



MEDICAL MUTUAL®



# Choose the Right Plan for You

Medical Mutual has a wide range of options to fit your individual health insurance needs. You can choose from high deductible or traditional copay plans. You may be eligible for a government subsidy to help pay your premium. Talk to your insurance agent or use our Tax Subsidy Estimator on [MedMutual.com](http://MedMutual.com) to see if you qualify.

**2017 POS PLANS**

## Open Enrollment

Open enrollment begins November 1, 2016, and goes through January 31, 2017. If you don't enroll in a plan by the deadline, you may not be able to get health insurance until January 1, 2018, and you may be subject to federal penalties. To make sure you have coverage beginning January 1, 2017, enroll by December 15, 2016.

## Special Enrollment

Once open enrollment is closed, you may still be able to get health insurance if you have a qualifying or special event. Special enrollment periods last 60 days after an event, which may include marriage, birth or adoption, divorce, or loss of job and employer-sponsored coverage. You will need proof of your special event to enroll.

## POS (Point of Service Organization)

POS plans may have a higher premium, but they offer a larger network and more flexibility when selecting a doctor or hospital. With a POS plan, you can use an out-of-network provider, but doing so will usually mean you pay higher out-of-pocket costs. POS plans are available to members residing in the following counties: Ashland, Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit.

## Explore Your Health Insurance Options

### Individual Marketplace (On Exchange)

If you qualify for a subsidy, choose from these plans. Please note, subsidies are not available for the Young Adult Essentials Plan. The values below are for in-network services only<sup>1</sup>.

POS On Exchange Plans	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket <sup>4</sup> (Single/Family)	Office Visit Copay PCP/Specialist and Urgent Care	ER Copay <sup>6</sup>	Prescription Drugs <sup>9</sup> Generic/Pref Brand/Non- Pref Brand and Specialty	Provider Network
<b>MedMutual Market 1200</b>	\$1,200/\$2,400	20%	\$6,750/\$13,500	\$25/\$50	\$250	15/30/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 1750</b>	\$1,750/\$3,500	25%	\$7,150/\$14,300	\$30/\$60	\$300/25%	\$30/\$60/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 1750<sup>2</sup></b> (200% - 250% FPL)	\$1,600/\$3,200	25%	\$5,600/\$11,200	\$30/\$60	\$300/25%	\$30/\$60/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 1750<sup>2</sup></b> (150% - 200% FPL)	\$800/\$1,600	10%	\$1,200/\$2,400	\$30/\$60	\$300/10%	\$30/\$60/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 1750<sup>2</sup></b> (139% - 150% FPL)	\$100/\$200	10%	\$500/\$1,000	\$30/\$60	\$300/10%	\$30/\$60/10% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 4000 HSA<sup>5</sup></b>	\$4,000/\$8,000	0%	\$4,000/\$8,000	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market 4000 HSA<sup>2,5</sup></b> (200% - 250% FPL)	\$3,500/\$7,000	0%	\$3,500/\$7,000	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market 4000 HSA<sup>2,**</sup></b> (150% - 200% FPL)	\$1,250/\$2,500	0%	\$1,250/\$2,500	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market 4000 HSA<sup>2,**</sup></b> (139% - 150% FPL)	\$500/\$1,000	0%	\$500/\$1,000	Deductible	Deductible	Deductible	SuperMed POS

POS On Exchange Plans (cont.)	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket <sup>4</sup> (Single/Family)	Office Visit Copay PCP/Specialist and Urgent Care	ER Copay <sup>6</sup>	Prescription Drugs <sup>9</sup> Generic/Pref Brand/Non- Pref Brand and Specialty	Provider Network
<b>MedMutual Market 2400</b>	\$2,400/\$4,800	20%	\$7,150/\$14,300	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance <sup>10</sup>	SuperMed POS
<b>MedMutual Market 2400<sup>2</sup></b> (200-250% FPL)	\$1,800/\$3,600	20%	\$5,700/\$11,400	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance <sup>10</sup>	SuperMed POS
<b>MedMutual Market 2400<sup>2</sup></b> (150-200% FPL)	\$350/\$700	20%	\$2,250/\$4,500	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance <sup>10</sup>	SuperMed POS
<b>MedMutual Market 2400<sup>2</sup></b> (139-150% FPL)	\$100/\$200	10%	\$1,000/\$2,000	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance <sup>10</sup>	SuperMed POS
<b>MedMutual Market 5000</b>	\$5,000/\$10,000	40%	\$7,150/\$14,300	Deductible/ Coinsurance	\$300/ Deductible	40/80/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual Market 6400 HSA<sup>5</sup></b>	\$6,400/\$12,800	0%	\$6,400/\$12,800	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market 7150</b>	\$7,150/\$14,300	0%	\$7,150/\$14,300	\$50 <sup>7</sup> / Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market Young Adult Essentials<sup>3</sup></b>	\$7,150/\$14,300	0%	\$7,150/\$14,300	\$40 <sup>7</sup> /Deductible	Deductible	Deductible	SuperMed POS

## Individual Private Marketplace (Off Exchange)

Plans sold off the exchange do not qualify for a subsidy.

POS Off Exchange Plans	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket <sup>4</sup> (Single/Family)	Office Visit Copay and PCP/ Specialist Urgent Care	ER Copay <sup>6</sup>	Prescription Drugs <sup>9</sup> Generic/Pref Brand/Non- Pref Brand and Specialty	Provider Network
<b>MedMutual 1750</b>	\$1,750/\$3,500	25%	\$7,150/\$14,300	\$30/\$60	\$300/25%	\$30/\$60/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual 2500</b>	\$2,500/\$5,000	30%	\$7,150/\$14,300	\$35/\$70 <sup>7</sup>	\$300	20/40/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual 3500</b>	\$3,500/\$7,000	30%	\$6,000/\$12,000	\$25/\$50 <sup>7</sup>	\$300	20/40/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual 4000 HSA<sup>5</sup></b>	\$4,000/\$8,000	0%	\$4,000/\$8,000	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual 5000</b>	\$5,000/\$10,000	40%	\$7,150/\$14,300	Deductible/ Coinsurance	\$300/ Deductible	40/80/50% <sup>8</sup> 30-day supply	SuperMed POS
<b>MedMutual 6400 HSA<sup>5</sup></b>	\$6,400/\$12,800	0%	\$6,400/\$12,800	Deductible	Deductible	Deductible	SuperMed POS
<b>MedMutual Market 7150**</b>	\$7,150/\$14,300	0%	\$7,150/\$14,300	\$50 <sup>7</sup> / Deductible	Deductible	Deductible	SuperMed POS

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the plan may be continued in force or discontinued. Please refer to the certificate book for a complete explanation of benefits, exclusions and limitations.

Pediatric dental is embedded in all off exchange plans.

Prescription drug coverage will be subject to the Medical Mutual High Performance formulary. Visit [MedMutual.com/2017drugs](http://MedMutual.com/2017drugs) for 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.
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. The Young Adult Essentials Plan is offered to individuals ages 21 up to (but not including) 30, or individuals with financial hardship circumstances as defined by the federal government.
4. Maximum out of pocket includes deductibles, copays and coinsurance.
5. Health Saving Accounts (HSAs) are investment accounts that can be drawn from to pay out-of-pocket healthcare expenses.
6. Non-emergency use of the emergency room is not covered.
7. The office visit copay noted will apply to each visit for visits one through three, and include visits to the following providers: Primary Care Physician (PCP), specialists and urgent care visits. Additional visits will be subject to the deductible and coinsurance (if applicable to that product design). The first three office visit copays for the Young Adult Essentials plan and the MedMutual Market 7150 plans will apply to PCPs only.
8. 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.
9. Prescription drug coverage will be subject to the Medical Mutual High Performance formulary.
10. When a member chooses to fill a maintenance prescription for a fourth time and beyond at a retail pharmacy within 180 days, the member will pay 60 percent of the negotiated rate after the deductible is satisfied (for Marketplace 2400 plans).

For more information, please call your insurance agent.



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