



MEDICAL MUTUAL®

2023 Annual Notice of Changes

MedMutual Advantage Access PPO Plan Northeast Ohio

(H4497-005-001)

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

MedMutual Advantage Access PPO offered by Medical Mutual of Ohio (Medical Mutual)

Annual Notice of Changes for 2023

You are currently enrolled as a member of MedMutual Advantage Access PPO. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at MedMutual.com/MAplaninfo. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

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

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.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- 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, 2022, you will stay in MedMutual Advantage Access PPO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with MedMutual Advantage Access PPO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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 document is available in alternate formats (e.g., braille, large print, audio).
- **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 for more information.

About MedMutual Advantage Access PPO

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

Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for MedMutual Advantage Access PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium* *Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Deductible</p>	\$2,000 for out-of-network services	No deductible for out-of-network services
<p>Maximum out-of-pocket amounts 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.)</p>	<p>From network providers: \$5,400</p> <p>From network and out-of-network providers combined: \$11,300</p>	<p>From network providers: \$6,050</p> <p>From network and out-of-network providers combined: \$11,000</p>
<p>Doctor office visits</p>	<p><u>In Network</u></p> <p>Primary care visits: \$5 copay per visit</p> <p>Specialist visits: \$40 copay per visit</p> <p><u>Out of Network</u></p> <p>Primary care visits: \$20 copay per visit after you meet the \$2,000 yearly deductible</p> <p>Specialist visits: \$55 copay per visit after you meet the \$2,000 yearly deductible</p>	<p><u>In Network</u></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$40 copay per visit</p> <p><u>Out of Network</u></p> <p>Primary care visits: \$10 copay per visit</p> <p>Specialist visits: \$55 copay per visit</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p><u>In Network</u> Days 1 - 5: \$375 copay per day Day 6 and thereafter: \$0 copay</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay 40% of the total cost.</p>	<p><u>In Network</u> Days 1 -5: \$365 copay per day Day 6 and thereafter: \$0 copay</p> <p><u>Out of Network</u> You pay 40% of the total cost.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><u>Drug Tier 1:</u></p> <p>Preferred retail pharmacies</p> <ul style="list-style-type: none"> • \$4 per prescription for up to a 30-day supply • \$10 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$3 per prescription for up to a 30-day supply • \$7 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$12 per prescription for up to a 30-day supply • \$30 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$11 per prescription for up to a 30-day supply • \$28 per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail pharmacies</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><u>Drug Tier 1:</u></p> <p>Preferred retail pharmacies</p> <ul style="list-style-type: none"> • \$4 per prescription for up to a 30-day supply • \$10 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$0 per prescription for up to a 30-day supply • \$0 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$12 per prescription for up to a 30-day supply • \$30 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$11 per prescription for up to a 30-day supply • \$28 per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail pharmacies</p>

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> • \$8 per prescription for up to a 30-day supply • \$20 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$6 per prescription for up to a 30-day supply • \$15 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$16 per prescription for up to a 30-day supply • \$40 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$15 per prescription for up to a 30-day supply • \$38 per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail pharmacies</p> <ul style="list-style-type: none"> • \$42 per prescription for up to a 30-day supply • \$118 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$40 per prescription for up to a 30-day supply • \$110 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$47 per prescription for up to a 30-day supply • \$132 per prescription for up to a 90-day supply 	<ul style="list-style-type: none"> • \$8 per prescription for up to a 30-day supply • \$20 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$0 per prescription for up to a 30-day supply • \$0 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$16 per prescription for up to a 30-day supply • \$40 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$15 per prescription for up to a 30-day supply • \$38 per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail pharmacies</p> <ul style="list-style-type: none"> • \$42 per prescription for up to a 30-day supply • \$118 per prescription for up to a 90-day supply <p>Preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$40 per prescription for up to a 30-day supply • \$110 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$47 per prescription for up to a 30-day supply • \$132 per prescription for up to a 90-day supply

Cost	2022 (this year)	2023 (next year)
	<p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$45 per prescription for up to a 30-day supply • \$130 per prescription for up to a 90-day supply <p><u>Drug Tier 4:</u> Preferred and standard network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> • 50% of the total cost for up to a 30-day supply or a 90-day supply <p><u>Drug Tier 5:</u> Preferred and standard network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> • 33% of the total cost for up to a 30-day supply <p><u>Drug Tier 6:</u> Preferred retail and preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$0 per prescription for up to a 30-day supply • \$0 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$8 per prescription for up to a 30-day supply • \$20 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$7 per prescription for up to a 30-day supply • \$18 per prescription for up to a 90-day supply 	<p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$45 per prescription for up to a 30-day supply • \$130 per prescription for up to a 90-day supply <p><u>Drug Tier 4:</u> Preferred and standard network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> • 50% of the total cost for up to a 30-day supply or a 90-day supply <p><u>Drug Tier 5:</u> Preferred and standard network retail and mail-order pharmacies</p> <ul style="list-style-type: none"> • 33% of the total cost for up to a 30-day supply <p><u>Drug Tier 6:</u> Preferred retail and preferred mail-order pharmacies</p> <ul style="list-style-type: none"> • \$0 per prescription for up to a 30-day supply • \$0 per prescription for up to a 90-day supply <p>Standard network retail pharmacies</p> <ul style="list-style-type: none"> • \$8 per prescription for up to a 30-day supply • \$20 per prescription for up to a 90-day supply <p>Standard mail-order pharmacies</p> <ul style="list-style-type: none"> • \$7 per prescription for up to a 30-day supply • \$18 per prescription for up to a 90-day supply

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 (No change from 2022)
Optional supplemental benefits	You pay a \$22 premium for optional supplemental benefits if you enroll in this additional coverage.	You pay a \$26 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.

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

Medicare requires all health plans to limit how much you pay "out-of-pocket" for 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	2022 (this year)	2023 (next year)
<p>In-network maximum out-of-pocket amount 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.</p>	<p>\$5,400</p>	<p>\$6,050 Once you have paid \$6,050 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.</p>
<p>Combined maximum out-of-pocket amount 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 and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$11,300</p>	<p>\$11,000 Once you have paid \$11,000 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.</p>

Section 1.3 Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at MedMutual.com/MAplaninfo. You may also call Customer Care for updated provider directory and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are no changes to our network of pharmacies for next year.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Care so we may assist.

Section 1.4 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.

Cost	2022 (this year)	2023 (next year)
<p>Out-of-network services for which you must meet a yearly deductible and pay coinsurance For more information about cost-sharing for services from an out-of-network provider, see Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i>.</p>	<p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible you pay 40% of the total cost. Some services may have lower cost-sharing. See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i>.</p>	<p><u>Out of Network</u> You pay 40% of the total cost. (The yearly deductible no longer applies.) Some services may have lower cost-sharing. See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i>.</p>

Cost	2022 (this year)	2023 (next year)
<p>Acupuncture for chronic low back pain</p>	<p><u>In Network</u> You pay a \$5 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.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$20 copay for each covered acupuncture service in a primary care physician’s office. Once you meet the \$2,000 yearly deductible, you pay a \$55 copay for each covered acupuncture service in a specialist’s office.</p>	<p><u>In Network</u> You pay a \$0 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.</p> <p><u>Out of Network</u> You pay a \$10 copay for each covered acupuncture service in a primary care physician’s office. You pay a \$55 copay for each covered acupuncture service in a specialist’s office.</p>
<p>Cardiac rehabilitation services</p>	<p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered therapy visit.</p>	<p><u>Out of Network</u> You pay a \$45 copay for each covered therapy visit.</p>
<p>Chiropractic services</p>	<p><u>In Network</u> You pay a \$10 copay for each covered visit to a chiropractor.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$15 copay for each covered visit.</p>	<p><u>In Network</u> You pay a \$20 copay for each covered visit to a chiropractor.</p> <p><u>Out of Network</u> You pay a \$40 copay for each covered visit to a chiropractor.</p>
<p>Dental services – Preventive and Comprehensive Services See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p>	<p><u>In Network</u> Your plan covers up to a maximum of \$500 per calendar year for the Comprehensive Dental Services shown in the Medical Benefits Chart of Chapter 4 of your <i>Evidence of Coverage</i>.</p>	<p><u>In Network</u> Your plan covers up to a maximum of \$1,000 per calendar year for both Preventive <i>and</i> Comprehensive Dental Services shown in the Medical Benefits Chart of Chapter 4 of your <i>Evidence of Coverage</i>.</p>

Cost	2022 (this year)	2023 (next year)
<p>Diabetic supplies – listed under “Diabetes self-management training, diabetic services, and supplies” and “Durable medical equipment (DME) and related supplies”</p>	<p><u>In Network</u> You pay 0% of the total cost for the following diabetic supplies:</p> <ul style="list-style-type: none"> • A 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>You pay 20% of the total cost for all other diabetic supplies.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay 20% of the total cost.</p>	<p><u>In Network</u> You pay 0% of the total cost for the following diabetic supplies:</p> <ul style="list-style-type: none"> • A blood glucose meter (excluding continuous glucose monitors) • Blood glucose test strips • Lancing devices and glucose lancets • Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors <p>Please note: In order to qualify for 0% coinsurance, diabetic test strips and meters must be produced by a preferred manufacturer, Abbott or Lifescan and be purchased at an in-network retail or mail order pharmacy. Preferred products include Freestyle, OneTouch, Optium, Precision, and Relion Ultima. Non-preferred diabetic test strips and meters are covered (with 0% coinsurance) when filled by an in-network durable medical equipment supplier.</p> <p>You pay 20% of the total cost for all other diabetic supplies.</p> <p>Preferred syringes and pen needles are also covered at zero cost-sharing under your Part D benefit. See plan formulary for preferred products.</p> <p><u>Out of Network</u> You pay 20% of the total cost.</p>
<p>Inpatient hospital care</p>	<p><u>In Network</u> You pay a \$375 copay per day for days 1 - 5. You pay a \$0 copay for day 6 and thereafter.</p>	<p><u>In Network</u> You pay a \$365 copay per day for days 1 - 5. You pay a \$0 copay for day 6 and thereafter.</p>

Cost	2022 (this year)	2023 (next year)
<p>Medical Mutual’s Flexible Benefit Option</p> <p>For 2023, your plan includes the Flexible Benefit Option, which is described in more detail in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i>.</p> <p>You will be enrolled in Option A, unless you contact Customer Care at 1-800-982-3117 within 30 days of your coverage effective date in 2023 to select Option B.</p>	<p>Medical Mutual’s Flexible Benefit Option is not covered.</p>	<p>Please note: Your plan includes either Option A or Option B, described below, depending on which option you choose. If you do not actively choose one of these options, you will automatically be enrolled in Option A.</p> <p>To change your selection, you must contact Customer Care at 1-800-982-3117 within 30 days of your coverage effective date in 2023.</p> <p>Medical Mutual’s Flexible Benefit Option A – additional dental allowance</p> <p>You get up to \$250 per calendar year to use toward the amount you would otherwise owe under the “Dental Services” benefit if Option A is not part of the plan.</p> <p>You pay a \$0 copay for MedMutual MyChoice Option A (up to the \$250 per calendar year maximum).</p> <p>You pay any amount due under the “Dental Services” benefit when this Option A is exhausted.*</p> <p>*Any cost you pay for these dental services will not count toward your maximum out-of-pocket amount.</p> <p>Medical Mutual’s Flexible Benefit Option B – flex card</p> <p>Under this option, your plan covers up to \$150 per calendar year for over-the-counter health and wellness supplies, transportation, meal delivery, vision and hearing services, and copays and coinsurance under this plan. If you select this option, we will mail you a flex card with detailed information about where and how to use the card, and what items and services are covered.</p>

Cost	2022 (this year)	2023 (next year)
		<p>You pay a \$0 copay for Flexible Benefit Option B. You will be responsible for paying any amount for expenses over the \$150 per calendar year maximum.*</p> <p>*Any cost you pay for over-the-counter health and wellness supplies, transportation, meal delivery, vision services, and hearing services will not count toward your maximum out-of-pocket amount.</p>
<p>Opioid treatment program services</p>	<p><u>In Network</u> You pay 20% of the total cost for FDA-approved opioid agonist and antagonist treatment medications and dispensing</p> <p>You pay a \$40 copay for each covered outpatient counseling or therapy visit.</p> <p>You pay a \$10 copay for each covered outpatient toxicology 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> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered counseling or therapy visit, or 40% of the total cost for all other opioid treatment program services listed above.</p>	<p><u>In Network</u> You pay 20% of the total cost for FDA-approved opioid agonist and antagonist treatment medications and dispensing.</p> <p>You pay a \$30 copay for each covered outpatient counseling or therapy visit, including intake and periodic assessments.</p> <p>You pay a \$10 copay for each covered outpatient toxicology 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> <p><u>Out of Network</u> You pay a \$40 copay for each covered counseling or therapy visit, including intake and periodic assessments.</p> <p>You pay 40% of the total cost for all other opioid treatment program services listed above.</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient mental health care – listed under “Outpatient hospital services” and “Outpatient mental health care”</p>	<p><u>In Network</u> You pay a \$40 copay for each covered therapy visit. This applies to an individual therapy visit or if the visit is part of group therapy.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered therapy visit.</p>	<p><u>In Network</u> You pay a \$30 copay for each covered therapy visit. This applies to an individual therapy visit or if the visit is part of group therapy.</p> <p><u>Out of Network</u> You pay a \$40 copay for each covered therapy visit.</p>
<p>Outpatient rehabilitation services</p>	<p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered physical therapy, occupational therapy, or speech/language therapy visit.</p>	<p><u>Out of Network</u> You pay a \$45 copay for each covered occupational therapy visit. You pay a \$45 copay for each covered physical therapy or speech/language therapy visit.</p>
<p>Outpatient substance abuse services – listed under “Outpatient hospital services” and “Outpatient substance abuse services”</p>	<p><u>In Network</u> You pay a \$40 copay for each covered therapy visit. This applies to an individual therapy visit or if the visit is part of group therapy.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered therapy visit.</p>	<p><u>In Network</u> You pay a \$30 copay for each covered therapy visit. This applies to an individual therapy visit or if the visit is part of group therapy.</p> <p><u>Out of Network</u> You pay a \$40 copay for each covered therapy visit.</p>
<p>Outpatient surgery – listed under “Outpatient hospital services” and “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers”</p>	<p><u>In Network</u> You pay a \$420 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital. You pay a \$350 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay 40% of the total cost for each</p>	<p><u>In Network</u> You pay a \$340 copay for each covered surgery or surgical procedure performed as an outpatient at a hospital. You pay a \$300 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</p> <p><u>Out of Network</u> You pay a \$400 copay for each covered surgery or surgical procedure performed as an</p>

Cost	2022 (this year)	2023 (next year)
	<p>covered surgery or surgical procedure performed as an outpatient at a hospital.</p> <p>Once you meet the \$2,000 yearly deductible, you pay 40% of the total cost for each covered surgery or surgical procedure performed at an ambulatory surgical center.</p>	<p>outpatient at a hospital.</p> <p>You pay a \$350 copay for each covered surgery or surgical procedure performed at an ambulatory surgical center.</p>
<p>Partial hospitalization – listed under “Outpatient hospital services” and “Partial hospitalization services”</p>	<p><u>In Network</u> You pay a \$40 copay for each covered partial hospitalization visit.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered visit.</p>	<p><u>In Network</u> You pay a \$30 copay for each covered partial hospitalization visit.</p> <p><u>Out of Network</u> You pay a \$40 copay for each covered visit.</p>
<p>Physician/ Practitioner services, including doctor’s office visits</p>	<p><u>In Network</u> You pay a \$5 copay for each covered PCP visit. You pay a \$40 copay for each covered specialist visit.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$20 copay for each covered PCP visit. Once you meet the \$2,000 yearly deductible, you pay a \$55 copay for each covered specialist visit.</p>	<p><u>In Network</u> You pay a \$0 copay for each covered PCP visit. You pay a \$40 copay for each covered specialist visit.</p> <p><u>Out of Network</u> You pay a \$10 copay for each covered PCP visit. You pay a \$55 copay for each covered specialist visit.</p>
<p>Podiatry services</p>	<p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$55 copay for each covered podiatry visit.</p>	<p><u>Out of Network</u> You pay a \$55 copay for each covered podiatry visit.</p>

Cost	2022 (this year)	2023 (next year)
Pulmonary rehabilitation services	<p><u>In Network</u> You pay a \$30 copay for each covered visit.</p> <p><u>Out of Network</u> Once you meet the \$2,000 yearly deductible, you pay a \$45 copay for each covered visit.</p>	<p><u>In Network</u> You pay a \$20 copay for each covered visit.</p> <p><u>Out of Network</u> You pay 40% of the total cost for each covered visit.</p>

Section 1.5 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.**

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. Because 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." 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.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</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 the costs for a long-term supply, 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>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic Drugs): <i>Standard cost sharing:</i> You pay \$12 per prescription (retail) or \$11 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$4 per prescription (retail) or \$3 per prescription (mail order).</p> <p>Tier 2 (Generic Drugs): <i>Standard cost sharing:</i> You pay \$16 per prescription (retail) or \$15 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$8 per prescription (retail) or \$6 per prescription (mail order).</p> <p>Tier 3 (Preferred Brand and Generic Drugs): <i>Standard cost sharing:</i> You pay \$47 per prescription (retail) or \$45 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$42 per prescription (retail) or \$40 per prescription (mail order).</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic Drugs): <i>Standard cost sharing:</i> You pay \$12 per prescription (retail) or \$11 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$4 per prescription (retail) or \$0 per prescription (mail order).</p> <p>Tier 2 (Generic Drugs): <i>Standard cost sharing:</i> You pay \$16 per prescription (retail) or \$15 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$8 per prescription (retail) or \$0 per prescription (mail order).</p> <p>Tier 3 (Preferred Brand and Generic Drugs): <i>Standard cost sharing:</i> You pay \$47 per prescription (retail) or \$45 per prescription (mail order). <i>Preferred cost sharing:</i> You pay \$42 per prescription (retail) or \$40 per prescription (mail order).</p>

Stage	2022 (this year)	2023 (next year)
	<p>Tier 4 (Non-Preferred Drugs): Standard cost sharing: You pay 50% of the total cost (retail or mail order). Preferred cost sharing: You pay 50% of the total cost (retail or mail order).</p> <p>Tier 5 (Specialty Drugs): Standard cost sharing: You pay 33% of the total cost (retail or mail order). Preferred cost sharing: You pay 33% of the total cost (retail or mail order).</p> <p>Tier 6 (Select Care Drugs): Standard cost sharing: You pay \$8 per prescription (retail) or \$7 per prescription (mail order). Preferred cost sharing: You pay \$0 per prescription (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Tier 4 (Non-Preferred Drugs): Standard cost sharing: You pay 50% of the total cost (retail or mail order). Preferred cost sharing: You pay 50% of the total cost (retail or mail order).</p> <p>Tier 5 (Specialty Drugs): Standard cost sharing: You pay 33% of the total cost (retail or mail order). Preferred cost sharing: You pay 33% of the total cost (retail or mail order).</p> <p>Tier 6 (Select Care Drugs): Standard cost sharing: You pay \$8 per prescription (retail) or \$7 per prescription (mail order). Preferred cost sharing: You pay \$0 per prescription (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SECTION 2 Administrative Changes

The chart below shows some additional changes.

Description	2022 (this year)	2023 (next year)
Additional hearing services contact information	The contact information provided in the Additional Hearing Services section of Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> is TruHearing at 1-866-201-9630 (TTY 711).	The contact information provided in the Additional Hearing Services section of Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> is TruHearing at 1-866-201-9427 (TTY 711).
Home-based palliative care	The program description in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> reads: Designed to provide relief and comfort in a home-based setting, this multi-disciplinary specialty medical and nursing program is available for members who have been diagnosed with an advanced illness to help improve their quality of life as they manage their treatment plan.	The program description in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> reads: Designed to provide relief and comfort in a home-based setting, this multi-disciplinary specialty medical and nursing program is available for members who have been diagnosed with an advanced illness to help improve their quality of life as they manage their treatment plan. This supportive service is offered through Aspire Health, as well as network provider partners, whose teams can help coordinate care with your own PCP and/or specialist(s).
Medicare fact sheet link	The web address for “Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!” is listed as www.medicare.gov/Pubs/pdf/11435-Are-You-an-Inpatient-or-Outpatient.pdf under “Inpatient hospital care,” “Outpatient hospital observation,” and “Outpatient hospital services” in the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .	The web address for “Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!” is listed as https://www.medicare.gov/sites/default/files/2021-10/11435-Inpatient-or-Outpatient.pdf under “Inpatient hospital care,” “Outpatient hospital observation,” and “Outpatient hospital services” in the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .

Description	2022 (this year)	2023 (next year)
<p>Part D prescription drug cost sharing in the Catastrophic Coverage Stage</p>	<p>You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$7,050 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <p>During this stage, the plan will pay most of the cost for your drugs.</p> <ul style="list-style-type: none"> • You will pay the Tier 6 copay for your Tier 6 select care drugs through the Catastrophic Coverage Stage at a preferred retail or preferred mail-order pharmacy. • For Tier 6 drugs received at a standard pharmacy and all other drug tiers received at either preferred or standard pharmacies, you will pay the <i>larger</i> amount: <ul style="list-style-type: none"> ○ - <i>either</i> - coinsurance of 5% of the cost of the drug ○ - <i>or</i> - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs. • We will pay the rest. 	<p>You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$7,400 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <p>During this stage, the plan will pay most of the cost for your drugs.</p> <p>You will pay:</p> <ul style="list-style-type: none"> • Tier 6 drugs filled at either a preferred retail or preferred mail order pharmacy will be \$0. • Tier 1 and Tier 2 drugs filled a preferred mail order pharmacy will be \$0. • For all other drugs, you will pay the <i>larger</i> amount: <ul style="list-style-type: none"> ○ - <i>either</i> - coinsurance of 5% of the cost of the drug ○ - <i>or</i> - \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs. • We will pay the rest.
<p>SHIP – Contact information</p>	<p>The web address for the Ohio Senior Health Insurance Information Program (OSHIIP) is listed as https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/oshiip.</p>	<p>The web address for the Ohio Senior Health Insurance Information Program (OSHIIP) is listed as https://insurance.ohio.gov/about-us/divisions/oshiip</p>

Description	2022 (this year)	2023 (next year)
Transportation Services contact information	<p>The contact information provided in the Transportation Services section of Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> is ModivCare at 1-866-267-7640 (TTY 1-866-288-3133).</p> <p>The benefit description notes: “Non-urgent appointments should be scheduled at least two days in advance.”</p>	<p>The contact information provided in the Transportation Services section of Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> is Customer Care at 1-800-982-3117 (TTY 711 for hearing impaired).</p> <p>The benefit description notes: “Non-urgent appointments should be scheduled at least two days in advance. Please note that urgent appointments requested with less than two days’ notice will be accommodated based on the transportation network availability at that time and may not be guaranteed.”</p>
Visitor/travel benefit program name change	<p>The program referenced in Chapter 4, Section 2.3 of your <i>Evidence of Coverage</i> is described as the visitor/travel benefit.</p>	<p>The program referenced in Chapter 4, Section 2.3 of your <i>Evidence of Coverage</i> is named MedMutual Advantage Travel Plus™.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in MedMutual Advantage Access 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 Access 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 plans for 2023, 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, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Medical Mutual offers other Medicare health 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 Access 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 Access 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 so.
 - - 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, 2023.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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/about-us/divisions/oshiip>).

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?

Section 7.1 Getting Help from MedMutual Advantage Access PPO

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 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for MedMutual Advantage Access 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. 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. 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).

Section 7.2 Getting Help from Medicare

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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2023*

You can read the *Medicare & You 2023* handbook. Every 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/Pubs/pdf/10050-medicare-and-you.pdf>) 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 yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déę', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 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).

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

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
- 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

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.