



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

MedMutual.com

Tools and Resources for Providers

Identifying Medical Mutual Members





Understanding Medical Mutual Identification (ID) Cards

Medical Mutual member identification (ID) cards are distinctive, so identifying our members and important provider information is simple. This brochure includes sample images of Medical Mutual's member ID cards for your reference. If our members forget their ID cards when visiting your office, please remind them they can access a digital card on their smartphones using the free MedMutual mobile app.



If one of our members lives or spends significant time outside the Medical Mutual service area, they will have access to the Cigna® PPO network.* This makes it easy to get in-network care no matter where they are.



* Cigna® is a trademark of Cigna Inc. and is protected throughout the world by trademark registrations and treaties.

The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.



Cigna is an independent company and not affiliated with Medical Mutual. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Medical Mutual. All Cigna products are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Because of this agreement, our member ID cards now vary based on whether the member lives within the SuperMed PPO service area (i.e., Ohio and Boone, Campbell or Kenton counties in Kentucky) or outside the SuperMed PPO service area. Differences between the two main card designs are detailed on the following pages. Please note these variations as a member's residence may require you to verify coverage and submit claims differently.

Inside-the-Service-Area PPO ID Card

		Print Date: XX/XX/XX	
SuperMed® PPO Network		RX INFORMATION	
John Q. Member XXXXXXXXXXXX Member Name		PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
12345678910 779106200 Medical Mutual ID # Group #		COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX	
1-800-424-8286 711 Customer Care TTY		DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX	
MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX		FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 Vision: EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123	
		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 	
		Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	

Outside-the-Service-Area PPO ID Card

 		Print Date: XX/XX/XX	
Cigna PPO Network		RX INFORMATION	
John Q. Member XXXXXXXXXXXX Member Name		PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
12345678910 779106200 Medical Mutual ID # Group #		COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX	
1-800-424-8286 711 Customer Care TTY		DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX	
MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX		FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123	
		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 Providers in SuperMed PPO Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018	
		Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	

Claims Submission Overview

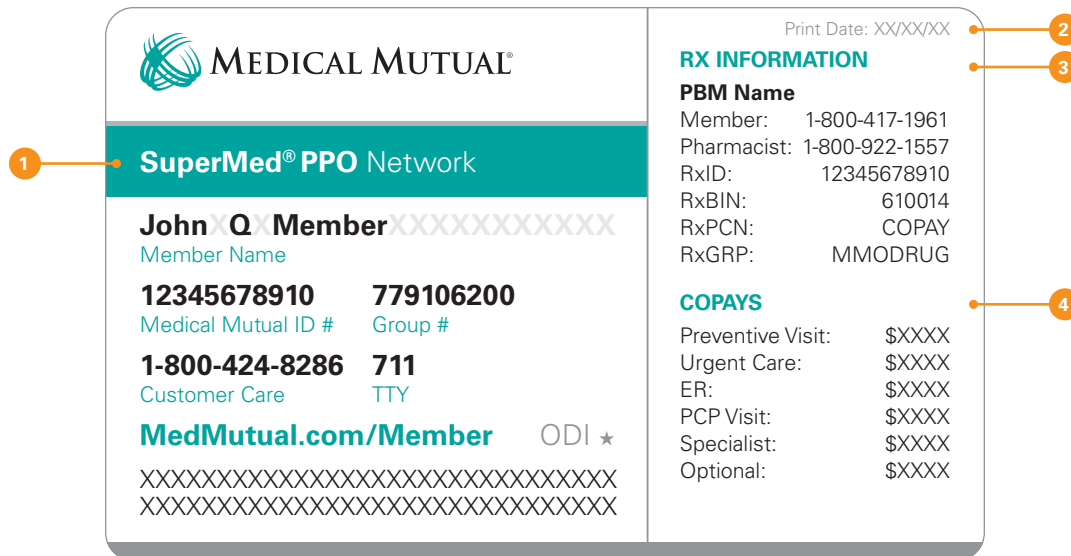
- Verify the member is using a current ID card by checking the print date on the card. Use the ID card with the most recent print date.
- Submit medical claims to Medical Mutual* if the service rendered was **in** any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky.
- Submit medical claims to Cigna* if the service rendered was **outside** Ohio or Boone, Campbell and Kenton counties in Kentucky.
- Submit all dental or vision claims, regardless of location, to the Medical Mutual Claims Submission address.

*Location of appropriate claims submission information on an ID card will vary based on the member's place of residence.

Inside-the-Service-Area ID Cards

Front (PPO—Members living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The front of Medical Mutual ID cards includes information about members and their plans, such as member services contact information, network indicators and prescription drug benefit information.



1. Network

Indicates network associated with the member's plan.

2. Print Date

The date the card was printed.

3. Rx Benefit Information

Appears if prescription drug benefit is available.


4. Member Copays*

Up to six copays will show depending on what benefit(s) the member has. If copays are applicable, they would appear on the front now. High-deductible health plans do not show copays.

*Medical Mutual's definition of a Primary Care Physician (PCP) includes a Certified Nurse Practitioner and Physician Assistant. Therefore, when services are rendered by these specialties the PCP copay will apply, if applicable, regardless of the doctor specialty.

Back (PPO—Members living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The back of Medical Mutual ID cards includes important information, such as network contacts, prior authorization and claims submission information.

<p>5</p> <p>FOR MEMBER</p> <p>Find a provider at MedMutual.com/Member.</p> <p>24/7 NURSE LINE: 1-888-912-0636</p> <p>EyeMed: 1-877-226-1115</p> <p>Superior Dental Care (SDC): 1-800-801-4915</p> <p>SDC Plan #: ABC123</p> <p>6</p> <p>DEDUCTIBLE AND OUT-OF-POCKET:</p> <p>In-Net DED Single/Family: \$XXXXX/\$XXXXX</p> <p>In-Net OOP Single/Family: \$XXXXX/\$XXXXX</p> <p>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</p>	<p>FOR PROVIDER</p> <p>EXCHANGE</p> <p>Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.</p> <p>Medical Mutual & SDC Claims Submission</p> <p>Electronic Claims Payer ID: 29076 & 31117</p> <p>P.O. Box 6018, Cleveland, OH 44101-1018</p> <p>Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY)</p> <p>Cigna Claims Submission</p> <p>Electronic Claims Payer ID: 62308</p> <p>P.O. Box 188061</p> <p>Chattanooga, TN 37422-8061</p> <p>Cigna Group #: 1234567</p> <p> Shared Administration PPO</p> <p>AWAY FROM HOME CARE</p>	<p>7</p> <p>8</p> <p>9</p>
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5. Member Resources

Important network information and contact numbers for members.

6. Deductible and Out-of-Pocket Expenses

Specific to the member's benefits.

7. ACA Exchange Indicator

If the member has an ACA plan, an indicator of "EXCHANGE" or "OFF EXCHANGE" appears for on- and off-exchange plans, respectively.

8. Medical Mutual Claims Submission Information

Submit information here for all dental and vision claims regardless of member or provider location.

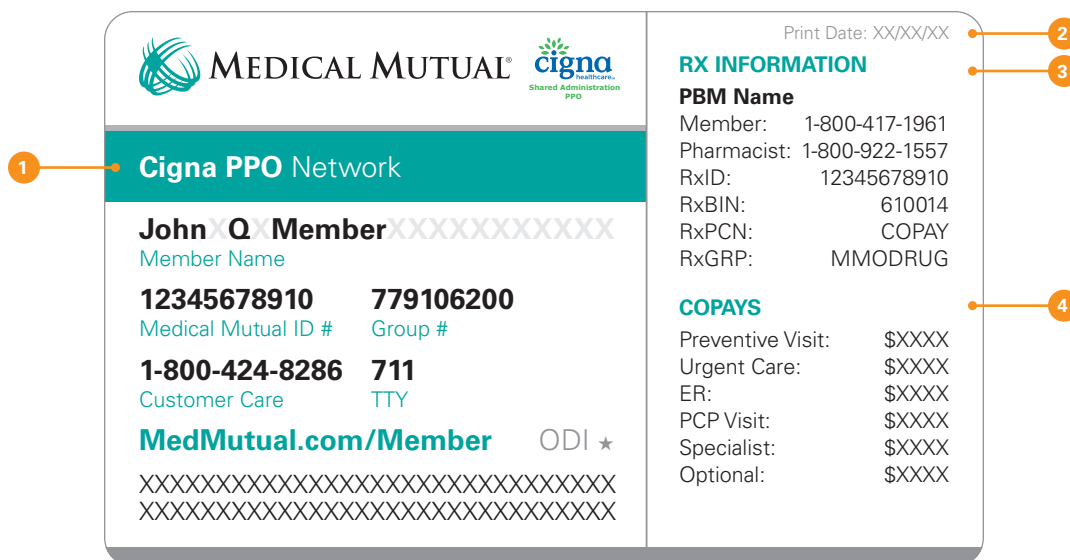
9. Outside-the-SuperMed-Service-Area Details

The Cigna PPO Network should be used if the member receives services outside the SuperMed service area. Reference the Cigna ID Number here for out-of-network referrals.

Outside-the-Service-Area ID Cards

Front (PPO—Members NOT living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

Although your patient is a Medical Mutual member, he or she is accessing the Cigna PPO Network outside of Ohio.



1. Network

Indicates network associated with the member's plan..

2. Print Date

The date the card was printed.

3. Rx Benefit Management Details

Appears if prescription drug is available.

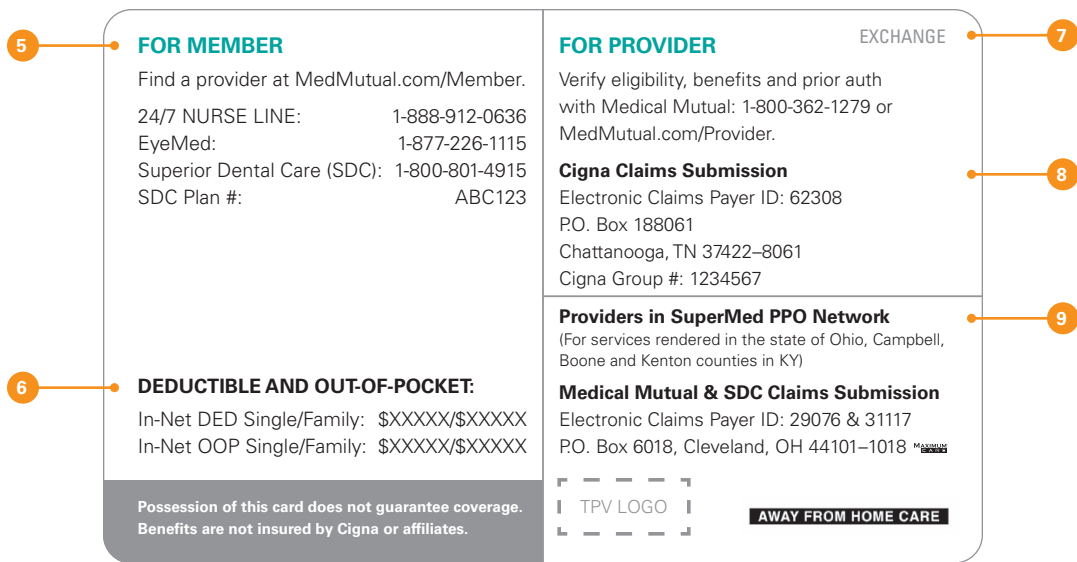
4. Member Copays*

Up to six copays will show depending on what benefit(s) the member has. If copays are applicable, they will appear on the front of the ID. High-deductible health plans do not show copays.

*Medical Mutual's definition of a Primary Care Physician (PCP) includes a Certified Nurse Practitioner and Physician Assistant. Therefore, when services are rendered by these specialties the PCP copay will apply, if applicable, regardless of the doctor specialty.

Back (PPO—Members NOT living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The back of Medical Mutual ID cards includes important information, such as network contacts, prior authorization and claims submission information.



5. Member Resources

Important network information and contact numbers for members.

6. Deductible and Out-of-Pocket Expenses

Specific to the member’s benefits.

7. ACA Exchange Indicator

If the member has an ACA plan, an indicator of “EXCHANGE” or “OFF EXCHANGE” appears for on- and off-exchange plans, respectively.

8. Provider Information (Medical)

Cigna PPO is the member’s network when receiving services outside of the SuperMed service area, which includes all 88 counties in Ohio Campbell and Kenton counties in Kentucky.

9. Medical Mutual Claims Submission Information

Submit information for all dental and vision claims here regardless of member or provider location.

Medical Mutual Network ID Cards

In addition to our broad SuperMed PPO network, Medical Mutual offers a number of regional networks based around a specific healthcare system. Please be sure you understand the networks in which you participate so you can best direct your patients, our members, helping them make the most of their health insurance plans.

2-4 Tiered Cards

In Service Area Front (Copays)

MEDICAL MUTUAL <small>Print Date: XX/XX/XX</small>	
RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
Tier One Network John Q. Member XXXXXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI * XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX	

In Service Area Front (No Copays)

MEDICAL MUTUAL <small>Print Date: XX/XX/XX</small>	
SuperMed® PPO Network John Q. Member XXXXXXXXXXXX <small>Member Name</small> 012345678910 123456001 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI * XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
RX INFORMATION Express Scripts Member: 1-800-922-1557 Pharmacist: 1-800-417-1961 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	

In Service Area Back (Both Cards)

FOR MEMBER Find a provider at MedMutual.com/Member. PRIMARY NETWORKS: Tier 1: Tier 1 Hospital System Name Tier 2: Tier 2 Hospital System Name Tier 3: Tier 3 Hospital System Name OUT OF PRIMARY SERVICE AREA: Cigna PPO Network 24/7 NURSE LINE: 1-888-912-0636 EyeMed or VSP or SV: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S: \$XXXX DED-F: \$XXXX OOP-S: \$XXXX OOP-F: \$XXXX T1: \$XXXX \$XXXX \$XXXX \$XXXX T2: \$XXXX \$XXXX \$XXXX \$XXXX T3: \$XXXX \$XXXX \$XXXX \$XXXX	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 PO Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 PO Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567
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Outside Service Area Front (Copays)

MEDICAL MUTUAL CIGNA <small>Print Date: XX/XX/XX</small>	
RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
Cigna PPO Network John Q. Member XXXXXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI * XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX	

Outside Service Area Front (No Copays)

MEDICAL MUTUAL CIGNA <small>Print Date: XX/XX/XX</small>	
Cigna PPO Network John Q. Member XXXXXXXXXXXX <small>Member Name</small> 012345678910 123456001 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI * XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
RX INFORMATION Express Scripts Member: 1-800-922-1557 Pharmacist: 1-800-417-1961 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	

Outside Service Area Back (Both Cards)

FOR MEMBER Find a provider at MedMutual.com/Member. PRIMARY NETWORK: Cigna PPO Network OUT OF PRIMARY SERVICE AREA: Tier 1: Tier 1 Hospital System Name Tier 2: Tier 2 Hospital System Name Tier 3: Tier 3 Hospital System Name 24/7 NURSE LINE: 1-888-912-0636 EyeMed or VSP or SV: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S: \$XXXX DED-F: \$XXXX OOP-S: \$XXXX OOP-F: \$XXXX T1: \$XXXX \$XXXX \$XXXX \$XXXX T2: \$XXXX \$XXXX \$XXXX \$XXXX T3: \$XXXX \$XXXX \$XXXX \$XXXX	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Cigna Claims Submission Electronic Claims Payer ID: 62308 PO Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 PO Box 6018, Cleveland, OH 44101-1018 T1 TYP LOGO
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MedFlex HMO (In Service Area)

MEDICAL MUTUAL <small>Print Date: XX/XX/XX</small>	
MedFlex HMO Network John Q. Member XXXXXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID # Group #</small> 1-877-728-3935 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI * XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX	

FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-822-1162 SDC Plan #: ABC123 DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXX/\$XXXX In-Net OOP Single/Family: \$XXXX/\$XXXX	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. For services rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 PO Box 6018, Cleveland, OH 44101-1018 For emergency services not rendered in the state of Ohio and Campbell, Boone and Kenton counties in KY: Cigna Claims Submission Electronic Claims Payer ID: 62308 PO Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567
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Other HMO networks could be:

- MedMutual Individual HMO
- CLE-Care HMO Individual
- LMHS HMO
- SuperMed HMO
- Lake Health HMO


If you do not know the networks in which you participate, please contact your Medical Mutual Provider Contracting representative. For questions regarding a specific card a member brings into the office, please call Medical Mutual's Provider Inquiry Unit at **1-800-362-1279** to verify coverage.

TriHealth WellFlex ID Cards




TriHealth WellFlex In Service Area (Copays)

 TriHealth WellFlex Network		FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORKS: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers OUT OF PRIMARY SERVICE AREA: Cigna PPO Network 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Networks (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 	
John Q. Member XXXXXXXXXXXX Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Print Date: XX/XX/XX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG		Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Networks (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 	
		Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.		AWAY FROM HOME CARE	


TriHealth WellFlex Outside Service Area (Copays)

 Cigna PPO Network		FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORK: Cigna PPO Network OUT OF PRIMARY SERVICE AREA: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers & Cigna PPO 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO I b - - - - d AWAY FROM HOME CARE	
John Q. Member XXXXXXXXXXXX Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Print Date: XX/XX/XX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX		Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO I b - - - - d AWAY FROM HOME CARE	
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TriHealth WellFlex In Service Area (No Copays)



 TriHealth WellFlex Network		FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORKS: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers OUT OF PRIMARY SERVICE AREA: Cigna PPO Network 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Networks (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 	
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		Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.		AWAY FROM HOME CARE	

TriHealth WellFlex Outside Service Area (No Copays)



 Cigna PPO Network		FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORK: Cigna PPO Network OUT OF PRIMARY SERVICE AREA: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers & Cigna PPO 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO I b - - - - d AWAY FROM HOME CARE	
John Q. Member XXXXXXXXXXXX Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI ★ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Print Date: XX/XX/XX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG		Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO I b - - - - d AWAY FROM HOME CARE	
		Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.		AWAY FROM HOME CARE	

Superior Dental Care ID Cards


Superior Dental Care In Service Area (Copays)

		<small>Print Date: XXXXXX</small> RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
SuperMed® PPO Network		FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123	
John Q. Member XXXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI ★		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		DEDUCTIBLE AND OUT-OF-POCKET In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	


Superior Dental Care Outside Service Area (Copays)

 		<small>Print Date: XXXXXX</small> RX INFORMATION PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG	
Cigna PPO Network		FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123	
John Q. Member XXXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID # Group #</small> 1-800-424-8286 711 <small>Customer Care TTY</small> MedMutual.com/Member ODI ★		FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 Providers in SuperMed PPO Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE. Benefits are not insured by Cigna or affiliates.	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		DEDUCTIBLE AND OUT-OF-POCKET In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	

Superior Dental Care (EyeMed)

		<small>ID Card Printed: XXXXXX</small>	
SDC keeps you smiling for a lifetime!			
John Q. Member XXXXXXXXXX <small>Member Name</small> 012345678910 012345678 <small>ID Number Group Number</small> 123456 <small>Plan Number</small> 1-800-801-4915 711 1-800-877-7195 <small>Dentist & Member Services TTY VSP Vision</small> SuperiorDental.com EyeMedVisionCare.com		For Members Dentist & Member Services: 1-800-801-4915 Direct Connect: To confirm eligibility, see covered dependents, review claims and more, visit Superior Direct Connect at SDC.SuperiorDental.com. EyeMed Vision: 1-877-226-1115 or EyeMedVisionCare.com For Providers When submitting a claim, be sure to include the member's full name. Dental Claims Submission Electronic Claims Payer ID: 31117 Superior Dental Care P.O. Box 6018 Cleveland, OH 44101-1018 Vision Claims Submission Electronic Claims Payer ID: 29076 P.O. Box 6018 Cleveland, OH 44101-1018 POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE	

Superior Dental Care (VSP)

		<small>ID Card Printed: XXXXXX</small>	
SDC keeps you smiling for a lifetime!			
John Q. Member XXXXXXXXXX <small>Member Name</small> 012345678910 012345678 <small>ID Number Group Number</small> 123456 <small>Plan Number</small> 1-800-801-4915 711 1-800-877-7195 <small>Dentist & Member Services TTY VSP Vision</small> SuperiorDental.com VSP.com		For Members Dentist & Member Services: 1-800-801-4915 Direct Connect: To confirm eligibility, see covered dependents, review claims and more, visit Superior Direct Connect at SDC.SuperiorDental.com. VSP Vision: 1-800-877-7195 or VSP.com For Providers When submitting a claim, be sure to include the member's full name. Dental Claims Submission Electronic Claims Payer ID: 31117 Superior Dental Care P.O. Box 6018 Cleveland, OH 44101-1018 Vision Claims Submission Electronic Claims Payer ID: 29076 P.O. Box 6018 Cleveland, OH 44101-1018 POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE	

Medical Mutual Services and Ancillary-only ID Cards

Medical Mutual provides access to the SuperMed network through Medical Mutual Services for self-insured groups, health and welfare funds, third-party administrators, and other insurance companies. You will see a coverage indicator of “Access” by the network logo on a member’s ID card. Cards for ancillary-only plans, such as dental or vision, are indicated by the product name in the colored bar.

Sample (Format may vary.)



Medical Coverage Identification Card

Participant: **JOHN Q. MEMBER** ID No: **SSN or UNIQUE IDENTIFIER**

Account Name: **ACME HOSPITAL ASSOCIATION INC.**

Group/Account#: **12345-67890** Effective Date: **10/01/2017**

Medical Coverage: **FAMILY**

PCP Copay: **\$10** Specialist Copay: **\$20**

Deductible/Out of Pocket

Individual:	\$0	100%
Family:	\$0	100%

Out of Network benefits are not covered under this plan.

Rx Group:12345678 RxBin: 123456 Rx Help Desk: 888-888-8888

Electronic Claims Payer ID: 29076

Send all claims to: Medical Mutual P.O. Box 94648 Cleveland, OH 44101-4648

To inquire regarding SuperMed Plus Providers in Ohio: 800-601-9208 or www.SuperMedNetwork.com.


To locate a MultiPlan provider when traveling outside of the Ohio network, call: 888-342-7427 or www.multiplan.com.

Call the PRE-CERTIFICATION number: 888-877-8084, 48 hours prior to an elective hospitalization, surgery, when a pregnancy is verified OR information on other services (admissions, procedures, treatments, etc.) that may require pre-certification. See Summary Plan Description for complete list.

For Notification: Call within 48 hours of an emergency or maternity admission.

For eligibility, benefits or claims information call: XXX-XXX-XXXX or XXX-XXX-XXXX.

Pharmacy, Vision & Dental Only



Pharmacy, Vision & Dental

John Q. MemberXXXXXXXXXX
Member Name

Print Date: XX/XX/XX

012345678910	123456001
Medical Mutual ID #	Group #
1-800-424-8286	711
Customer Care	TTY
MedMutual.com/Member	

RX INFORMATION

Express Scripts

Member: 1-800-417-1961

Pharmacist: 1-800-922-1557

RxID: 12345678910

RxBIN: 610014

RxPCN: COPAY

RxGRP: MMODRUG

FOR MEMBER

Find a provider at MedMutual.com/Member.

Vision: VSP: 1-800-877-7195

Dental: SDC Network: 1-866-336-8251

FOR PROVIDER

Medical Mutual Claims Submission

Electronic Claims Payer ID: 29076

P.O. Box 6018, Cleveland, OH 44101-1018



Possession of this card does not guarantee coverage.

Medicare Advantage ID Cards

MedMutual Advantage® ID Cards



The MedMutual Advantage network is named in the teal band on the front of the ID card and identifies the member as a Medical Mutual Medicare Advantage plan member. Medicare Supplement Insurance members have a unique card, too.

HMO Card (Classic Plan)

 MEDICAL MUTUAL		 MedicareRx Prescription Drug Coverage	
Medicare Advantage HMO Network		Classic Plan	
John Q. Member XXXXXXXXXX Member Name		RX INFORMATION	
0123456 Medical Mutual ID #		PBM Name	
775109200 Group #		Member: 1-844-404-7947	
1-800-982-3117 Customer Care		Pharmacist: 1-800-922-1557	
711 TTY		RxID: 1234567	
MedMutual.com/Member		RxBIN: 003858	
CMS H6723-001		RxPCN: MD	
		RxGRP: MMQMDRX	
		Print Date: XX/XX/XX	


FOR MEMBER Find a provider at MedMutual.com/Member.	FOR PROVIDER Verify eligibility and benefits with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.
COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX	If inpatient prior approval required for medical/surgical, call 1-855-887-2273.
HEARING: TrueHearing 1-866-201-9630 VISION: EyeMed Insight 1-844-854-2906 DENTAL: SuperDental MA 1-866-336-8251 24/7 NURSE LINE: 1-888-912-0636	Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 PO, Box 6018, Cleveland, OH 44101-1018
Possession of this card does not guarantee coverage.	

PPO Card (Select Plan)

 MEDICAL MUTUAL		 MedicareRx Prescription Drug Coverage	
Medicare Advantage PPO Network		Select Plan	
John Q. Member XXXXXXXXXX Member Name		RX INFORMATION	
0123456 Medical Mutual ID #		PBM Name	
776109100 Group #		Member: 1-844-404-7947	
1-800-982-3117 Customer Care		Pharmacist: 1-800-922-1557	
711 TTY		RxID: 1234567	
MedMutual.com/Member		RxBIN: 003858	
CMS H4497-001		RxPCN: MD	
		RxGRP: MMQMDRX	
		Print Date: XX/XX/XX	

FOR MEMBER Find a provider at MedMutual.com/Member.	FOR PROVIDER Verify eligibility and benefits with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.
COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX	If inpatient prior approval required for medical/surgical, call 1-855-887-2273.
HEARING: TrueHearing 1-866-201-9630 VISION: EyeMed Insight 1-844-854-2906 DENTAL: SuperDental MA 1-866-336-8251 24/7 NURSE LINE: 1-888-912-0636	Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 PO, Box 6018, Cleveland, OH 44101-1018
Special Member Information Medicare limiting charges may apply.	
Possession of this card does not guarantee coverage.	

Medicare Supplement ID Cards

 MEDICAL MUTUAL	
Medicare Supplement	
John Q. Member XXXXXXXXXX Member Name	
Print Date: XX/XX/XX	
12345678910 Medical Mutual ID #	779106200 Group #
1-877-728-3935 Customer Care	711 TTY
MedMutual.com/Member	

FOR MEMBER Find a provider at MedMutual.com/Member.	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.
Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 PO, Box 6018, Cleveland, OH 44101-1018	
Administered by Medical Health Insuring Co. of Ohio, a wholly owned subsidiary of Medical Mutual. Possession of this card does not guarantee coverage.	

For further information about Medical Mutual ID cards or provider resources please visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider).

MedMutual Advantage is a registered trademark of Medical Mutual of Ohio.

