



MEDICAL MUTUAL®

A man in a dark striped shirt and a young girl in a yellow shirt and blue skirt are playing in a park. The man is holding a bubble wand and blowing bubbles. The girl is reaching out towards the bubbles, smiling. The background is a lush green park with trees and a grassy field.

# Medical Mutual's Federal Employees Health Benefits Plans

for Employees & Annuitants

2018 Coverage Year | [MedMutual.com/Feds](https://www.MedMutual.com/Feds)



Visit Us Online  
MedMutual.com/Feds

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A close-up photograph of a woman with dark hair smiling warmly at a baby. The baby has light brown hair and blue eyes, looking directly at the camera with a slight smile. The background is softly blurred, suggesting an indoor setting with natural light.

# Welcome

## to Medical Mutual

Founded in 1934, Medical Mutual is the oldest health insurance company based in Ohio. We provide health insurance to 1.4 million Ohioans, and we are committed to providing each of those members the best health benefits and services we can.

We are pleased to offer the Federal Employees Health Benefits (FEHB) High Option, Standard Option and new Basic Option health insurance plans for the 2018 coverage year.

### **FEHB High Option**

This plan has higher premiums, but lower copays for most healthcare services and prescription drugs. You might want to choose this plan if you or your family expect to use healthcare services often.

### **FEHB Standard Option**

This plan has lower premiums, but higher copays for most healthcare services and prescription drugs. You might want to choose this plan if you or your family are in good health overall and typically visit the doctor for preventive care.

### **NEW! FEHB Basic Option**

This plan has the lowest premiums of our three options; however, it does include a deductible and higher copays and/or coinsurance. You might want to choose this plan if you and your family typically only visit the doctor for preventive visits.

#### **All plans offer the following:**

- Most preventive services at no out-of-pocket cost
- Low out-of-pocket costs for most covered services, including office visits and prescription drugs
- No referrals needed for certain specialists, including obstetricians/gynecologists, optometrists (for routine vision exams), and mental health or substance abuse providers
- A network of highly qualified doctors and health providers in the SuperMed HMO network

# Plan Features & Coverage Highlights

New for 2018

## University Hospitals Joins the SuperMed® Network

As of October 1, 2017, all major Northeast Ohio hospital systems are represented in the SuperMed Network, including University Hospitals (all facilities, including main campus), the Cleveland Clinic, MetroHealth and more.

## Prescription Drug Benefit Changes

Your 2018 prescription drug benefits allow you to get up to a 90-day supply of non-specialty, long-term medications through the Express Scripts Home Delivery pharmacy. That means fewer payments to the pharmacy and the convenience of having your prescriptions delivered right to your home.

In addition, your 2018 benefits include higher copays for preferred and non-preferred drugs to encourage you to use lower-cost generic drugs whenever possible.

## Enhanced Health Management Programs

As a Medical Mutual member, you have access to our enhanced health management programs. Through an online wellness portal, you can take advantage of programs and services that meet your needs, whether you're healthy, have a chronic condition such as diabetes or heart disease, or need help with an acute or complex illness.

## Up-front Discounts on Weight Watchers® Fees

Medical Mutual now offers up-front discounts of about 50 percent off standard Weight Watchers rates. Discounts apply to both Community Meetings and the OnlinePlus program series. If you are diagnosed with type 2 diabetes, you can also join the Weight Watchers for Diabetes program, which offers the support of a certified diabetes educator who is also a registered dietician.

## Additional Plan Information

For more detailed plan information, refer to your 2018 FEHB plan brochure (RI-73-017) or visit [MedMutual.com/Feds](http://MedMutual.com/Feds).

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SuperMed is a registered trademark of Medical Mutual of Ohio.

Weight Watchers is a registered trademark of Weight Watchers International.

## Your 2018 FEHB Plan Options

Plan Features	Using the SuperMed HMO Network, You Pay		
	High Option	Standard Option	Basic Option
<b>Annual Deductible</b>	\$0	\$0	\$750/\$1,500 (accumulates toward out-of-pocket max.)
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$3,500/\$7,000	\$5,000/\$10,000	\$6,500/\$13,000
<b>Physician Office Visits</b>			
Preventive Adult Exam (per visit)	\$0	\$0	\$0
Preventive Well-child Exam (per visit)	\$0	\$0	\$0
Primary Care Visit (per visit)	\$20	\$25	\$30
Specialty Care Visit (per visit)	\$20	\$35	\$60
Routine Vision Exam (per visit)	\$20	\$35	\$60
<b>Lab Services</b> (Labs and X-rays, such as blood tests and ultrasounds)	\$0 per visit	\$0 per visit	20% after deductible
<b>Ambulatory Surgery</b>	\$50 per surgery	\$250 per surgery	20% after deductible
<b>Hospitalization</b>	\$250 per admission	\$500 per admission	20% after deductible
<b>Urgent Care Services (per visit)</b>	\$35	\$45	\$45
<b>Emergency Services (per visit)*</b>	\$100	\$150	\$175
<b>Most Durable Medical Equipment (DME)</b>	20%	20%	20% after deductible
<b>Prescription Drugs</b>			
<b>Generic (tier 1)</b>			
Retail (up to a 30-day supply)	\$10 per fill	\$15 per fill	\$10 per fill
Mail Order (up to a 90-day supply)	\$20 per fill	\$30 per fill	\$20 per fill
<b>Preferred Brand (tier 2)</b>			
Retail (up to a 30-day supply)	\$45 per fill	\$50 per fill	40% up to a \$125 max. per fill
Mail Order (up to a 90-day supply)	\$90 per fill	\$100 per fill	40% up to a \$250 max. per fill
<b>Non-preferred Brand (tier 3)</b>			
Retail (up to a 30-day supply)	\$90 per fill	\$100 per fill	60% up to a \$250 max. per fill
Mail Order (up to a 90-day supply)	\$180 per fill	\$200 per fill	60% up to a \$500 max. per fill
<b>Specialty (tier 4)</b>			
Up to a 30-day supply filled at a contracted specialty pharmacy through the Specialty Drug Solution program (see page 13) <i>Mail order is not available for specialty medications.</i>	25% up to \$250 per fill	25% up to \$250 per fill	25% up to \$250 per fill

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

This is a summary of the features of the Medical Mutual High, Standard and Basic Option Health Plans in the Federal brochure. Before making a final decision, please read the Plan's Federal brochure (RI 73-017). All benefits are subject to the definitions, limitations and exclusions set forth in the FEHB brochure.


The benefit information provided is a brief summary, not a complete description of benefits.

For more information, refer to the Plan's Federal brochure (RI 73-017).

# Your Personalized ID Card

Be sure to carry your Medical Mutual 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. On your card, you will find:

## Front Panel

 <b>MEDICAL MUTUAL</b>		Insured by Medical Mutual of Ohio	
<b>SuperMed</b> NETWORK		<b>HMO</b> PRODUCT	
<b>John Q. Member</b> <small>Member Name</small>			
<b>012345678910</b> <small>ID Number</small>		<b>646329001</b> <small>Group Number</small>	
<b>(800) 315-3144</b> <small>Customer Care</small>		<b>711</b> <small>TTY</small>	
<b>MedMutual.com/Feds</b>			
<b>Rx Information</b>		<b>Express Scripts</b>	
Members Use: (800) 417-1961		Pharmacists Use: (800) 922-1557	
Rx Bin: 610014		Rx PCN: COPAY	
Rx Group: MMODRUG			
<small>Print Date: XX/XX/XX</small>			

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

## Back Panel

<b>For Members</b>		<b>For Providers</b>
Preventive Office Visit:	\$0	■ Provider: MedMutual.com
Urgent Care:	\$35	■ Service: (800) 362-1279
Emergency Room:	\$100	If inpatient prior approval required:
PCP Office Visit:	\$20	■ Medical/Surgical: (800) 338-4114
Specialist:	\$20	■ Behavioral Health: (800) 258-3186
<b>All services must be received from SuperMed HMO providers. Only emergency services are covered out of network. Prior approval for certain services may be required.</b>		
<b>Claims Submission</b>		
Electronic Claims Payer ID: 29076		
P.O. Box 6018, Cleveland, OH 44101-1018		
<b>24/7 NURSE LINE:</b>	(888) 912-0636	
<small>Possession of this card does not guarantee coverage.</small>		

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 or order new 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. 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 Get an Estimate

With the Provider Search and My Care Compare tools, you can find a doctor or specialist for the care you need and compare the cost and quality of medical services.

### 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 the SuperMed Network of 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 the Google Play™ store.

### Register Online

Need to register for My Health Plan? Just visit [MedMutual.com/Feds](https://www.MedMutual.com/Feds). All you'll need is your member ID card or the last four digits of your Social Security number.

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The Apple App Store is a registered trademark of Apple Inc.

The Google Play store is a registered trademark of Google Inc.

# Understanding an EOB

An Explanation of Benefits (EOB) provides a complete picture of the cost for healthcare services you receive. The EOB is not a bill, and if you owe money for services, your provider will send you a bill directly. These pages show an example of what an EOB looks like.

**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 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**  
2500 East Ninth Street  
Cleveland, Ohio 44115-1355

**November 26, 2018**

**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

**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.

**SUMMARY OF YOUR CLAIMS**

Total benefits we paid	\$1,006.00
► Total you are responsible for	\$244.48

**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.

## 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(\$)
<b>Date of Service:</b> October 27, 2018				
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
<b>Total for this claim</b>	<b>\$258.01</b>	<b>\$132.70</b>	<b>\$0.00</b>	<b>\$132.70</b>

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.

Page 1 of 3

**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**  
Amounts paid under your health plan to your healthcare provider.

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



## YOUR EXPLANATION OF BENEFITS

November 26, 2018 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 27, 2018				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
<b>Total for this claim</b>	<b>\$2,452.50</b>	<b>\$1,117.78</b>	<b>\$1,006.00</b>	<b>\$111.78</b>

### 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 8899987 dated November 21, 2018 was sent to Community Hospital.

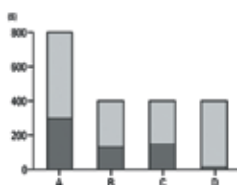
**Note: E69** - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

	Covered charges (\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
<b>Total for John Doe</b>	<b>\$2,710.51</b> (Amount billed)	<b>\$1,250.48</b>	<b>\$1,006.00</b>	<b>\$244.48</b>

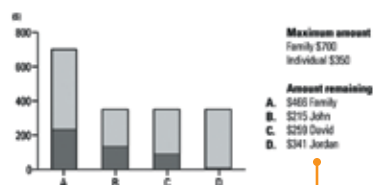
## UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2018 – December 31, 2018

### Deductible for services provided



### Coinsurance for services provided



### 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 26, 2018.
- 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.

### 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 about these programs, log in to My Health Plan by visiting [MedMutual.com/Feds](https://www.MedMutual.com/Feds).

# Spending Less on Healthcare

## Make the Most of Your Healthcare Benefits

When making a decision about your healthcare, you want to make the best choice for your health as well as your budget. This can be difficult, especially because different doctors and different facilities often charge different amounts for the same services. Costs can vary significantly when the exact same doctor performs the exact same procedure but at a different facility.

### Compare to Save

With My Care Compare, you can research and compare locations, services and cost estimates of medical treatments and procedures—like lab work, surgeries and X-rays—to help you understand how your costs may change based on where you receive care. You can also review satisfaction and quality ratings for doctors, hospitals, clinics and other health service providers.

Even if you already have a doctor, you can use My Care Compare to see if your costs will change based on the location at which your doctor provides your care.

My Care Compare also features interactive educational videos to walk you through your options for a wide range of healthcare needs.

Go to [MedMutual.com/Feds](https://www.MedMutual.com/Feds) to log in to your secure My Health Plan account. Click on My Care Compare to get all the information you need to make an informed decision about what's right for you.

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\*The estimates provided by My Care Compare do not guarantee actual cost, services, coverage or payment, and are subject to your cost-sharing responsibilities.



## Manage Your Health

Take charge of your health. Your plan's preventive coverage includes well visits, screenings and immunizations, many at no out-of-pocket cost. Plus, preventive services help catch illnesses early when they are easier and less expensive to treat. 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.

### **Medical Mutual's QuitLine® Tobacco Cessation Program**

Get help kicking your tobacco habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy.

### **Member Discounts**

Receive discounts on a variety of items including baby products, hearing aids and other health-related products.

### **Fitness Discounts**

Receive discounts on enrollment and monthly fees at participating fitness centers, like Curves® and GlobalFit®.

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Medical Mutual's QuitLine is a registered trademark of Medical Mutual of Ohio.

Curves is a registered trademark of Curves International, Inc.

GlobalFit is a registered trademark of Global Affiliates, Inc.



# Spending 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 the SuperMed HMO network. In-network providers often offer lowered or discounted rates, which means more money stays in your pocket. Plus, as a member of an HMO health plan, you do not have out-of-network coverage, other than for emergency services. You will be responsible for paying the charges in full if you receive services from a non-network provider.

### Avoid the Emergency Room

Talk to your doctor or visit an urgent care facility. Sprain an ankle? Have an ear infection? Doctor's office closed? Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you a significant amount of time and money each year.

### Know What's Covered

Before you have a service or procedure, review your FEHB Brochure (RI 73-017) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

#### Helpful Tips

The following tips will help you get the most value from your 2018 FEHB plan:

1. Keep your 2018 Medical Mutual 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, especially if you have a chronic condition, including all of his or her recommended screenings.
3. Call our dedicated Customer Care Specialists at (800) 315-3144 if you have any coverage questions or need additional information or assistance.

## Covered Drugs and Their Costs

Medications covered by the Medical Mutual FEHB High, Standard or Basic Option plans are listed on our preferred drug list. This list is also known as a formulary. You can review your plan's formulary at [MedMutual.com/Feds](https://www.medmutual.com/Feds) to see how your medication is covered by your plan and which copay tier it is in.

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](https://www.medmutual.com/Feds).

Non-specialty prescription drugs must be filled through a network retail pharmacy (up to a 30-day supply) or by mail through the Express Scripts Pharmacy<sup>SM</sup> (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 due to tolerance concerns or side effects.

### Pay Less for Long-term Medications

You can save time and money while having your non-specialty, long-term medications delivered right to your door through the Express Scripts Pharmacy. Ask your doctor or health provider to write you a prescription for up to 90 days, plus three refills (if applicable). Then:

- He or she can fax it to Express Scripts at (800) 837-0959 or send it through their e-prescribing system, OR
- You can complete a mail-order form and send it, along with your prescription, to Express Scripts at the address on the form. Standard shipping is FREE and you'll receive your first order in about a week.

To get started using mail order, download and print a copy of the form at [MedMutual.com/Feds](https://www.medmutual.com/Feds).

### Specialty Drug Solution

Specialty drugs require special handling, administration or monitoring. That's why we offer our Specialty Drug Solution. With this program, specialty drugs must be filled through one of our two specialty pharmacies, Accredo or Gentry Health Services. These specialty pharmacies offer you extra care and service, such as dedicated staff who have extra training for certain conditions and drugs, free delivery of supplies like syringes and alcohol swabs, monthly calls to see if you need refills, and help with enrolling you in patient assistance programs to reduce your out-of-pocket expenses.

If you receive financial assistance to help pay for your specialty drugs, the amount you receive in assistance will not count toward your annual deductible and/or out-of-pocket maximum. Only the amount you pay yourself will apply toward your annual deductible and/or out-of-pocket maximum. For example, if your medicine costs \$500 and you receive \$450 in financial assistance, only the remaining \$50 you pay out of pocket will be applied toward your annual deductible and/or out of pocket maximum.

For more information or to see which drugs are considered specialty, visit [MedMutual.com/Feds](https://www.medmutual.com/Feds) and click Prescription Drug Information.

# Enrolling in an FEHB Plan

## High, Standard or Basic Option

Becoming a 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 High, Standard or Basic Option plan for the 2018 coverage year. A brief description of these options is on page 4.

### Step 2 | Choose the type of coverage you need

Select Self Only, Self Plus One or Self Plus Family. Self Plus Family provides benefits for you and your eligible family members. Then review the chart below for applicable rates and your enrollment code.

### Step 3 | Enroll in your new FEHB plan<sup>1</sup>

Most employees and annuitants can enroll online. Visit [OPM.gov](http://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 (888) 767-6738 (TTY: (855) 887-4957 for hearing impaired) or email at [Retire@OPM.gov](mailto:Retire@OPM.gov).

#### 2018 Rates<sup>2</sup>

2018 Rates <sup>2</sup>			Non-Postal Premium				Postal Premium	
			Biweekly Share		Monthly Share		Biweekly Share	
Enrollment Code			Government	You	Government	You	Category 1	Category 2
Plan Option	High	Self Only    641	\$229.25	\$192.48	\$496.71	\$417.04	\$186.11	\$179.75
		Self + One    643	\$491.00	\$436.78	\$1,063.83	\$946.36	\$423.14	\$409.50
		Self + Family    642	\$521.58	\$490.55	\$1,130.09	\$1,062.86	\$476.06	\$461.57
	Standard	Self Only    644	\$229.25	\$122.19	\$496.71	\$264.74	\$115.82	\$109.46
		Self + One    646	\$491.00	\$282.19	\$1,063.83	\$611.42	\$268.55	\$254.91
		Self + Family    645	\$521.58	\$321.88	\$1,130.09	\$697.41	\$307.39	\$292.90
	Basic	Self Only    UX1	\$205.47	\$68.49	\$445.19	\$148.39	\$62.33	\$56.85
		Self + One    UX3	\$452.05	\$150.68	\$979.44	\$326.48	\$137.12	\$125.07
		Self + Family    UX2	\$493.14	\$164.38	\$1,068.47	\$356.16	\$149.59	\$136.44

<sup>1</sup> These are highlights of the FEHB enrollment process. Please refer directly to [OPM.gov](http://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](http://OPM.gov/Healthcare-Insurance) for enrollment information.

<sup>2</sup> These do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency that maintains your health benefits enrollment.



## 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](https://www.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 FEHB brochure [RI 73-017]):

- 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

# 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** ..... (800) 315-3144

**TTY** ..... 711

## Office Hours

Monday–Thursday, 7:30 a.m.–7:30 p.m., ET

Friday, 7:30 a.m.–6 p.m.

Saturday, 9 a.m.–7:30 p.m.

## By Mail

### Medical Mutual of Ohio

P.O. Box 6018

Cleveland, OH 44101-1018

## Online

[MedMutual.com/Feds](http://MedMutual.com/Feds)









2060 East Ninth Street  
Cleveland, OH 44115-1355

[MedMutual.com/Feds](http://MedMutual.com/Feds)