

2017 HMO Plan Options

The following HMO Networks are only available to residents of the corresponding counties below.

HMO Network	Available to the residents of the following counties:
Mercy <i>(Available through the Marketplace and Private Marketplace.)</i>	Allen, Butler, Champaign, Clark, Clermont, Columbiana, Hamilton, Lucas, Mahoning, Putnam, Trumbull and Wood.
OhioHealth HMO <i>(Available through the Marketplace only.)</i>	Athens, Delaware, Fairfield, Franklin, Hardin, Licking, Marion, Morrow, Pickaway, Richland and Union.
ProMedica <i>(Available through the Marketplace and Private Marketplace.)</i>	Lucas and Wood.

Individual Marketplace (On Exchange)

Members qualifying for a subsidy can choose from these plans. The values below are for in-network services only¹. Services received outside of the exclusive network are not covered, except for emergency services.

HMO On Exchange Plans	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket ³ (Single/Family)	Office Visit Copay PCP/Specialist and Urgent Care	ER Copay ⁵	Prescription Drugs Generic/Pref Brand/Non- Pref Brand and Specialty
MedMutual Market HMO 1200	\$1,200/\$2,400	20%	\$6,750/\$13,500	\$25/\$50	\$250	\$15/\$30/50% ⁶ 30-day supply
MedMutual Market HMO 1750	\$1,750/\$3,500	25%	\$7,150/\$14,300	\$30/\$60	\$300/25%	\$30/\$60/50% ⁶ 30-day supply
MedMutual Market HMO 1750² (200% - 250% FPL)	\$1,600/\$3,200	25%	\$5,600/\$11,200	\$30/\$60	\$300/25%	\$30/\$60/50% ⁶ 30-day supply
MedMutual Market HMO 1750² (150% - 200% FPL)	\$800/\$1,600	10%	\$1,200/\$2,400	\$30/\$60	\$300/10%	\$30/\$60/50% ⁶ 30-day supply
MedMutual Market HMO 1750² (139% - 150% FPL)	\$100/\$200	10%	\$500/\$1,000	\$30/\$60	\$300/10%	\$30/\$60/10% ⁶ 30-day supply
MedMutual Market HMO 4000 HSA⁴	\$4,000/\$8,000	0%	\$4,000/\$8,000	Deductible	Deductible	Deductible
MedMutual Market HMO 4000 HSA^{4,2} (200% - 250% FPL)	\$3,500/\$7,000	0%	\$3,500/\$7,000	Deductible	Deductible	Deductible
MedMutual Market HMO 4000^{2**} (150% - 200% FPL)	\$1,250/\$2,500	0%	\$1,250/\$2,500	Deductible	Deductible	Deductible
MedMutual Market HMO 4000^{2**} (139% - 150% FPL)	\$500/\$1,000	0%	\$500/\$1,000	Deductible	Deductible	Deductible
MedMutual Market HMO 6400 HSA⁴	\$6,400/\$12,800	0%	\$6,400/\$12,800	Deductible	Deductible	Deductible
MedMutual Market HMO 7150^{**}	\$7,150/\$14,300	0%	\$7,150/\$14,300	\$50/ Deductible	Deductible	Deductible

Individual Private Marketplace (Off Exchange)

Plans sold off the exchange do not qualify for a subsidy. The values below are for in-network services only¹. Services received outside of the exclusive network are not covered, except for emergency services.

HMO Off Exchange Plans	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket ³ (Single/Family)	Office Visit Copay PCP/Specialist and Urgent Care	ER Copay ⁵	Prescription Drugs Generic/Pref Brand/Non- Pref Brand and Specialty
MedMutual HMO 1750	\$1,750/\$3,500	25%	\$7,150/\$14,300	\$30/\$60	\$300/25%	\$30/\$60/50% ⁶ 30-day supply
MedMutual HMO 4000 HSA⁴	\$4,000/\$8,000	0%	\$4,000/\$8,000	Deductible	Deductible	Deductible
MedMutual HMO 6400 HSA⁴	\$6,400/\$12,800	0%	\$6,400/\$12,800	Deductible	Deductible	Deductible
MedMutual HMO 7150	\$7,150/\$14,300	0%	\$7,150/\$14,300	\$50/ Deductible	Deductible	Deductible

This is only a summary of benefits and copayments, coinsurance and deductibles. For a complete list of benefits please refer to the benefit certificate.

Pediatric dental is embedded in all off exchange plans.

Prescription drug coverage will be subject to the Medical Mutual High Performance formulary. Please visit MedMutual.com/2017drugs to view the 2017 formulary.

There will be a child-only plan (up to age 21) for each of the metal plans. For the child-only HSA plans, only children ages 18 to 21 who are not a tax dependent can open an HSA account.

For each metal plan offered on the Exchange, there will be a corresponding American Indian plan available.

*All plans have an embedded deductible. Any combination of family members may satisfy the family deductible. However, if one family member meets his/her individual deductible, services will begin to pay for that particular family member. Any combination of family members may satisfy the family out of pocket, and services will begin to pay at 100 percent. However, if one family member meets his/her individual amount, services will begin to pay at 100 percent for that particular family member.

**This plan does not qualify as an HSA product.

Specialty drugs will have a 30-day supply limit for all products and must be filled at a contracted specialty pharmacy.

Footnotes

1. In-network services include providers, hospitals and facilities where Medical Mutual has negotiated rates for the designated networks.
2. Members may be eligible for the cost-share subsidy plan designs. The federal government determines eligibility based on household size, income and Federal Poverty Level (FPL) of the applicant.
3. Maximum out of pocket includes deductibles, copays and coinsurance.
4. Health Saving Accounts (HSAs) are investment accounts that can be drawn from to pay out-of-pocket healthcare expenses.
5. Non-emergency use of the emergency room is not covered.
6. The retail copay for the non-preferred brand and specialty tiers is 50 percent up to a \$350 maximum per script. Mail-order copay for non-preferred brand is 50 percent up to a \$1,050 maximum per script. Specialty drugs will have a 30-day supply limit and are subject to a 50 percent coinsurance up to a \$350 max/script. The copay for mail-order generic, preferred and non-preferred brand drugs is three times the retail amount.
7. There is an in-network office visit copay limit of three per year which applies to Primary Care Physician (PCP) office visits only. The copay will apply to visits one through three. Additional office visits will be subject to the deductible.



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