

Case Western Reserve University MedMutual Advantage® PPO
Group Number: 227922



2027 Summary of Benefits

This booklet gives you a summary of what we cover, from Jan. 1, 2027, through Dec. 31, 2027, and what you are responsible for. **It doesn't list every service we cover or list every limitation or exclusion.** To get a **complete list of covered services**, see our **Evidence of Coverage** by visiting **MedMutual.com/MAGroup**. Enter group number, 227922.

Things to know about MedMutual Advantage PPO

Phone Numbers and Website

- If you are a member of one of these plans, call toll-free 1-800-801-4823 (TTY 711)
- Our website: [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup). Enter Group number, 227922.

Hours of Operation

- From Oct. 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 Sept. 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m.

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

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

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

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-801-4823 (TTY 711).

Who can join?

To join, you and your Medicare-eligible spouse and/or dependent must be entitled to Medicare Part A, be enrolled in Medicare Part B, eligible for group coverage through your employer or retiree group and live in our service area, which 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, pharmacies and other providers. If medically necessary, Medical Mutual provides coverage for all covered services, including out-of-network. For a list of network doctors, visit [Medicare.gov](https://www.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 and pharmacy directories at our website [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup). Enter group number, 227922.
- 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 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 insulin, as well as 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). Enter group number, 227922.
- Or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six 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 following benefit stages: Initial Coverage and Catastrophic Coverage.



Plan Premium, Deductible and Max Out-of-Pocket (MOOP)

Out-of-Pocket Costs	
Monthly Plan Premium	\$383.19 per month You must continue to pay your Medicare Part B premium.
Plan Deductible	This plan has a deductible for some hospital and medical services: \$100 per year for in-network and out-of-network services
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs.)	You'll pay no more than: \$600 annually Includes copays and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you will keep receiving covered hospital and medical services, and Medical Mutual will pay the full cost for the rest of the year.



Medical and Hospital Benefits (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Inpatient	0% coinsurance applied days 1 and thereafter. There is no limit to the number of days covered by the plan.
Outpatient Hospital Observation Services	0% coinsurance for observation services.
Outpatient Hospital Coverage	0% coinsurance for each covered surgery.
Ambulatory Surgical Center Services	0% coinsurance for each covered surgery.



Doctor's Office Visits (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Primary Care Provider Visit	0% coinsurance for each covered PCP visit. 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.
Specialist Visit	0% coinsurance for each covered specialist visit. There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit.
Preventive Care	0% coinsurance For a full list of preventive services available, see the Evidence of Coverage (EOC). Some covered services may have an associated cost.



Emergency and Urgent Care (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Emergency Care	0% coinsurance for each covered emergency room visit. Your benefits include Cigna Medical Benefits Abroad® (MBA), a limited coverage plan for unexpected injuries and illnesses that may occur while you're traveling internationally. Please refer to Cigna's Certificate of Coverage for details on the benefits, limitations and exclusions that apply to this program.
Urgently Needed Services	0% coinsurance 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. Your benefits include Cigna Medical Benefits Abroad® (MBA), a limited coverage plan for unexpected injuries and illnesses that may occur while you're traveling internationally. Please refer to Cigna's Certificate of Coverage for details on the benefits, limitations and exclusions that apply to this program.
Ground Ambulance	\$0 copay for each covered ground ambulance trip.
Air Ambulance	0% coinsurance for air ambulance services.
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. This applies if you are traveling outside the United States for less than six months. If you have an emergency outside of the U.S. and its territories, you will be responsible to pay up front for the services rendered. You must submit receipts to Medical Mutual for reimbursement. See the EOC for full benefit details.	



Diagnostic Services, Labs and Imaging (Costs for these services may be different if received in an outpatient surgery setting. Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Diagnostic Tests and Services	0% coinsurance for each covered diagnostic test and service.
Diagnostic Radiological Services (CT/MRI/PET Scans)	0% coinsurance for each covered service.
Lab Services	0% coinsurance for each covered lab service.
Outpatient X-rays	0% coinsurance for each covered X-ray service.
Therapeutic Radiology Services (such as radiation therapy for cancer.)	0% coinsurance for each covered therapeutic radiology service.



Hearing Services

Benefit	Your Costs in Our Plan
Original Medicare-covered Hearing Exam	\$0 copay



Vision Services

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Vision Services	0% coinsurance for Original Medicare covered vision services, including a yearly glaucoma screening and diabetic eye exam.
	0% coinsurance for Original Medicare covered eyeglasses or contact lenses after cataract surgery.



Mental Health Care and Outpatient Substance Use Disorder Services (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Inpatient Visit	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to Mental Health services provided in a psychiatric unit of a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts the first day you go into the hospital. The benefit period ends when you haven't had any inpatient 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. 0% coinsurance per day for days 1 through 90
Outpatient Individual or Group Therapy Visit	0% coinsurance



Skilled Nursing Facility (SNF) Care
(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Skilled Nursing Facility Care	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 on benefit period has ended, a new benefit period begins. There is no limit to how many benefit periods you can have. \$0 copay per day for days 1 through 100



Outpatient Rehabilitation Services
(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Physical Therapy and Speech/Language Therapy	0% coinsurance for each covered visit.
Occupational Therapy Visit	0% coinsurance for each covered visit.
Cardiac (Heart) Rehabilitation Service	0% coinsurance for each covered service.
Pulmonary (Lung) Rehabilitation Service	0% coinsurance for each covered service.



Medicare Part B Drugs
(Part B drugs may require prior authorization and may be subject to step therapy requirements.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Part B Drugs	0% coinsurance for chemotherapy and other drugs covered by Medicare Part B. Some drugs are covered by Medicare Part B, and some are covered by Medicare Part D.
Part B Insulin	You will pay no more than a \$35 copay for a one-month supply of insulin.
To view a list of Part B drugs that may be subject to Step Therapy visit MedMutual.com/MAGroup and enter group number, 227922.	



Outpatient Prescription Drugs

Benefit	Your Costs in Our Plan
Deductible	This plan does not have a Part D prescription drug deductible.
Pharmacy Maximum Out-of-pocket Responsibility	You pay no more than: ▪ \$1,000 annually for copays and coinsurance for Part D prescription drugs. If you reach the limit on out-of-pocket costs and you keep getting covered Part D prescription drugs, the health plan will pay the full cost for the rest of the year.
Initial Coverage	During the initial coverage stage, the plan pays part of the cost for your covered prescription drugs, and you pay your share. Your share of the cost depends on the medication and where you fill your prescription. You will continue to pay these costs until your total yearly out-of-pocket costs reach \$1,000. Retail cost sharing (preferred/standard): Tier 1 (preferred generic drugs) ▪ 30-day supply: \$10/\$15 copay ▪ 31-90-day supply: \$20/\$30 copay Tier 2 (generic drugs): ▪ 30-day supply: \$10/\$15 copay ▪ 31-90-day supply: \$20/\$30 copay Tier 3 (preferred brand and generic drugs): ▪ 30-day supply: \$30/\$40 copay ▪ 31-90-day supply: \$60/\$80 copay Tier 4 (non-preferred drugs): ▪ 30-day supply: \$60/\$75 copay ▪ 31-90-day supply: \$120/\$150 copay Tier 5 (specialty tier drugs): ▪ 30-day supply: \$100/\$100 copay ▪ 31-90-day supply: Not covered Tier 6 (select care drugs): ▪ 30-day supply: \$10/\$15 copay ▪ Three-month supply: \$20/\$30 copay Mail-order cost sharing (preferred/standard): Tier 1 (preferred generic drugs): ▪ 30-day supply: \$8/\$15 copay ▪ 31-90-day supply: \$16/\$30 copay Tier 2 (generic drugs): ▪ 30-day supply: \$8/\$15 copay ▪ 31-90-day supply: \$16/\$30 copay Tier 3 (preferred brand and generic drugs): ▪ 30-day supply: \$28/\$40 copay ▪ 31-90-day supply: \$56/\$80 copay Tier 4 (non-preferred drugs): ▪ 30-day supply: \$58/\$75 copay ▪ 31-90-day supply: \$116/\$150 copay



Outpatient Prescription Drugs Continued

Benefit	Your Costs in Our Plan
Initial Coverage (continued)	Tier 5 (specialty tier drugs): 30-day supply: \$100/\$100 copay 31-90-day supply: Not covered Tier 6 (select care drugs): 30-day supply: \$8/\$15 copay 31-90-day supply: \$16/\$30 copay
You may get your drugs at any network retail or mail order pharmacy. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.	
Catastrophic Coverage	This coverage stage does not apply to this plan due to an enhanced benefit design with a \$1,000 pharmacy maximum out-of-pocket amount.



Foot Care (Podiatry Services) (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Foot Exams and Treatment	\$0 copay for each covered podiatry visit.



Medical Equipment and Supplies (Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Durable Medical Equipment (DME) (Wheelchairs, Oxygen, etc.)	0% coinsurance
Prosthetic and Orthotic Devices and Related Supplies (Braces, Artificial Limbs, etc.)	0% coinsurance
You must get DME through participating suppliers. Continuous glucose monitors (CGMs) are only covered with an approved prior authorization. Coinsurance may apply. See this plan's EOC for more details.	



Diabetic Supplies and Services

(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Diabetic Supplies and Services	0% coinsurance for the following diabetic supplies: - A blood glucose meter (excluding CGMs) - Blood glucose test strips - Lancing devices and glucose lancets - Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors To qualify for 0% coinsurance, diabetic test strips and meters must be produced by a preferred manufacturer, Abbott or Trividia, and be purchased at an in-network retail or mail order pharmacy. Preferred products include some Freestyle, Precision Xtra, True Metrix meters and Trividia test strips. Not ALL products from preferred manufacturers are considered preferred. Non-preferred diabetic test strips and meters are covered (with 0% coinsurance) when filled by an in-network DME supplier.
One-Month Supply of Insulin	No more than \$35 copay
See this plan's EOC for more details.	



Alternative Medicine

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Chiropractic Care	0% coinsurance Only manual manipulation of the spine to correct subluxation is covered.



Health and Wellness Education Programs

(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
Chronic Condition Management Program	This program can help you stay healthy, manage your chronic conditions and maintain your independence. A trained health coach works with you to develop a personalized plan that supplements the care you get from your doctor. For more information call Customer Care at 1-800-801-4823 (TTY 711).
Home Meals Program	After a qualifying acute inpatient stay within 30 days of discharge, you are eligible to receive a one-week course of meals at no extra cost. You will receive two meals a day for seven days, delivered to your home.
Nurse Line	If you have questions about symptoms but aren't sure if you need to see your doctor, the Nurse Line may be able to help. Members can call our Nurse Line at 1-888-912-0636 (TTY 711), 24 hours a day, seven days per week for advice. Calls are kept confidential.
SilverSneakers® Fitness Program	SilverSneakers is a complete health and fitness program designed for Medicare beneficiaries at all fitness levels. Members have access to participating gyms and fitness centers to help them meet their personal wellness goals. Note: Nonstandard fitness center services that usually have an extra fee are not included in this membership.
Tobacco and Smoking Cessation	You pay a \$0 copay for smoking and tobacco use cessation support. This includes six coaching sessions, as well as a supply of nicotine therapy, in the form of patches or gum, at no cost.
WeightWatchers® Program	To help you meet your health goals, we partner with WeightWatchers, the world's leading provider of weight management services. Monthly fees for specified programs are reduced for MedMutual Advantage members. The benefit does not include food or meals. Note: You are responsible for paying your reduced WeightWatchers fees.



Home Health and Hospice Care

(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Home Health Care Services	0% coinsurance
Hospice	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.



Renal Dialysis

(Services may require prior authorization.)

Benefit	Your Costs in Our Plan
	In-network and Out-of-network
Covered Dialysis Equipment and Supplies	0% coinsurance

See this plan's EOC for more information.

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

Our Nurse Line and Chronic Condition Management Program are not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

WeightWatchers® is a registered trademark of WW International, Inc.

SilverSneakers® is a registered trademark of Tivity Health, Inc.

TruHearing® is a registered trademark of TruHearing, Inc.

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 Medical Mutual Customer Care at 1-800-801-4823 (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. To view a copy of the EOC, visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 227922 or call Medical Mutual at 1-800-801-4823 (TTY 711).
- ☐ 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. To view a copy of the provider directory, visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 227922 or call Medical Mutual at 1-800-801-4823 (TTY 711).
- ☐ 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. To view a copy of the pharmacy directory, visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 227922 or call Medical Mutual at 1-800-801-4823 (TTY 711).
- ☐ Review the formulary to make sure your drugs are covered. To view a copy of the formulary visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 227922 or call Medical Mutual at 1-800-801-4823 (TTY 711).

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 copays/coinsurance may change on Jan. 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Medical Mutual of Ohio - H4497

For 2026, Medical Mutual of Ohio - H4497 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

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

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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

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).

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

WICHDIH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍZIN: Diné bizaad bíyáti' nílt'íí', t'áá jíí'ehgo saad bee áká aníyeedígíí t'áá hóló. T'áá jíí'ehgo áká aníyeedígíí dóó bee haz'ánígíí t'áá hóló. t'áá íiyisí bee t'áá ájí'ehgo. 1-800-382-5729 (TTY: 711) bich'í' hodílnih dóó provider ní'doolnítł.

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- This notice is available at Medical Mutual's website:
www.MedMutual.com

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.

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.

2027 Employer/Retiree Group Enrollment Application

CWRU MedMutual Advantage® PPO Plan

Please contact Medical Mutual at 1-800-801-4823 (TTY 711) if you need information in another language or format (Braille, large print and more). We are open 8 a.m. to 8 p.m. EST, seven days a week from Oct. 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. EST, Monday through Friday from April 1 through Sept. 30 (except holidays).

This application includes the option to enroll in Superior Dental Care® (SDC) for dental coverage alongside the CWRU MedMutual Advantage PPO plan.

Note: If you only want to enroll in the SDC plan and not the CWRU MedMutual Advantage PPO plan, fill out the standalone SDC enrollment application and EFT form included in your pre-enrollment kit.

Submitting your application:

1. If you and your Medicare-eligible spouse and/or dependent are applying, you will each need to complete a separate application. If you need another enrollment application, call Medical Mutual at 1-800-801-4823 (TTY 711).
2. Read and complete all pages of the application.
3. Mail the application(s) to the address listed below.

Medical Mutual

MZ 02-3P-6200
100 American Rd.
Brooklyn, OH 44144
MAEnrollment_Inquiries@MedMutual.com

After we receive your application:

- We will notify Medicare you applied to join our plan.
- After Medicare confirms you are eligible to enroll, we will confirm the effective date of your coverage. We will send you a Medical Mutual member ID card and information for new members.

Employer/Retiree Group Enrollment Application

To enroll in a Medicare Advantage plan, you must have Medicare Part A and Part B and provide the following information:

1. Medicare Information (please use your Medicare card to complete this section)

Please fill in the blanks OR include a copy of your Medicare card OR include a copy of your Social Security Administration or Railroad Retirement Board Letter. **You must have Medicare Part A and Part B to join a Medicare Advantage Plan.**

Medicare Number

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2. Plan Selection Information

Please check the plan that you would like to enroll in:

- ☒ CWRU MedMutual Advantage PPO
☐ Dental coverage through SDC

3. Employer Information

Employer/Union Name

Case Western Reserve University

Group Number

227922

4. Applicant Information

First Name

MI

Last Name

Birthdate (MM/DD/YYYY)

Gender

☐ Male ☐ Female

Email Address

Home Phone Number

() -

Cell Phone Number

() -

Permanent Residence Street Address (P. O. Box is not allowed)

City

State

ZIP

County

Mailing Address (only if different from your Permanent Residence Address)

City

State

ZIP

Note: By providing your email address, you are giving Medical Mutual permission to send you an email message (e.g., confirming we received your application and/or information about how to opt in to receive additional plan-related email communications).

Employer/Retiree Group Enrollment Application

5. Primary Care Physician Information (optional)		
Physician's Name	Physician's Phone Number () -	Physician's NPI Number
6. Language and Accessibility Options		
Please fill in if you prefer a language other than English. ☐ _____		
Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large Print ☐ Audio CD ☐ Data CD If you need information in an accessible format other than what is listed above, please contact Medical Mutual toll free at 1-800-801-4823 (TTY 711) seven days a week, 8 a.m. to 8 .m. from Oct. 1 through March 31 (except Thanksgiving and Christmas) and Monday through Friday, 8 a.m. to 8 p.m. from April 1 through Sept. 30 (except holidays).		
7. Please read and answer all questions that apply to you (check all that apply)		
1. Are you the: ☐ Retiree ☐ Medicare-eligible spouse ☐ Medicare-eligible dependent		
If retiree, please provide your retirement date: / /		
2. Are you or your spouse currently employed? ☐ Yes ☐ No		
3. Will you have prescription drug coverage in addition to the MedMutual Advantage PPO plan you have selected? For example, through TRICARE, other private insurance, state pharmaceutical assistance programs, VA benefits or federal employee health benefits ☐ Yes ☐ No If yes, please list the name, your identification (ID) and group number for this coverage:		
Name of Coverage		
ID Number	Group Number	

Employer/Retiree Group Enrollment Application

8. Terms and Conditions (please read and sign below)

By completing this enrollment application, I agree to the following:

MedMutual Advantage PPO plans are Medicare Advantage plans offered by Medical Mutual through a contract with the federal government. Enrollment in a MedMutual Advantage plan depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: Oct. through Dec. 7 of every year), or under certain special circumstances.

Each MedMutual Advantage plan serves a specific service area. If I move out of the area that MedMutual Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Medical Mutual, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Medical Mutual when I get it to know which rules I must follow to get coverage with this plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date MedMutual Advantage PPO coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Medical Mutual provides refunds for all covered benefits, even if I get services out of network. Services authorized by Medical Mutual and other services contained in my MedMutual Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR MEDICAL MUTUAL WILL PAY FOR THE SERVICES.**

I understand if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Medical Mutual, they may be paid based on my enrollment in MedMutual Advantage.

For active employees receiving benefits from a group health plan of an employer that employs at least 20 employees, the Medicare Secondary Payer rules require that the non-Medicare group health plan be the primary payer and Medicare be the secondary payer. If the enrollee or enrollee's spouse is an active employee, the enrollee must enroll in the employer/union-sponsored and/or contributed-to non-Medicare group health plan in order to also be enrolled in the employer/union-sponsored Medicare Advantage plan. In other words, active employees cannot be enrolled in an employer/union-sponsored Medicare Advantage plan unless they also retain their employer/union-sponsored primary coverage. In these situations, Medicare payments to Medicare Advantage Organizations for these active employees are adjusted accordingly to account for the presence of the primary group health plan payer. It is the responsibility of the enrollee, not Medical Mutual or the plan sponsor, to enroll in the appropriate plan(s).

Proxy: I appoint the Secretary of Medical Mutual of Ohio as my proxy to act for me at any annual or special meeting of the members of Medical Mutual of Ohio. The Secretary will act as fully and to the same extent that I could act if personally present at the meeting. This proxy will be in effect for 10 years from the date of my signature below or the effective date of my coverage, whichever date is later. This proxy may be taken back at any time by mailing a letter to the Secretary.

Email Address: I understand if I have included my email address in this application, I am authorizing Medical Mutual to send me an email confirming they received my application.

Release of Information: By joining this Medicare health plan, I acknowledge that Medical Mutual will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Medical Mutual will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Medical Mutual will use and disclose my information as permitted by law and consistent with Medical Mutual's Notice of Privacy Practices (available at MedMutual.com or by calling toll free 1-800-801-4823 (TTY 711)).

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application.

Signature

Today's Date

Employer/Retiree Group Enrollment Application

9. Paying Your Plan Premiums

Must select a premium payment option (If you don't select a payment option, you will get a bill each month):

☐ Bill monthly

☐ Monthly electronic funds transfer (EFT) from your bank

Please enclose a voided check or provide the following information:

Account Type

Bank Routing Number

Bank Account Number

☐ Checking Account

☐ Savings Account

Account Holder's Name: _____

10. Authorized Representative Information (if applicable)

Note: If signed by an authorized individual (as described in Section 9), this signature certifies that this person is authorized under state law to complete this enrollment and that documentation of this authority is available upon request from Medicare. If you are the authorized representative, you must sign page 3 and provide the following information:

Authorized Representative's Name

Street Address

City

State

ZIP

Relationship to Enrollee

Home Phone Number
() -

Note: All mail will be sent to the permanent address or mailing address provided in Section 4 of this application.

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MEDICAL MUTUAL®

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MedMutual.com/MAGroup