours a day, seven days per week for advice. Your call is kept confidential.</p> <p>SilverSneakers® Fitness Program</p> <p>SilverSneakers is a complete health and fitness program designed for Medicare beneficiaries at all fitness levels.</p> <p>Members will have access to participating gyms and fitness centers to help them meet their personal wellness goals.</p> <p>Please note nonstandard fitness center services that usually have an extra fee are not included in your membership.</p> <p>WW® Program</p> <p>(Note: You pay your reduced WW fees.)</p> <p>To help you meet your health goals, we partner with WW, the world's leading provider of weight management services. Monthly WW fees for specified programs are reduced for MedMutual Advantage HMO members. The benefit does not include food or meals.</p> |

Summary of Benefits

| Premium and Benefits | MedMutual Advantage Choice (HMO) |
|---|--|
| Chiropractic Care | <p>\$10 copay for each visit that Original Medicare covers to see a chiropractor.</p> <p>We only cover manual manipulation of the spine to correct subluxation.</p> |
| Home Health Care (Services may require prior authorization) | \$0 copay |
| Renal Dialysis | 20% coinsurance for covered dialysis equipment and supplies |
| Hospice | When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare. |
| Optional Benefits | |
| Optional Supplemental Benefits Package | <p>Dental</p> <p>In addition to the preventive dental services included in your plan, comprehensive dental benefits such as diagnostic X-rays, denture repair, relines or adjustment, endodontic services and periodontic services are covered up to the plan's benefit amount.</p> <p>Vision</p> <p>In addition to the routine eye exam included in your plan, the Optional Supplemental Benefits Package includes an increased eyewear allowance. For coverage and cost information for all dental and vision services see this plan's Evidence of Coverage.</p> |
| Monthly Premium | Additional \$22 per month. You must keep paying your Medicare Part B premium and your \$100 monthly plan premium. |
| Deductible | This package does not have a deductible. |
| Is there a limit on how much the plan will pay? | <p>Our plan pays up to \$1,250 every year. Our plan has additional coverage limits for certain benefits.</p> <p>The \$1,250 limit has separate limits of \$1,000 for dental benefits and \$250 for vision benefits (the \$250 includes the \$100 referenced on page 5).</p> |

MedMutual Advantage plans are HMO and PPO plans offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal.

Please Note: Our Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

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SilverSneakers is a registered trademark of Tivity Health, Inc.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-406-8777 (TTY: 711). We are available 8 a.m. to 8 p.m. seven days a week from October 1 to 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).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [MedMutual.com/MAPlanInfo](https://www.MedMutual.com/MAPlanInfo) or call 1-800-982-3117 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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2021 Star Ratings

Medical Mutual of Ohio—H6723

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Medical Mutual of Ohio received the following Overall Star Rating from Medicare.

★★★★
4 Stars

We received the following Summary Star Ratings for Medical Mutual of Ohio's health/drug plan services:

Health Plan Services: ★★★★★
4 Stars

Drug Plan Services: ★★★★★☆
4.5 Stars

The number of stars shows how well our plan performs.

★★★★★ 5 stars—excellent
★★★★ 4 stars—above average
★★★ 3 stars—average
★★ 2 stars—below average
★ 1 star—poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-368-0081 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 800-982-3117 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

