MEDICAL MUTUAL®

100 American Road
Cleveland, OH 44144-2322

MedMutual.com/PSHB
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Medical Mutual's

Postal Service Health Benefits Plan Guide

for Employees and Annuitants

2026 Coverage Year

MEDICAL MUTUAL®

Contents

Welcome
to Medical Mutual

We are pleased to offer the 2026 Postal Service Health Benefits (PSHB) health insurance plans for employees and annuitants who live or work in the following northern Ohio counties: Allen, Ashland, Ashtabula, Auglaize, Columbiana, Cuyahoga, Defiance, Erie, Fulton, Geauga, Henry, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Wayne, Williams and Wood.

For your convenience, this guide is broken into separate sections for employees (pages 6-10) and annuitants (pages 12-17).

Our PSHB plans offer:

- No out-of-pocket costs for most preventive services.
- No referrals required for certain specialists, including mental health or substance use providers.
- Access to My Health Plan, our secure member portal, where you can manage your plan, costs and health.

Founded in 1934, Medical Mutual is the oldest health insurance company based in Ohio. Our priority is offering health insurance plans based on the local needs of the 1.2 million Ohioans we serve. We are committed to providing our members with the right benefits and services to help them live healthier through all stages of life.

Enroll in a PSHB Plan

Becoming a Medical Mutual member is easy. Just follow the three simple steps below. The information in this guide can help you pick the right plan that meets your needs.

Step 1 | Pick a plan

Our PSHB plans are specifically for Postal Service employees and annuitants who live or work in these northern Ohio counties: *Allen, Ashland, Ashtabula, Auglaize, Columbiana, Cuyahoga, Defiance, Erie, Fulton, Geauga, Henry, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Wayne, Williams and Wood.*

Step 2 | Choose the type of coverage you need

Review the chart on page 9 (for employees) and page 14 (for annuitants) for applicable rates and enrollment codes.

Step 3 | Enroll in your new PSHB plan[1]

Employees and annuitants can enroll in the PSHB Standard or Basic plans online at https://health-benefits.opm.gov/PSHB/. Employees and annuitants can call 1-844-451-1261 if they need assistance with the enrollment process. Annuitants who wish to enroll in the PSHB Medicare Advantage PPO plan can enroll by filling out a paper enrollment application. To request assistance or another application, call Medical Mutual toll free at 1-800-801-4823 (TTY: 711 for hearing impaired).

Changing Your Coverage

When major life events take place, you may need to make changes to your health insurance coverage. To ensure you and/or your dependents have the right coverage, please visit OPM.gov or contact your employing agency or retirement office for PSHB enrollment procedures within 31 days of any one of the following life-changing events. More details are available in the 2026 PSHB Brochure (RI 73-928).

- Change of address outside the Medical Mutual service area
- Marriage
- Birth, adoption, placement for adoption or legal guardianship of a child
- Marriage of an enrolled dependent
- Divorce or dissolution
- Medicare eligibility
- Death of an enrollee or dependent

1 These are highlights of the PSHB enrollment process. Please refer directly to OPM.gov and your employing agency or retirement office for PSHB coverage effective dates, enrollment procedures and deadlines, and other information.

Spend Less on Healthcare

Reduce Your Out-of-Pocket Costs

Understanding your health insurance coverage can save you time and money. The following tips can help you reduce your out-of-pocket costs and get the most out of your coverage.

Stay in Network

Using doctors, hospitals and other healthcare providers in your plan's network can save you money. In-network providers often offer lower or discounted rates, which means more money stays in your pocket. You will be responsible for paying the charges in full if you receive services from a non-network provider.

To see if your preferred doctors and other healthcare providers are part of your plan's network, visit MedMutual.com/PSHB and click the Find a Provider link.

Use Your Preventive Care Benefits

Preventive care is an easy way to help prevent diseases or find problems early when they're easier and less expensive to treat. Regular visits with a primary care provider (PCP) will help you stay up-to-date on recommended vaccines and screenings based on your gender, age, health history and other risk factors.

Avoid the Emergency Room

Talk to your doctor or visit an urgent care facility. Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you time and money.

Know What's Covered

Before you have a service or procedure, review your 2026 PSHB Brochure (RI 73-928) or call Medical Mutual Customer Care at the phone number on your member ID card to make sure it is covered under your plan.

Employees and Annuitants

Helpful Tips

1. Keep your Medical Mutual member ID card with you at all times (in your wallet or on your smartphone), and refer to it each time you visit your provider to ensure you pay the right copay.
2. Follow your doctor's prescribed treatments and preventive screening recommendations. This is especially important if you have a chronic condition.
3. Call our dedicated Customer Care Specialists at the phone number on your member ID card if you have any coverage questions or need additional help.

My Health Plan

Stay Organized and Informed

My Health Plan, our secure member website, is available 24/7. Visit MedMutual.com/Member to find in-network providers, review claims, review your out-of-pocket spending, access our wellness portal and more.

Find a Provider and Cost Estimator

Our enhanced Find a Provider tool makes it easy to find in-network providers. Search by specialty, location, condition and more. You can also view quality ratings of network doctors and compare costs so you can make the best decision for your health and wallet. Remember, using in-network providers will save you money.

Paperless Explanation of Benefits (EOBs) Statements

After you visit the doctor's office or hospital, an explanation of your treatment and how much it costs is available online. This is referred to as an EOB. A digital archive of current and past EOBs keeps these important records organized and easy to find. You can also choose to opt out of receiving mailed EOBs.

Download our Free Mobile App

With the MedMutual mobile app, you can use your smartphone to view claims, check your deductible and out-of-pocket spending, search your network for healthcare providers, and access your digital ID card, which you can email or fax to your providers right from your device. Search "MedMutual" in the Apple App Store® or Google Play™.

Register for My Health Plan

It's easy. Just visit MedMutual.com/Member. All you'll need is your member ID card or the last four digits of your Social Security number.

For Employees

Please review the following section and choose from two plan options - Standard or Basic. Both plans feature our MedFlex™ provider network, giving you access to Summa Health, Mercy Health, The Toledo Clinic, University Hospitals and many other highly qualified providers and health systems.

Employee Coverage Highlights

Two available options: Standard or Basic

	2026 PSHB Benefit Plan Options You pay	
Plan Features	**PSHB Standard Option**	**PSHB Basic Option**
Annual Deductible	$0	$1,000 / $2,000 (Accumulates toward out-of-pocket max.)
Out-of-Pocket Maximum (Individual/Family)	$8,000 / $16,000	$8,000 / $16,000
Physician Office Visits		
Preventive Adult Exam (per visit)	$0	$0
Preventive Well-Child Exam (per visit)	$0	$0
Primary Care Visit (per visit)	$25	$30
Specialty Care Visit (per visit)	$45	$60
Routine Vision Exam (per visit)	$45	$60
Lab Services Labs and X-rays, such as blood tests and ultrasounds	$0 per visit	30% after deductible
Ambulatory Surgery	$500 per surgery	30% after deductible
Hospitalization	$850 per admission	30% after deductible
Urgent Care Services (per visit)	$35 per visit	$45 per visit
Emergency Services* (per visit)	$500 per visit	$500 per visit
Most Durable Medical Equipment (DME)	25%	30% after deductible
Prescription Drugs (Prescriptions must be filled at an in-network plan pharmacy or through our mail order services.)		
Generic (tier 1)		
Retail (up to a 30-day supply)	$15 per fill	$10 per fill
Mail Order (up to a 90-day supply)	$30 per fill	$20 per fill
Preferred Brand (tier 2)		
Retail (up to a 30-day supply)	$75 per fill	40% up to $250 max. per fill
Mail Order (up to a 90-day supply)	$150 per fill	40% up to $500 max. per fill
Non-preferred Brand (tier 3)		
Retail (up to a 30-day supply)	$180 per fill	60% up to $350 max. per fill
Mail Order (up to a 90-day supply)	$360 per fill	60% up to $700 max. per fill
Specialty (tier 4) Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 8) *Mail order is not available for specialty medications.*	25% up to $500 max. per fill	30% up to $500 max. per fill

*Emergency copay is waived if admitted directly to the hospital as an inpatient.

This is a summary of the features of the Medical Mutual Standard and Basic plan options. This benefit information is a brief summary, not a complete description of benefits. Before making a final decision, please read the 2026 PSHB Brochure (RI 73-928), available for download at MedMutual.com/PSHB.

Employees

Employee Prescription Coverage

Covered Drugs and Your Rx Formulary

Your plan will cover medicines on the National Preferred Plus formulary, which includes a variety of generic, brand and specialty drugs. But it excludes certain drugs for which there are other clinically effective, lower-cost alternatives on your plan's formulary. Review the plan formulary at MedMutual.com/PSHB to see how your medications are covered and the amount of your copay.

Some medications may require a coverage review before your plan will pay for them. These reviews make sure you get the right medication for your condition at a reasonable cost. Coverage review programs include prior approval, step therapy and quantity limits. Download the formulary at MedMutual.com/PSHB to learn more.

Pharmacy Network

Non-specialty prescription drugs must be filled through a retail pharmacy in the Walgreens Advantage Network (up to a 30-day supply) or by mail through Express Scripts Pharmacy℠ (up to a 90-day supply). The network includes most chain and independent pharmacies in Ohio. Note: CVS is not included.

No-Cost Preventive Medications

Preventive medications can help you avoid many illnesses and maintain good health. You'll pay $0 out of pocket when you fill a prescription for any medication on our Standard Plus Preventive Medications list. Medications on this list are typically taken to maintain good health or prevent the onset or worsening of conditions like asthma, diabetes, high blood pressure, high cholesterol and more.

Generic Incentive Program

You'll save money when you choose generic medicines whenever possible. If you choose a brand-name drug when a generic equivalent is available, you will pay your plan's brand-name copay (tier 2 or tier 3), PLUS the difference in cost between the generic and brand-name drug.

Home Delivery for Long-Term Medications

Save time and money on long-term medications with our Select Home Delivery Active Choice program. Standard shipping is FREE, and you'll receive your first order in about a week.

To get started:

- Ask your doctor or healthcare provider to fax a prescription for up to 90 days, plus three refills (if applicable), to Express Scripts at 1-800-837-0959, or they can send it through the Express Scripts e-prescribing system.
- Or download a mail order form at MedMutual.com/PSHB. Send the completed form, along with your prescription order, to Express Scripts at the address on the form.
- If you prefer to continue filling these prescriptions at your local pharmacy, you'll need to notify Express Scripts of your preference.
- Learn more at MedMutual.com/PrescriptionHomeDelivery.

Specialty Drug Solution

Specialty drugs, such as those used to treat rheumatoid arthritis, cancer or multiple sclerosis, must be filled at a contracted specialty pharmacy, which offers extra care and service. Specialty drugs are limited to 30 days per fill, which prevents waste if a medication or dose needs to be changed because of tolerance concerns or side effects.

2026 Employee Premium Costs

The semimonthly rates listed below apply to employees.

				Premium Costs			
				Biweekly		Monthly Share	
		Enrollment Code		Government	You	Government	You
Plan Options	Basic	Self Only	D3A	$184.60	$61.54	$400.04	$133.35
		Self + One	D3C	$406.20	$135.40	$880.10	$293.37
		Self + Family	D3B	$443.13	$147.71	$960.11	$320.04
	Standard	Self Only	D3D	$304.64	$445.22	$660.05	$964.65
		Self + One	D3F	$657.50	$992.17	$1,424.58	$2,149.71
		Self + Family	D3E	$712.30	$1,087.36	$1,543.32	$2,355.94

You are eligible for this plan if you live or work in one of the following northern Ohio counties: Allen, Ashland, Ashtabula, Auglaize, Columbiana, Cuyahoga, Defiance, Erie, Fulton, Geauga, Henry, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Wayne, Williams and Wood.

These rates do not apply to all enrollees. If you are in a special enrollment category, please visit MedMutual.com/PSHB or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Learn More

For more detailed plan information, refer to your 2026 PSHB Brochure (RI 73-928) or visit MedMutual.com/PSHB.

Make Your Health a Priority

Your employees are your greatest asset, so it's important to support their health and well-being. By helping them achieve their personal health goals, you unlock numerous benefits Integrating a corporate wellness program can be a key component of your organization's success.

Wellness Portal

Our wellness portal is the gateway to MedMutual WELL's health and wellness programs, resources and tools. Members can also access their wellness program via the MedMutual WELL mobile app.

Online Health Assessment

Member responses to our NCQA-certified health assessments form the foundation of their program experience. Additional micro-assessments help them further explore potential health risks.

Health Profile

Each member's health profile is populated according to their health risks, providing a clear view of where they're doing well and what needs improvement.

Sync Your Wearable Device

Some of the activities you'll find on the wellness portal involve tracking steps, exercises or other activities. We make it simple and convenient to record your daily results by allowing you to sync an app or wearable device to the portal.

Weight Management and Nutrition

Medical Mutual members can enroll in a WeightWatchers program and take advantage of a membership discount.

Tobacco Cessation Program

Tobacco users can quit for good with help from Pivot. This personalized app replacement therapy at no charge. Learn more at Pivot.co/MedMutual.

Member Discounts

All Medical Mutual members have access to valuable discounts on a variety of products and services, including fitness and health products, hearing aids, yoga accessories and more.

Fitness Discounts

Medical Mutual members enjoy reduced enrollment and/or monthly fees at participating local and national fitness clubs.

Access to the wellness portal is available at MedMutual.com/Member. First-time users need to create an account with a username and password. Once you're logged in, select Wellness Portal under the Healthy Living tab.

For more information, log in to My Health Plan at MedMutual.com/Member.

For Annuitants

For 2026, annuitants have the opportunity to enroll in the PSHB Medicare Advantage PPO in addition to the coverage they are currently enrolled in with the PSHB Standard or Basic plan options. Please review the following section to learn more.

- Our PSHB Standard and Basic options offer our Medical Mutual medical and prescription drug coverage and feature our MedFlex™ network of providers.
- The PSHB Medicare Advantage PPO plan encompasses all the benefits of Original Medicare (Parts A and B), plus Part D prescription drug coverage. It features our MedMutual Advantage PPO network.

Annuitant Coverage Highlights

For the PSHB Standard, PSHB Basic or PSHB Medicare Advantage Plans

	2026 PSHB Benefit Plan Options You pay		
Plan Features	**PSHB Standard Option**	**PSHB Basic Option**	**PSHB Medicare Advantage PPO Plan**
Annual Deductible	$0	$1,000 / $2,000 (Accumulates toward out-of-pocket max.)	$0
Out-of-Pocket Maximum (Individual/Family)	$8,000 / $16,000	$8,000 / $16,000	Not applicable
Physician Office Visits			
Preventive Adult Exam (per visit)	$0	$0	$0
Preventive Well-Child Exam (per visit)	$0	$0	$0
Primary Care Visit (per visit)	$25	$30	$0
Specialty Care Visit (per visit)	$45	$60	$0
Routine Vision Exam (per visit)	$45	$60	$0
Lab Services Labs and X-rays, such as blood tests and ultrasounds	$0 per visit	30% after deductible	$0 per visit
Ambulatory Surgery	$500 per surgery	30% after deductible	$0 per surgery
Hospitalization	$850 per admission	30% after deductible	$0 per admission
Urgent Care Services (per visit)	$35 per visit	$45 per visit	$0 per visit
Emergency Services* (per visit)	$500 per visit	$500 per visit	$0 per visit
Most Durable Medical Equipment (DME)	25%	30% after deductible	$0
Prescription Drugs (Prescriptions must be filled at an in-network plan pharmacy or through our mail order services.)			
Part D Maximum Out-of-Pocket	$2,100	$2,100	$1,000
Generic			
Retail or Mail Order (up to a 30-day supply)	$10 per fill	$10 per fill	$10 per fill
Retail or Mail Order (up to a 90-day supply)	$20 per fill	$20 per fill	$20 per fill
Preferred Brand			
Retail or Mail Order (up to a 30-day supply)	$75 per fill	$75 per fill	$75 per fill
Retail or Mail Order (up to a 90-day supply)	$150 per fill	$150 per fill	$150 per fill
Non-preferred Brand			
Retail or Mail Order (up to a 30-day supply)	60% up to $180 max. per fill	60% up to $180 max. per fill	60% up to $180 max. per fill
Retail or Mail Order (up to a 90-day supply)	60% up to $360 max. per fill	60% up to $360 max. per fill	60% up to $360 max. per fill
Specialty Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 8)	25% up to $500 max. per fill	25% up to $500 max. per fill	25% up to $500 max. per fill

*Emergency copay is waived if admitted directly to the hospital as an inpatient.

To learn more about the benefits offered by the PSHB Medicare Advantage PPO Plan, please refer to the plan's Evidence of Coverage (EOC). This is a summary of the features of the Medical Mutual Standard, Basic and Medicare Advantage options for annuitants. This benefit information is a brief summary, not a complete description of benefits. Before making a final decision, please read the 2026 PSHB Brochure (RI 73-928), available for download at MedMutual.com/PSHBMARetiree or OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits.

Annuitants

2026 Annuitant Plan Premiums

The monthly rates listed below apply to annuitants.

				Premium Costs	
				Monthly Share	
		Enrollment Code		Government	You
Plan Options	Basic	Self Only	D3A	$404.04	$133.35
		Self + One	D3C	$880.10	$293.37
		Self + Family	D3B	$960.11	$320.04
	Standard	Self Only	D3D	$660.05	$964.65
		Self + One	D3F	$1,424.58	$2,149.71
		Self + Family	D3E	$1,543.32	$2,355.94
	MAPD	Self Only (Basic)	D3A	$400.04	$133.35
		Self Only (Standard)	D3D	$660.05	$964.65

You are eligible for this plan if you live or work in one of the following northern Ohio counties: Allen, Ashland, Ashtabula, Auglaize, Columbiana, Cuyahoga, Defiance, Erie, Fulton, Geauga, Henry, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Wayne, Williams and Wood.

Learn More

For more detailed plan information, refer to your 2026 PSHB Brochure (RI 73-928) or visit MedMutual.com/PSHB.

PSHB Helpline Support: 1-844-451-1261

- Calls will be routed to appropriate customer support resource
- Open 7:00 a.m. to 8:45 p.m. EST, Monday through Friday

Your PSHB Medicare Advantage PPO Option

As a PSHB annuitant, you are automatically enrolled in the PSHB Standard or Basic option, depending on what coverage is comparable to your current plan.

Annuitants have the choice to join the PSHB Medicare Advantage PPO plan through Medical Mutual in addition to the coverage they are enrolled in with the PSHB Standard or PSHB Basic plan.

Who can join?
To join the PSHB Medicare Advantage PPO plan, you and your Medicare-eligible spouse and/or dependent 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.

Things to know about the PSHB Medicare Advantage PPO plan
The PSHB Medicare Advantage PPO plan has all the benefits of Original Medicare (Parts A and B), plus prescription drug coverage (Part D). The PSHB Medicare Advantage PPO plan also includes access to wellness programs, such as SilverSneakers® and more.

You are responsible for paying your Medicare Part B premium. The PSHB Medicare Advantage PPO plan can assist with your Part B premium cost and reimburse up to $850 annually. For more information on the PSHB Medicare Advantage PPO plan Part B reimbursement, please visit MedMutual.com/PSHB.

The PSHB Medicare Advantage PPO plan includes access to our large network of quality healthcare providers throughout the state of Ohio. As a member, you can receive care from any Medicare-eligible provider when you are outside of our Ohio service area, as well as international coverage for emergencies and urgent care.

What does PSHB Medicare Advantage PPO plan 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 guide. For a complete overview of benefits for the PSHB Medicare Advantage PPO plan, please refer to the Evidence of Coverage (EOC) found at MedMutual.com/MAGroup. Enter group number A27313.

Which doctors, hospitals and pharmacies can I use?
The PSHB Medicare Advantage PPO plan has 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; enter group number A27313.
- You can see our plan's pharmacy directory at our website, MedMutual.com/MAGroup; enter group number A27313.
- Or call us and we will send you a paper copy of the provider and pharmacy directories.

How will I determine my drug costs?

The PSHB Medicare Advantage PPO groups each medication into 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.

In addition, it covers 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; enter group number A27313.

Phone numbers and website

For questions regarding the PSHB Medicare Advantage PPO plan, or to request an application, call Medical Mutual at 1-800-801-4823 (TTY 711), seven days a week from 8 a.m. to 8 p.m. EST, from Oct. 1 to March 31 (except Thanksgiving and Christmas) and Monday through Friday 8 a.m. to 8 p.m. EST, from April 1 to Sept. 30 (except holidays).

Or visit our website: MedMutual.com/MAGroup and enter group number A27313.

More PSHB Medicare Advantage PPO Resources

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 on the PSHB Medicare Advantage plan, call Medical Mutual toll free at 1-800-801-4823 (TTY 711).

PSHB Medicare Advantage PPO Wellness

In addition to Original Medicare (Parts A and B) and prescription drug coverage (Part D), the PSHB Medicare Advantage PPO plan helps you maximize your overall health by providing access to the following, supplemental wellness programs:

Chronic Condition Management Program

This program can help you stay healthy, manager your chronic conditions and maintain your independence. Working with a trained health coach, you will develop a plan that supplements the care you receive from your doctor.

SilverSneakers

SilverSneakers is a complete health and fitness program designed for Medicare members at all fitness levels. Members will have access to participating gyms and fitness centers to help them meet their personal wellness goals. Note: Non-standard fitness center services that usually have an extra fee are not included in your membership.

Home Meals

Within 30 days of being discharged from an inpatient hospital stay, you are eligible to receive two meals a day for seven days delivered directly to your home. Prior authorization rules may apply.

24/7 Nurse Line

If you have questions about symptoms you are experiencing but aren't sure if you need to see your doctor, nurses are available for confidential calls 24 hours a day, seven days a week at 1-888-912-0636 (TTY 711).

Tobacco Cessation Program

Our smoking and tobacco cessation program offers free coaching, quit aids and tools to help you stop using tobacco. Get personalized guidance, medication options, motivational texts, step-by-step support and more.

WeightWatchers®

To help you meet your health goals, we partner with WeightWatchers, the world's leading provider of weight management services. Monthly WeightWatchers fees are reduced for MedMutual Advantage members. Note: You pay your reduced fees, and the benefit does not include food or meals.

Please Note: Our Nurse Line is not intended to replace the medical care or advice received from a doctor. In the event of a medical emergency, treatment should be sought at the nearest medical facility or by calling 911.

Annuitants

Need Help?

Occasionally, everyone needs a little help navigating their health insurance coverage.

Employees

Medical Mutual Customer Care

1-800-315-3144
TTY: 711 for hearing impaired

Hours of Operation
Monday–Thursday: 7:30 a.m.–7:30 p.m., ET
Friday: 7:30 a.m.–6 p.m., ET
Saturday: 9 a.m.–7:30 p.m., ET

By Mail

Medical Mutual of Ohio
P.O. Box 6018
Cleveland, OH 44101-1018

Online

MedMutual.com/PSHB
My Health Plan: MedMutual.com/Member

PSHB Helpline-Enrollment Support

1-844-451-1261
https://health-benefits.opm.gov/PSHB

Annuitants

Medical Mutual Customer Care

PSHB Medicare Advantage PPO
1-800-801-4823
TTY 711 for hearing impaired

PSHB Standard and Basic Options
1-800-982-3117
TTY: 711 for hearing impaired

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. EST.
- From April 1 to September 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m. EST.

By Mail

Enrollment Department
Medical Mutual
P.O. Box 94563
Cleveland, OH 44101-9815

Online

MedMutual.com/PSHB
MedMutual.com/PSHBMARetiree
MedMutual.com/MAGroup
My Health Plan: MedMutual.com/Member

PSHB Helpline-Enrollment Support

1-844-451-1261

Understand an EOB

An EOB provides a complete picture of the cost of your healthcare services. The EOB is not a bill. If you owe money for services, your provider will send you a bill directly. These pages show a sample EOB.

Date statement was produced

Customer Care Center information
Website and phone numbers where you can send inquiries and have specific questions answered.

Policyholder name and address

Your ID number
Your member ID number is also located on your ID card. This is the same as your contract/certificate number. It is important for all claim inquiries.

Your benefits provider

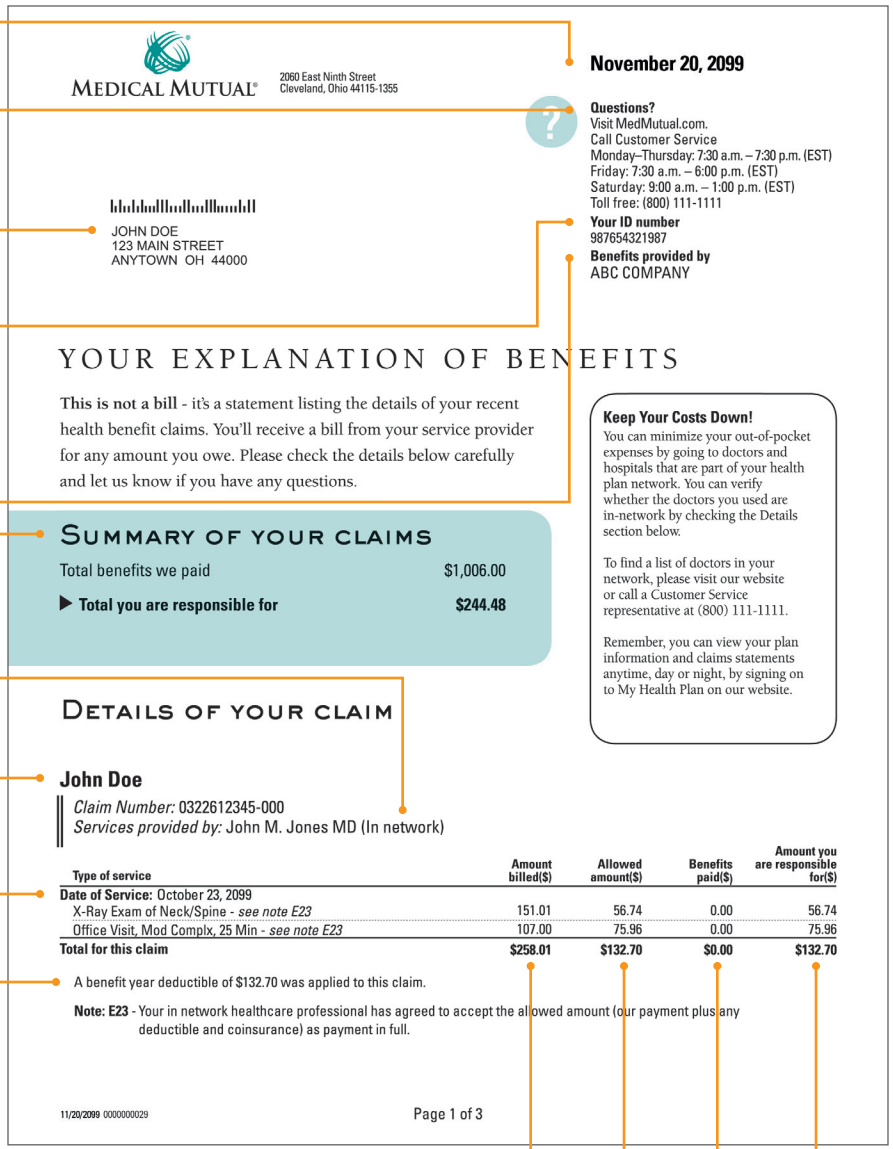
Summary of your claims
The amount paid by your health plan and the amount you owe.

The network status of your healthcare provider

Name of patient
The person who received service(s).

List of service(s) billed and any notes

Explanation of your final responsibility for covered services



MEDICAL MUTUAL® 2060 East Ninth Street Cleveland, Ohio 44115-1355

November 20, 2099

Questions?
Visit MedMutual.com.
Call Customer Service
Monday–Thursday: 7:30 a.m. – 7:30 p.m. (EST)
Friday: 7:30 a.m. – 6:00 p.m. (EST)
Saturday: 9:00 a.m. – 1:00 p.m. (EST)
Toll free: (800) 111-1111

JOHN DOE
123 MAIN STREET
ANYTOWN OH 44000

Your ID number
987654321987
Benefits provided by
ABC COMPANY

YOUR EXPLANATION OF BENEFITS

This is not a bill - it's a statement listing the details of your recent health benefit claims. You'll receive a bill from your service provider for any amount you owe. Please check the details below carefully and let us know if you have any questions.

Keep Your Costs Down!
You can minimize your out-of-pocket expenses by going to doctors and hospitals that are part of your health plan network. You can verify whether the doctors you used are in-network by checking the Details section below.

To find a list of doctors in your network, please visit our website or call a Customer Service representative at (800) 111-1111.

Remember, you can view your plan information and claims statements anytime, day or night, by signing on to My Health Plan on our website.

SUMMARY OF YOUR CLAIMS

Total benefits we paid	$1,006.00
▶ **Total you are responsible for**	**$244.48**

DETAILS OF YOUR CLAIM

John Doe
Claim Number: 0322612345-000
Services provided by: John M. Jones MD (In network)

Type of service	Amount billed($)	Allowed amount($)	Benefits paid($)	Amount you are responsible for($)
Date of Service: October 23, 2099				
X-Ray Exam of Neck/Spine - *see note E23*	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - *see note E23*	107.00	75.96	0.00	75.96
Total for this claim	**$258.01**	**$132.70**	**$0.00**	**$132.70**

A benefit year deductible of $132.70 was applied to this claim.

Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

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Amount billed
The dollar amount billed by your healthcare provider for service(s) rendered.

Allowed amount
The maximum benefit allowable under your health plan.

Benefits paid
Amount paid under your health plan to your healthcare provider.

Amount you are responsible for
The amount you owe for the indicated service(s) rendered.