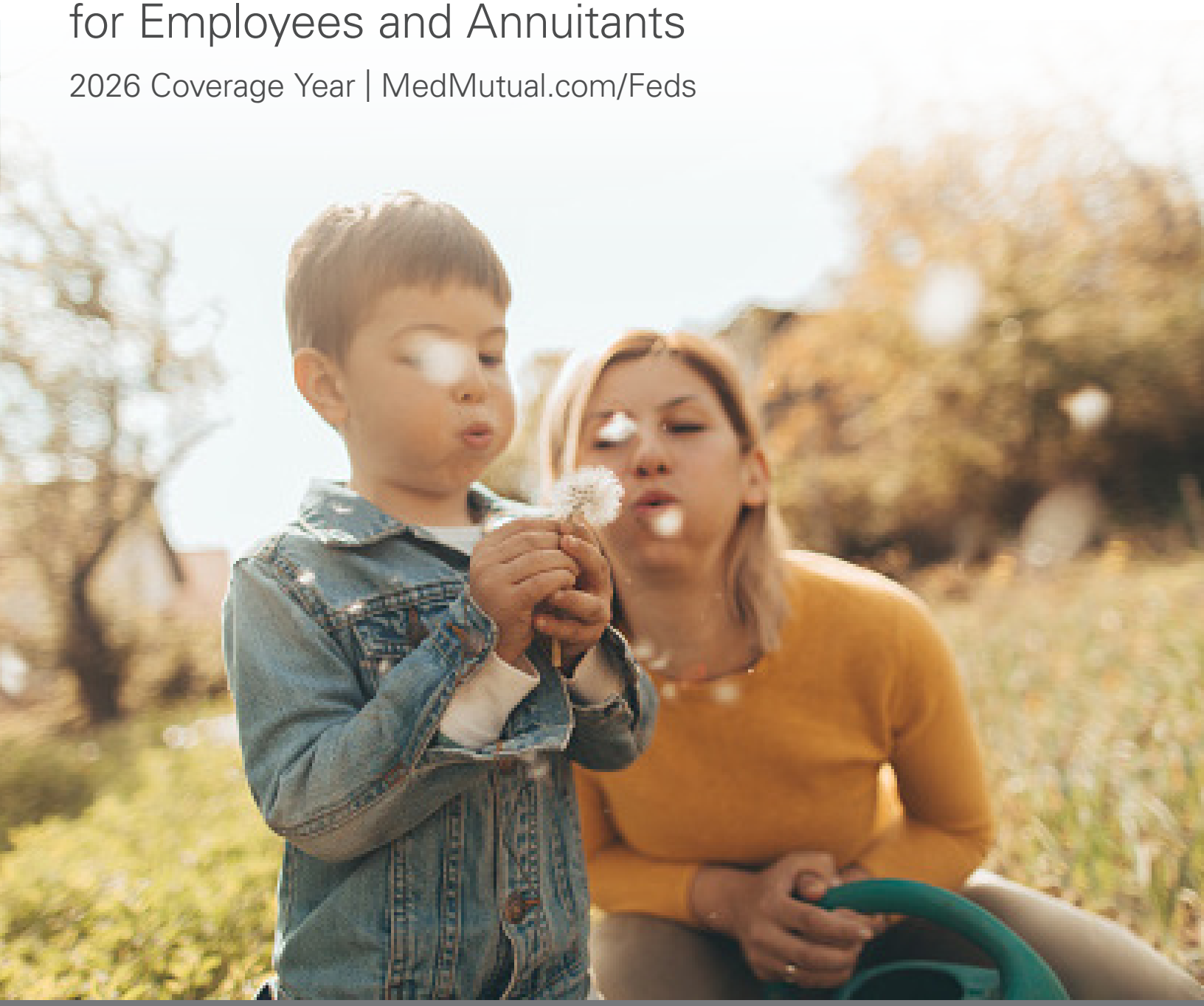
Medical Mutual's

Federal Employees Health Benefits Plans

for Employees and Annuitants

2026 Coverage Year | MedMutual.com/Feds



MEDICAL MUTUAL®

FEHB
Federal Employees Health Benefits Program

Contents

Welcome to Medical Mutual

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.

We are pleased to offer the Federal Employees Health Benefits (FEHB) health insurance plans for the 2026 coverage year.

FEHB Standard Option | Only available in the northern Ohio market

Consider this plan if you or your family expect to periodically visit the doctor for more than preventive care. This plan has higher premiums overall, but lower copays than our Basic Option plan for most healthcare services and prescription drugs.

FEHB Basic Option | Available in northern and southern Ohio markets

Consider this plan if you and your family are in good health overall and typically only visit the doctor for preventive visits. This plan has lower premiums than our Standard Option plan, but it includes a deductible and higher copays and/or coinsurance for most services.

Both plans offer the following:

- Most preventive services at no out-of-pocket cost.
- No referrals needed for certain specialists, including obstetricians/gynecologists, optometrists (for routine vision exams), and mental health or substance abuse providers.
- Our MedFlex™ network of highly qualified, local doctors and health providers.

Plan Features

MedFlex™ Network

The MedFlex network includes doctors and healthcare providers in a variety of specialties who provide care for all aspects of your health and well-being. Health systems, hospitals and providers in the network include: Mercy Health (all locations), Premier Health System (Dayton), Cincinnati Children's Hospital Medical Center, Dayton Children's, St. Elizabeth Healthcare (Cincinnati), Summa Health, The Toledo Clinic and University Hospitals (all locations).

Prescription Drug Benefit

The following changes help keep your out-of-pocket costs down when filling prescriptions:

Pharmacy network

You will have access to the Walgreens Advantage Network, which includes most chain and independent pharmacies in Ohio.

Please note: CVS and some independent pharmacies are not covered.

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 that have clinically effective, lower-cost alternatives on the formulary.

Preventive medications at no cost

In addition to medicines covered on your plan's formulary, you will pay $0 out of pocket when you fill a prescription for a medicine on the Standard Plus Preventive Medications list at a network pharmacy. The medicines on this list are typically taken to maintain good health or prevent illness.

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.

Learn More

For more detailed plan information, refer to your 2026 FEHB Guide (RI 73-017 or RI 73-899) or visit MedMutual.com/Feds.

MedMutual Well

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. All members have access to the following features:

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.

Assessments
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.

Health Age
Members receive an individualized "health age," which represents an adjustment to their chronological age reflecting their lifestyle behaviors and biometric outcomes.

Additional Programs and Discounts

Available to all Medical Mutual members

Tobacco Cessation
Tobacco users can quit for good with help from Pivot. There is no charge for this personalized app replacement therapy. Learn more at Pivot.com/MedMutual.

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

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

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.

All of these resources are available at no cost to you through your Medical Mutual healthcare plan.

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.

Coverage Highlights

MedFlex™ Network Options

	2026 FEHB Benefit Plan Options You pay	
Plan Features	**FEHB Standard Option**	**FEHB Basic Option**
Annual Deductible	$0	$750/$1,500 (Accumulates toward out-of-pocket max.)
Out-of-Pocket Maximum (Individual/Family)	$6,000/$12,000	$6,500/$13,000
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	20% after deductible
Ambulatory Surgery	$375 per surgery	20% after deductible
Hospitalization	$650 per admission	20% after deductible
Urgent Care Services (per visit)	$35 per visit	$45 per visit
Emergency Services* (per visit)	$350 per visit	$350 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 home delivery 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 13) *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.

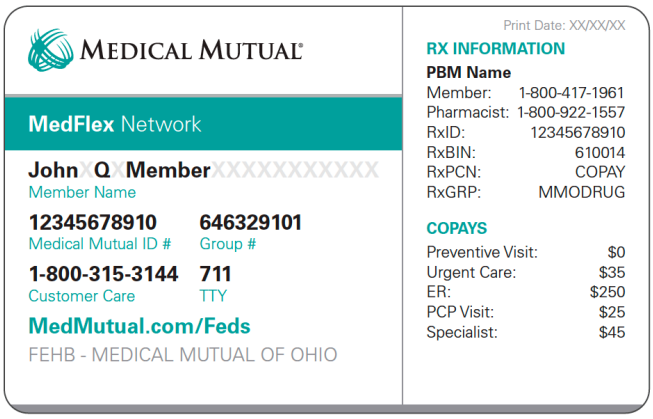
Download a copy of the plan benefit guide at MedMutual.com/Feds or OPM.gov/Healthcare/Plan-Information/Summary-of-Benefits.

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 FEHB Guide (RI 73-017 for northern Ohio or RI-73-899 for southern Ohio).

Your Member ID Card

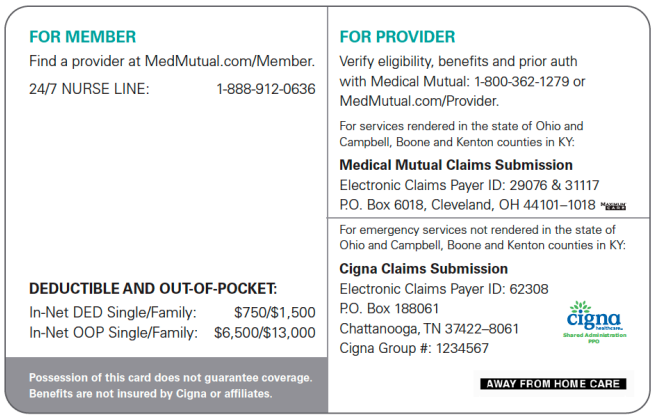
Carry your Medical Mutual member ID card with you and present it to any healthcare provider you visit. You can also access your ID card digitally when you download our free MedMutual app.

Front Panel



The front of your ID card includes information such as your name, member ID number, Customer Care phone numbers and information to help process your prescription drug claims.

Back Panel



The back of your ID card includes your copay information for different types of services, our Nurse Line phone number and information your provider needs to ensure any claims for services you receive are processed according to your benefits.

My Health Plan

Stay Organized and Informed

My Health Plan is our secure member website, where you can review claims, manage your out-of-pocket spending, access the wellness portal or order new member ID cards. Everything you need is available 24 hours a day.

Paperless Explanation of Benefits Statements (EOBs)

After you visit the doctor's office or a 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 copies.

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.

Download our Free Mobile App

With the MedMutual mobile app, you can use your smartphone to view your 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 right from your device. The app is available through the Apple App Store® and Google Play™.

Register for My Health Plan

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

Understanding an EOB

An EOB provides a complete picture of the cost for healthcare services you received. 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

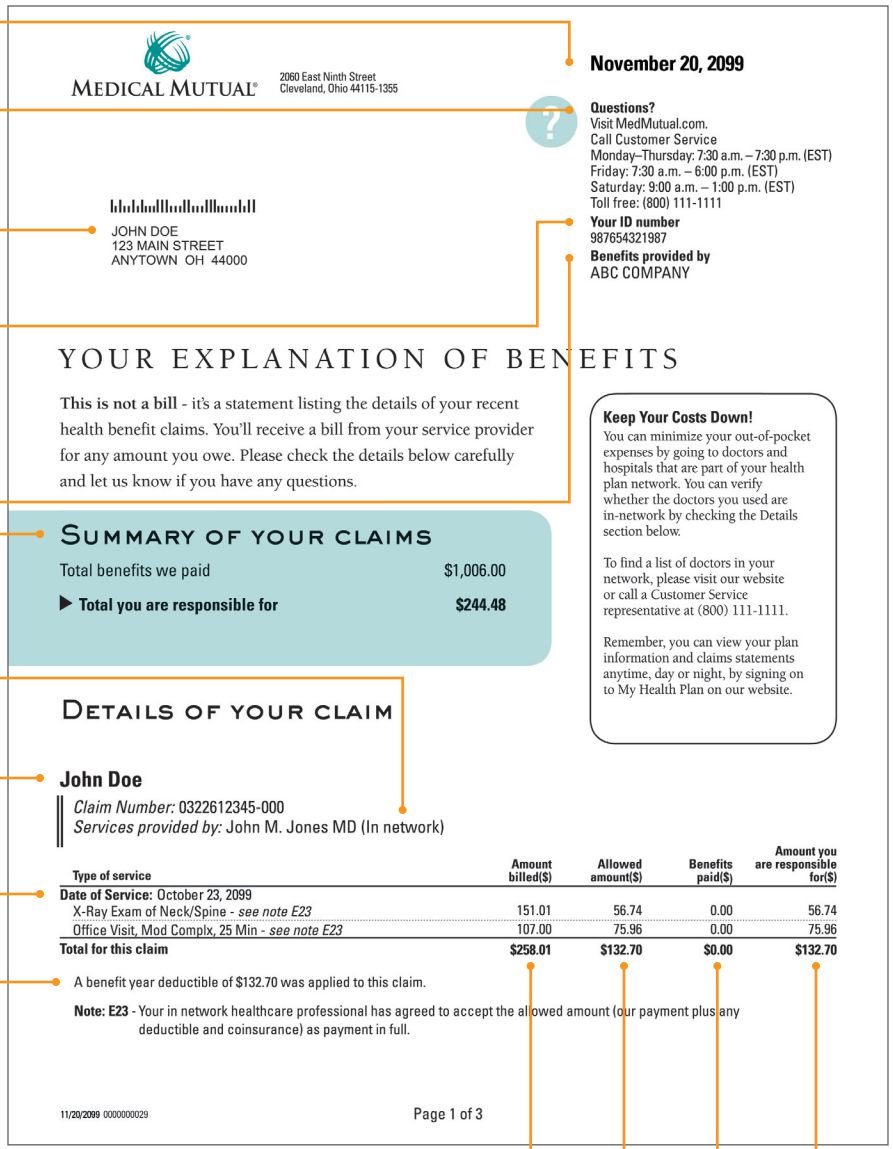
Summary of your claims
The amount paid by your health plan and the amount you owe.

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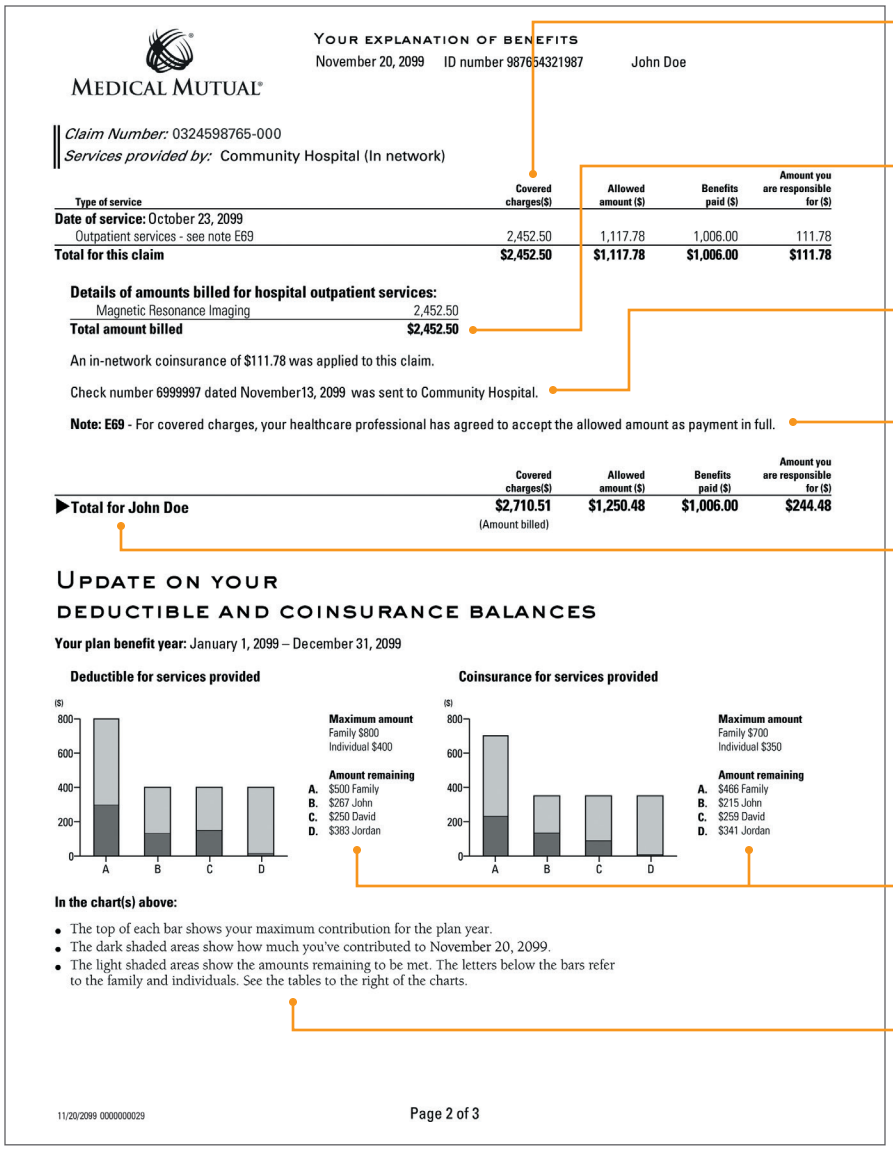
Amount billed
The dollar amount billed by your healthcare provider for the service(s) rendered.

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.



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YOUR EXPLANATION OF BENEFITS

November 20, 2099 ID number 987654321987 John Doe

Claim Number: 0324598765-000

Services provided by: Community Hospital (In network)

Type of service	Covered charges($)	Allowed amount ($)	Benefits paid ($)	Amount you are responsible for ($)
Date of service: October 23, 2099				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
Total for this claim	**$2,452.50**	**$1,117.78**	**$1,006.00**	**$111.78**

Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging	2,452.50
Total amount billed	**$2,452.50**

An in-network coinsurance of $111.78 was applied to this claim.

Check number 6999997 dated November13, 2099 was sent to Community Hospital.

Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

	Covered charges($)	Allowed amount ($)	Benefits paid ($)	Amount you are responsible for ($)
▶**Total for John Doe**	**$2,710.51** (Amount billed)	**$1,250.48**	**$1,006.00**	**$244.48**

UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2099 – December 31, 2099

Deductible for services provided

($) 800 600 400 200 0 — A B C D

Maximum amount
Family $800
Individual $400

Amount remaining
A. $500 Family
B. $267 John
C. $250 David
D. $383 Jordan

Coinsurance for services provided

($) 800 600 400 200 0 — A B C D

Maximum amount
Family $700
Individual $350

Amount remaining
A. $486 Family
B. $215 John
C. $259 David
D. $341 Jordan

In the chart(s) above:

- The top of each bar shows your maximum contribution for the plan year.
- The dark shaded areas show how much you've contributed to November 20, 2099.
- The light shaded areas show the amounts remaining to be met. The letters below the bars refer to the family and individuals. See the tables to the right of the charts.

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Covered charges
Based on the total amount billed (by the hospital), this section shows the service(s) and amount(s) that are covered under your health plan.

Total amount billed
This section itemizes the service(s) billed by the hospital and provides the dollar amount billed by the hospital for the service(s).

Check number
This line verifies payment was made under your benefits for this service.

Note
Additional information about the benefit administration.

Total for all EOB claims
If there are multiple patients on an EOB, individual patient totals will be included in the statement.

Amount remaining
The deductible and coinsurance amounts left before you meet your individual and/or family maximum.

Information on how to read your graphs

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

Make the Most of Your Healthcare Benefits

When making a decision about your healthcare, you want to make the best choice for your health and your budget. We offer a variety of tools and programs to help you get the most from your plan benefits.

Provider Search and Cost Comparison Tools

Our enhanced MedMutual 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.

Go to MedMutual.com/Feds to log in to your secure My Health Plan account. Click on Find a Provider to get all the information you need to make an informed decision about what's right for you.

Manage Your Health

Take charge of your health. Preventive services help catch illnesses early when they are easier and less expensive to treat. Your plan's preventive coverage includes well visits, screenings and immunizations, many at no out-of- pocket cost. We also offer you access to a variety of health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

Tobacco Cessation Program

Get help kicking your tobacco habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy at no cost to you.

Member Discounts

We've partnered with several vendors to offer discounts on a variety of health products and services. You can find more details under the Healthy Living tab on My Health Plan.

Fitness Discounts

Save money on gym memberships, home exercise equipment, nutrition programs and more. Log in to My Health Plan and click Healthy Living, then Fitness.

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

Use doctors, hospitals and other healthcare providers in your plan's network. In-network providers often offer lowered 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/Feds and click the Find a Provider link.

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 FEHB Guide (RI 73-017 for northern Ohio or RI 73-899 for southern Ohio) or call Medical Mutual Customer Care at 1-800-315-3144 to make sure it is covered under your plan.

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 1-800-315-3144 if you have any coverage questions or need additional help.

Covered Drugs and Their Costs

Medications covered by the Medical Mutual FEHB Standard or Basic Option plans are listed on our preferred drug list. This list is also known as a formulary. Review your plan's formulary at MedMutual.com/Feds to see how your medication is covered by your plan and the amount of your copay.

Some medications may require a coverage review before your plan will cover them. Medical Mutual uses coverage reviews to help 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. These programs are also noted in the formulary at MedMutual.com/Feds.

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). 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. In addition, 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.

Save with Home Delivery of Long-term Medications

If you or a dependent take any long-term medications, your plan offers the Select Home Delivery Active Choice program to help you save time and money. This program allows you to skip the line at the pharmacy and have your long-term medication shipped directly to you. If you'd prefer to continue filling these prescriptions at your local pharmacy, you'll need to notify Express Scripts of your preference. To get started with home delivery, ask your doctor or healthcare provider to write you a prescription for up to 90 days, plus three refills (if applicable). Then:

- They can fax it to Express Scripts at 1-800-837-0959, send it through the Express Scripts e-prescribing system, OR
- You can download a mail order form at MedMutual.com/Feds. Send the completed form, along with your prescription order, to Express Scripts at the address on the form. Standard shipping is FREE, and you'll receive your first order in about a week.

Learn more about home delivery at MedMutual.com/PrescriptionHomeDelivery.

Preventive Drugs at No Cost

Preventive medications can help you avoid many illnesses and maintain good health. That's why the FEHB Plan is offering you Medical Mutual's Standard Plus Preventive Medications Program. The program includes medications to help prevent the onset or worsening of conditions like asthma, diabetes, high blood pressure, high cholesterol and more. When you fill a prescription for one of the eligible medications at a network pharmacy, you will pay $0 out of pocket.

Enroll in an FEHB Plan

Standard or Basic Option

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

Step 1 | Pick a plan

Select the Standard or Basic Option plan. See page 2 for a brief description of each option.

Step 2 | Choose the type of coverage you need

Select Self Only, Self Plus One or Self Plus Family. Then review the chart on page 15 for applicable rates and your enrollment code.

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

Most employees and annuitants can enroll online. Visit OPM.gov or contact your employing agency or retirement office for FEHB enrollment procedures and other information. Annuitants may call the Retirement Information Center at 1-888-767-6738 (TTY 1-855-887-4957 for hearing impaired) or send an email to Retire@OPM.gov.

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 FEHB enrollment procedures within 31 days of any one of the following life-changing events. More details are available in the 2026 FEHB Brochures (RI 73-017 and RI 73-899).

- 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 FEHB enrollment process. Please refer directly to OPM.gov and your employing agency or retirement office for FEHB coverage effective dates, enrollment procedures and deadlines, and other information. To add an eligible family member to your Self, Self Plus One or Self Plus Family enrollment, complete and return an Enrollment Change Form to us. These forms can be obtained by contacting your employing agency or retirement office. Or visit OPM.gov/Healthcare-Insurance for enrollment information.

2 These do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website. You can also contact the agency or Tribal Employer that maintains your health benefits enrollment.

2026 Rates[2]
Northern Ohio MedFlex HMO*

Plan Options		Enrollment Code		Premium			
				Biweekly Share		Monthly Share	
				Government	You	Government	You
Plan Options	Standard	Self Only	644	$324.76	$381.22	$703.65	$825.97
		Self + One	646	$711.17	$842.00	$1,540.87	$1,824.33
		Self + Family	645	$778.03	$916.34	$1,685.73	$1,985.41
	Basic	Self Only	UX1	$182.70	$60.90	$395.85	$131.95
		Self + One	UX3	$401.93	$133.98	$870.86	$290.28
		Self + Family	UX2	$438.47	$146.16	$950.03	$316.67

*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 counties

2026 Rates[2]
Southern Ohio MedFlex HMO*

Plan Options		Enrollment Code		Premium			
				Biweekly Share		Monthly Share	
				Government	You	Government	You
Plan Options	Basic	Self Only	YF1	$179.78	$59.93	$389.53	$129.84
		Self + One	YF3	$395.51	$131.84	$856.94	$285.65
		Self + Family	YF2	$431.47	$143.82	$934.85	$311.61

*Adams, Brown, Butler, Champaign, Clark, Clermont, Greene, Hamilton, Miami, Montgomery and Warren counties

Contact Us

Occasionally, everyone needs a little help navigating their health insurance coverage. My Health Plan is often the best way to get quick answers, but we also offer options to contact us.

By Phone

Customer Care 1-800-315-3144
TTY 711

Hours

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/Feds

MEDICAL MUTUAL®
100 American Road
Cleveland, OH 44144

MedMutual.com/Feds