
2024 Summary of Benefits

January 1, 2024 – December 31, 2024

Bon Secours Mercy Health Advantage

MedMutual Advantage PPO Plan

Group Number: C37041

Summary of Benefits

This booklet gives you a summary of what Bon Secours Mercy Advantage (PPO) plans cover and what you pay. For a complete list of services we cover, call us and ask for the Evidence of Coverage.

Your Bon Secours Mercy Advantage plan categorizes providers into three tiers:

Tier One	Mercy Health (Preferred)	You experience the lowest possible copays and out-of-pocket costs.
Tier Two	In-network Non-Mercy (Standard)	You experience slightly higher copays and out-of-pocket costs than the preferred providers.
Tier Three	Out-of-Network	You experience higher copays and out-of-pocket costs than the preferred and standard providers.

Save when you use preferred Bon Secours Mercy Health providers

To make the most of your health benefits and take advantage of the lowest possible out-of-pocket costs, be sure to seek medical services from a preferred provider, if available. Availability is determined by these guidelines:

Primary Care Provider (PCP)	If there are Bon Secours Mercy Health PCPs accepting new patients within five miles of your permanent address, you must use those PCPs to receive the preferred-provider discounted rate.	If there are no Bon Secours Mercy Health PCPs accepting new patients within five miles , you can use any standard network PCP and receive the preferred-provider discounted rate.
Health Specialist	If there are Bon Secours Mercy Health specialists accepting new patients within 10 miles of your permanent address, you must use those specialists to receive the preferred-provider discounted rate.	If there are no Bon Secours Mercy Health specialists accepting new patients within 10 miles , you can use any standard network specialist and receive the preferred-provider discounted rate.

What should I do if I can't find a nearby preferred provider?

If you are unable to find a preferred provider or specialist within the parameters listed above, please call Medical Mutual Customer Care toll free at 1-800-835-9001 (TTY 711). A Customer Care Specialist will help you find the nearest standard provider and make sure you receive the preferred-provider discounted rate.

For more information on how your tiered network applies, see chapter four of your Evidence of Coverage by visiting [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and entering your group number, C37041.

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 (PPO).

Tips for comparing your Medicare choices

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.

To know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at 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 toll free at 1-800-835-9001 (TTY 711).

Things to know about Bon Secours Mercy Advantage (PPO)

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.

Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-835-9001 (TTY 711).
- Our website: [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number C37041.

Who can join?

To join, you and your spouse must be enrolled in Medicare Part A and Part B, entitled to group coverage through your employer or retiree group and live in our service area. Our service area includes the United States and all U.S. Territories.

Which doctors, hospitals and pharmacies can I use?

Our plans have in-network and out-of-network access to doctors, hospitals and other providers. If medically necessary, Medical Mutual provides coverage for all covered services, including out-of-network. For a list of network doctors, go to Medicare.gov and use the "Find Care Providers" tool.

- 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/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number C37041.
- You can see our plan's pharmacy directory at our website, [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number C37041.
- 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.

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/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number C37041.

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

Your plan deductible must be met in order for co-payments and coinsurance to apply. All benefits apply after deductible except for preventive services. Medicare Covered Preventive Services are covered at 100% with no cost to you.

Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Monthly Plan Premium	\$0 per month. You must continue paying your Medicare Part B premium.
Deductible	This plan has a deductible for some hospital and medical services. <ul style="list-style-type: none"> ▪ \$1,250 for in-network services from a preferred or standard provider ▪ \$2,000 for out-of-network services
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than: <ul style="list-style-type: none"> ▪ \$5,000 annually for in-network services you receive from a preferred or standard provider ▪ \$11,000 annually for out-of-network services 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)	Preferred provider: <ul style="list-style-type: none"> ▪ There is no limit to the number of days covered by the plan Standard provider: <ul style="list-style-type: none"> ▪ \$350 copay applied days 1 through 5 ▪ \$0 copay applied days 6 through 90 Out-of-network provider: <ul style="list-style-type: none"> ▪ 40% coinsurance applied days 1 through 90
Outpatient Hospital Services (services may require prior authorization)	Outpatient hospital: <ul style="list-style-type: none"> ▪ Preferred hospitals: \$0 copay ▪ Standard hospitals: \$340 copay ▪ Out-of-network hospitals: \$400 copay
Ambulatory Surgical Center (services may require prior authorization)	Ambulatory surgery center: <ul style="list-style-type: none"> ▪ Preferred provider: \$0 copay ▪ Standard provider: \$340 copay ▪ Out-of-network provider: \$350 copay
Doctor's Office Visits (services may require prior authorization)	You have the 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 provider (PCP) visit: <ul style="list-style-type: none"> ▪ Preferred provider: \$0 copay ▪ Standard provider: \$5 copay ▪ Out-of-network provider: \$10 copay

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Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Doctor's Office Visits (continued) (services may require prior authorization)	Specialist visit: <ul style="list-style-type: none"> ▪ Preferred provider: \$0 copay ▪ Standard provider: \$50 copay ▪ Out-of-network provider: \$55 copay There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit.
Preventive Care	Preferred providers: 0% coinsurance Standard providers: 0% coinsurance Out-of-network providers: 40% coinsurance Our plan covers many preventive services, including: <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) Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$90 copay for each covered emergency room visit. You may get covered emergency medical care whenever you need it, anywhere in the world, up to \$50,000 per calendar year.
Urgent Care Center Visit	\$40 copay for each covered urgent care center visit. 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.

Summary of Benefits

Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Diagnostic Services, Labs and Imaging (services may require prior authorization)	<p>Diagnostic medical tests:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$10 copay Out-of-network provider: 40% coinsurance <p>Diagnostic radiological services (CT scans):</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$100 copay Out-of-network provider: 40% coinsurance <p>Diagnostic radiological services (MRI/MRA/PET scans):</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$175 copay Out-of-network provider: 40% coinsurance <p>Lab services:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$10 copay Out-of-network provider: 40% coinsurance <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: 40% coinsurance <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 20% coinsurance Out-of-network provider: 40% coinsurance
Hearing Services	Original Medicare covered hearing exams: <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay
Mental Health Care (services may require prior authorization)	<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 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. The plan covers 90 days each benefit period. You have 60 lifetime reserve days that can be used for an inpatient psychiatric admission.</p> <p>Preferred provider:</p> <ul style="list-style-type: none"> There is no limit to the number of days covered by the plan <p>Standard provider:</p> <ul style="list-style-type: none"> \$350 copay applied days 1 through 5 \$0 copay applied days 6 through 90 <p>Out-of-network provider:</p> <ul style="list-style-type: none"> 40% coinsurance applied days 1 through 90

Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Mental Health Care (continued) (services may require prior authorization)	<p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: \$55 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: \$55 copay
Skilled Nursing Facility (SNF) Care (services may require prior authorization)	<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> <p>Preferred provider:</p> <ul style="list-style-type: none"> There is no limit to the number of days covered by the plan <p>Standard provider:</p> <ul style="list-style-type: none"> \$0 copay applied days 1 through 20 \$188 copay applied days 21 through 100 <p>Out-of-network provider:</p> <ul style="list-style-type: none"> 40% coinsurance applied days 1-100
Outpatient Rehabilitation Services (services may require prior authorization)	<p>Physical therapy, occupational therapy or speech/ language therapy visit:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: \$55 copay <p>Cardiac (heart) rehabilitation services:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$30 copay Out-of-network provider: \$45 copay <p>Pulmonary (lung) rehabilitation services:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$20 copay Out-of-network provider: 40% coinsurance
Ambulance (services may require prior authorization)	<p>Air Ambulance Trip:</p> <ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 50% coinsurance Out-of-network provider: 50% coinsurance <p>Ground Ambulance Trip:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$200 copay Out-of-network provider: \$200 copay

Summary of Benefits

Premiums and Benefits		Bon Secours Mercy Advantage (PPO)		
Prescription Drug Benefits				
Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements)		<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>For chemotherapy and other drugs covered by Medicare Part B:</p> <ul style="list-style-type: none"> ▪ In-network: 0-20% coinsurance or less ▪ Out-of-network: 0-20% coinsurance or less <p>For Part B Insulin:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: You will pay no more than a \$35 co-payment for a one-month supply of insulin. The \$2,000 out-of-network deductible does not apply to insulin delivered through an insulin pump. <p>To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAplaninfo.</p>		
Outpatient Prescription Drugs				
Deductible		\$500		
Pharmacy Maximum Out-of-Pocket Responsibility		<p>You pay no more than:</p> <ul style="list-style-type: none"> ▪ \$7,400 annually for copays and coinsurance for prescription drugs <p>If you reach the limit on out-of-pocket costs and you keep getting covered prescription drugs, the health plan will pay the full cost for the rest of the year.</p>		
Initial Coverage		<p>You pay the following until your total yearly drug costs reach \$5,030. 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 (retail and mail order) pharmacies. The cost to fulfill prescriptions at a Mercy pharmacy is the same as at a standard pharmacy.</p>		
Retail Pharmacy Cost Sharing				
		Pharmacies	Preferred	Standard
Tier 1 (preferred generic drugs)				
		30 day supply:	\$5 copay	\$10 copay
		31–90-day supply:	\$12 copay	\$25 copay
Tier 2 (generic drugs)				
		30-day supply:	\$10 copay	\$15 copay
		31–90-day supply:	\$25 copay	\$37 copay
Tier 3 (preferred brand and generic drugs)				
		30-day supply:	\$20 copay	\$25 copay
		31–90-day supply:	\$50 copay	\$63 copay

Premiums and Benefits		Bon Secours Mercy Advantage (PPO)		
Initial Coverage (continued)		Retail Pharmacy Cost Sharing		
		Pharmacies	Preferred	Standard
Tier 4 (non-preferred drugs)				
		30-day supply:	\$30 copay	\$35 copay
		31–90-day supply:	\$75 copay	\$87 copay
Tier 5 (specialty tier drugs)				
		30-day supply:	\$100 copay	\$100 copay
		31–90-day supply:	Not covered	Not covered
Mail-Order Cost Sharing				
Tier 1 (preferred generic drugs)				
		30-day supply:	\$0 copay	\$10 copay
		31–90-day supply:	\$0 copay	\$25 copay
Tier 2 (generic drugs)				
		30-day supply:	\$5 copay	\$15 copay
		31–90-day supply:	\$12 copay	\$37 copay
Tier 3 (preferred brand and generic drugs)				
		30-day supply:	\$15 copay	\$25 copay
		31–90-day supply:	\$37 copay	\$63 copay
Tier 4 (non-preferred drugs)				
		30-day supply:	\$25 copay	\$35 copay
		31–90-day supply:	\$63 copay	\$87 copay
Tier 5 (specialty tier drugs)				
		30-day supply:	\$100 copay	\$100 copay
		31–90-day supply:	Not covered	Not covered
		If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.		
		Your prescriptions are covered only if they are filled at the plan's network pharmacies.		

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Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Outpatient Prescription Drugs	
Coverage Gap	You will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket costs reach \$7,400.
Catastrophic Coverage	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Other Benefits	
Outpatient Substance Abuse	<ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: \$55 copay <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>Medicare covered podiatry visit:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$50 copay Out-of-network provider: \$55 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.) (services may require prior authorization)	<ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 20% coinsurance Out-of-network provider: 40% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) (services may require prior authorization)	<ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 20% coinsurance Out-of-network provider: 40% coinsurance
Diabetes Supplies and Services	<p>Diabetes monitoring supplies and therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 20% coinsurance Out-of-network provider: 20% coinsurance

Premiums and Benefits	Bon Secours Mercy Advantage (PPO)
Chiropractic Care	<p>We only cover manual manipulation of the spine to correct subluxation:</p> <ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$30 copay Out-of-network provider: \$55 copay
Home Health Care (services may require prior authorization)	<ul style="list-style-type: none"> Preferred provider: \$0 copay Standard provider: \$0 copay Out-of-network provider: 40% coinsurance
Renal Dialysis	<p>Covered dialysis equipment and supplies:</p> <ul style="list-style-type: none"> Preferred provider: 0% coinsurance Standard provider: 20% coinsurance Out-of-network provider: 40% coinsurance
Hospice	<p>When you enroll in a Medicare certified hospice program, your hospice services (and any Part A or Part B services related to your terminal prognosis) are paid for by Original Medicare.</p>

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 toll free and speak to a customer service representative at 1-800-835-9001 (TTY 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter your group number or call toll free 1-800-835-9001 (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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

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, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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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'déé', t'áá jiik'eh, éí ná hóló, kójjí' hódííłnih 1-800-382-5729 (TTY: 711).

Order Number: Z8188-MCA R4/19
Dept of Ins. Filing Number: Z8188-MCA R9/16

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

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.

Important Information 2024 Medicare Stars Ratings



Official U.S. Government
Medicare Information

Medical Mutual of Ohio–H4497

For 2024, Medical Mutual of Ohio–H4497 received the following Star Ratings from Medicare:

- Overall Star Rating:** ★★★★★ 4.5 Stars
- Health Services Rating: ★★★★★ 4 Stars
- Drug Services Rating: ★★★★★ 3.5 Stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance. Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan—for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ Excellent
- ★★★★☆ Above Average
- ★★★☆☆ Average
- ★★☆☆☆ Below Average
- ★☆☆☆☆ Poor

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Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions About This Plan?

Contact Medical Mutual of Ohio 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-801-4823 (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 800-801-4823 (toll-free) or 711 (TTY).

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