



# OPERS Participant Coverage Guide

Ohio Public Employees Retirement System  
2019 Coverage Year







# Table of Contents

<b>Welcome</b> .....	4–5
<b>Coverage Highlights</b> .....	6–8
Hospital Services .....	6
Physician Services .....	6
Emergency & Urgent Care .....	7
Preventive Care .....	7
Other Covered Services .....	8
<b>Your Medical Mutual ID Card</b> .....	9
<b>Understanding an EOB</b> .....	10–13
<b>My Health Plan</b> .....	14
<b>Staying Healthy</b> .....	15
<b>Spending Less</b> .....	16–19
My Care Compare .....	16
Reduce Your Out-of-Pocket Costs .....	18–19
<b>Health Insurance Terms to Know</b> .....	20
<b>Contact Information</b> .....	21



W

# Welcome

## to Medical Mutual

**For over 80 years, we have been committed to providing our participants the very best coverage and services, and we feel privileged to offer you the same.**

As the administrator of the Ohio Public Employees Retirement System (OPERS) Retiree Health Plan, we provide:

- Claims processing, payment and appeals based on the coverage selected by OPERS
- Dedicated Customer Care Specialists
- Programs to help you live healthier and manage serious or ongoing medical conditions
- Online access to view claims and coverage information on My Health Plan, our secure member website
- A mobile app to check your claims and deductibles, look up providers and access your identification (ID) card

We developed this coverage guide to introduce you to Medical Mutual and help you get the most out of your health plan.

**Again, welcome to Medical Mutual. We look forward to helping you meet your healthcare needs.**

# Coverage Highlights

## OPERS Retiree Health Plan

Note: Any services not covered at 100 percent are subject to deductible.

Plan Features	In-Network	Out-of-Network	Out-of-Area
<b>Healthcare Professional</b>	PPO Network Provider	Any Provider <sup>1</sup>	Any Provider <sup>1</sup>
<b>Deductible</b> (Per individual, per calendar year)	\$1,200	\$2,400	\$1,200
<b>Coinsurance Maximum</b> (Excludes deductible)	\$4,250	\$5,700	\$4,250
<b>Maximum Out of Pocket<sup>2</sup></b> (Includes deductible, coinsurance and copays)	\$5,450	N/A	\$5,450
<b>Hospital Services</b>			
<b>Admission Copay</b>	\$150	\$250	\$150
<b>Pre-Admission Testing</b>	75%	60%	75%
<b>Inpatient</b> Mental Health <sup>3</sup> Substance Abuse <sup>3</sup>	75%	60%	75%
<b>Outpatient</b> Surgery Mental Health <sup>3</sup> Substance Abuse <sup>3</sup> Alcoholism All Others	75%	60%	75%
<b>Physician Services</b>			
<b>Office Visits</b>			
Preventive Care	\$0 copay	60%	\$0 copay
Medical Home	\$15 copay	60%	N/A
Primary Care Provider	\$25 copay	60%	\$25 copay
Specialist	\$40 copay	60%	\$40 copay
<b>Surgeon/Consultation</b>	75%	60%	75%

Plan Features	In-Network	Out-of-Network	Out-of-Area
<b>Emergency &amp; Urgent Care</b>			
<b>Emergency Room Care</b>			
Emergencies	\$150 copay (waived if admitted); 75% for facility and all other charges	\$150 copay (waived if admitted); 75% for facility and all other charges	\$150 copay (waived if admitted); 75% for facility and all other charges
Non-emergencies	\$250 copay; 75% for facility and all other charges	\$250 copay; 75% for facility, 60% for physician and all other charges	\$250 copay; 75% for facility and all other charges
Urgent Care	\$45 copay	60%	\$45 copay
<b>Preventive Care</b>			
<b>Annual Routine Physical Exam</b>	100%	60%	100%
<b>Routine Screening Tests<sup>4</sup></b> (Includes, but is not limited to, Pap Smear, Mammography, Colonoscopy, Bone Density Testing, Flexible Sigmoidoscopy)	100%	60%	100%
<b>Flu, Pneumonia, HPV<sup>4</sup> and Shingles Vaccine<sup>4</sup></b>	100%	60%	100%

1 Out-of-network providers may charge you up to the entire balance of their bill.

2 Does not apply when OPERS coverage is secondary. Amount applies per individual per calendar year.

3 Coverage includes residential treatment for medically necessary conditions.

4 Subject to age, gender and frequency limitations.

\*Does not include charges incurred in excess of coverage maximum.

**Please Note:** All charges subject to medical necessity.

# Coverage Highlights

## OPERS Retiree Health Plan (cont.)

Note: Any services not covered at 100 percent are subject to deductible.

Plan Features	In-Network	Out-of-Network	Out-of-Area
<b>Other Covered Services</b>			
<b>Lab*/X-Ray/Diagnostic*</b>	75%	60%	75%
<b>Chiropractors</b> (10 visit limit)	75%	60%	75%
<b>Physical Therapists</b>	75%	60%	75%
<b>Durable Medical Equipment</b>	75%	60%	75%
<b>Ambulance</b>	75%	60%	75%
<b>Home Healthcare</b>	75%	60%	75%
<b>Skilled Nursing Facility</b>	75%	60%	75%
<b>Hospice Care</b> Inpatient Outpatient	75%	60%	75%

\*Does not include charges incurred in excess of coverage maximum.

**Please Note:** All charges subject to medical necessity.

## Helpful tips to get the most from your 2019 OPERS Retiree Health Plan

1. Keep your Medical Mutual ID card with you at all times in your wallet or download our Medical Mutual mobile app on your smartphone. 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 1-877-520-6728 if you have any coverage questions or need additional information or assistance.



# Your Medical Mutual 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 mobile app.

## On your card, you will find:

This panel includes information such as your name, member ID number, group number and Customer Care contact information.

This panel shows your applicable copay amounts depending on your plan, what networks to use outside of the SuperMed Network, in addition to where providers should call for help and where to submit your claims.

### PPO (Members Residing in Ohio)

**MEDICAL MUTUAL**  Print Date: XX/XX/XX

**SuperMed** NETWORK **PPO** PRODUCT

**John Q. Member** Member Name

**012345678910** Medical Mutual ID Number **229030810** Group Number

**1-877-520-6728** Customer Care **711** TTY

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

**For Members**  
**PRIMARY NETWORK:** SuperMed  
**OUTSIDE SUPERMED SERVICE AREA:** Aetna Open Choice PPO

Preventive Copay:	\$0
Medical Home Copay:	\$15
PCP Office Visit Copay:	\$25
Specialist Copay:	\$40
Emergency Room Copay:	\$150
Urgent Care Copay:	\$45

**For Providers**  
 Inpatient prior approval required: Medical/Surgical: 1-855-887-2273 Behavioral Health: 1-800-258-3186

**Providers in the SuperMed Service Area**  
 Medical Mutual ID Number: 012345678910  
 Medical Mutual Group Number: 229030810  
 Provider: MedMutual.com


**Medical Mutual Claims Submission**  
 Electronic Claims Payer ID: 29076  
 P.O. Box 6018, Cleveland, OH 44101-1018  
 Provider Calls: 1-800-362-1279

**Providers Outside the SuperMed Service Area**  
**aetna**  
 Aetna ID Number: XXXXXXXX PPO/NAP  
 Aetna Group Number: 0863970-010-00200

**Aetna Claims Submission**  
 Electronic Claims Payer ID: 60054  
 P.O. Box 981543, El Paso, TX 79998-1543  
 Provider Calls: 1-888-238-6277

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.

### PPO (Members Residing Outside of Ohio)

**MEDICAL MUTUAL**  **aetna** Print Date: XX/XX/XX

**Aetna Open Choice PPO** NETWORK **PPO/NAP** PROGRAM

**John Q. Member** Member Name

**012345678** Aetna ID Number **0863970-010-00200** Aetna Group Number

**1-877-520-6728** Customer Care **711** TTY

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

**For Members**  
**PRIMARY NETWORK:** Aetna Open Choice PPO  
**OHIO NETWORK:** SuperMed

Preventive Copay:	\$0
Medical Home Copay:	\$15
PCP Office Visit Copay:	\$25
Specialist Copay:	\$40
Emergency Room Copay:	\$150
Urgent Care Copay:	\$45

**For Providers**  
 Inpatient prior approval required: Medical/Surgical: 1-855-887-2273 Behavioral Health: 1-800-258-3186

**Providers Outside the SuperMed Service Area**  
**aetna**  
 Aetna ID Number: XXXXXXXX PPO/NAP  
 Aetna Group Number: 0863970-010-00200

**Aetna Claims Submission**  
 Electronic Claims Payer ID: 60054  
 P.O. Box 981543, El Paso, TX 79998-1543  
 Provider Calls: 1-888-238-6277

**Providers in the SuperMed Service Area**  
 Medical Mutual ID Number: 012345678910  
 Medical Mutual Group Number: 229030810  
 Provider: MedMutual.com

**Medical Mutual Claims Submission**  
 Electronic Claims Payer ID: 29076  
 P.O. Box 6018, Cleveland, OH 44101-1018  
 Provider Calls: 1-800-362-1279

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.

# Understanding an EOB

## First Page

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

- 1 Date statement was produced**
- 2 Customer Care Center information**  
Website and phone numbers where you can send inquiries and have your specific questions answered.
- 3 Your ID number**  
Your member ID number located on your ID card. This number is the same as your contract/certificate number. It is important for all claim inquiries.
- 4 Your benefits provider**
- 5 Policyholder name and address**
- 6 Summary of your claims**  
The amount paid by your health plan and the amount you owe.
- 7 Name of patient**  
The person who received service(s).
- 8 The network status of your provider**
- 9 List of service(s) billed and any notes**
- 10 Explanation of your final responsibility for covered services**
- 11 Amount billed**  
The dollar amount billed by your healthcare provider for the service(s) rendered.
- 12 Allowed amount**  
The maximum benefit allowable under your health plan.
- 13 Benefits paid**  
Amounts paid under your health plan to your healthcare provider.
- 14 Amount you are responsible for**  
The amount you owe for the indicated service(s) rendered.



**5** JOHN DOE  
123 MAIN STREET  
ANYTOWN OH 44000

**1** November 26, 2019



**Questions?**

Visit [MedMutual.com](http://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

**2**

**3**

**Your ID number**  
987654321987

**4**

**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 **6**

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 **7****

**Claim Number:** 0322612345-000

**Services provided by:** John M. Jones MD (In network) **8**

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
<b>9</b> <b>Date of Service:</b> October 27, 2019				
X-Ray Exam of Neck/Spine - <i>see note E23</i>	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - <i>see note E23</i>	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>

**10** A benefit year deductible of \$132.70 was applied to this claim.

**11**

**12**

**13**

**14**

**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.

# Understanding an EOB

## Second Page

- 1 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.
- 2 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).
- 3 Check number**

This line verifies payment was made under your benefits for this service.
- 4 Note**

Additional information about the benefit administration.
- 5 Total for all EOB claims**

If there are multiple patients on an EOB, individual patient totals will be included in the statement.
- 6 Amount remaining**

The deductible and coinsurance amounts left before you meet your individual maximum.
- 7 Information on how to read your graphs**



MEDICAL MUTUAL®

YOUR EXPLANATION OF BENEFITS

November 26, 2019 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 (\$)
<b>Date of service:</b> October 27, 2019				
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
<b>Total amount billed</b>	<b>\$2,452.50</b>

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

Check number 6999997 dated November 21, 2019 was sent to Community Hospital.

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

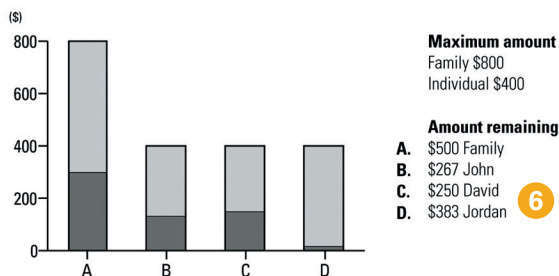
	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
<b>Total for John Doe</b>	<b>\$2,710.51</b>	<b>\$1,250.48</b>	<b>\$1,006.00</b>	<b>\$244.48</b>

(Amount billed)

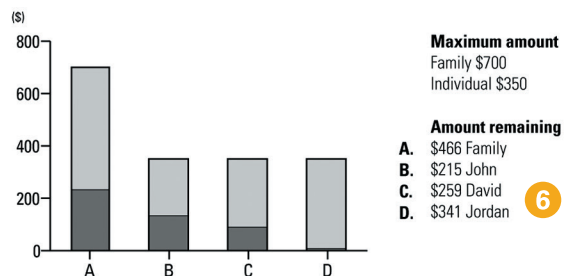
## UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2019 – December 31, 2019

### 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, 2019.
- 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.



# Stay Organized and Informed with My Health Plan

**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 iPhone or Android to view your claims, check your deductible and out-of-pocket spending, search Ohio's largest network of healthcare providers, and email or fax your ID card. The app is available through the Apple App Store® and the Google Play Store.™

# Staying Healthy

**Medical Mutual offers you access to these award-winning health and wellness programs to help you get fit, quit smoking or simply live a healthier life:**

## **Case Management**

If you have a chronic or complex medical condition, we coordinate with your healthcare team to create a care plan tailored to your needs and give you the tools you need to take an active role in improving your health.

## **Diabetes Prevention Program**

Reduce your risk of diabetes by participating in this year-long program recognized by the Centers for Disease Control and Prevention (CDC). Work with a lifestyle coach and classmates to learn to eat healthier and build physical activity into your daily life.

## **Lifestyle Coaching**

Are you thinking about or planning to make positive lifestyle changes to improve your health and wellness? With Medical Mutual's Lifestyle Coaching Program, you'll receive one-on-one support from a coach to help you achieve and maintain a healthy weight, adopt healthy eating habits, manage stress or stop using tobacco products.

## **QuitLine**

If you use tobacco, get help kicking the habit with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy.

## **Weight Watchers®**

Choose from one of three Weight Watchers programs to best meet your personal needs and goals. Start or renew your membership and save up to 50 percent off the regular cost.

**To learn more about these programs, please visit [MedMutual.com/EyeOnHealth](https://www.MedMutual.com/EyeOnHealth)**

# Spend Less with My Care Compare\*

**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.**

## Coverage Maximum

Coverage maximum is the most your OPERS health care coverage will pay for certain health care services. Currently your plan covers a number of lab tests up to a certain price, your plan's coverage maximum. Coverage maximum amounts are fair prices for lab services. They help to combat the wide range of rates different providers are paid for the same service, even when there's no difference in the quality of the service provided.

You can still choose to go to any network lab provider. However, some providers' rates are above the coverage maximum. To save money, go to a lab provider whose rates match or are below the coverage maximum. When you shop smartly, you save money. Coverage maximums help you and OPERS spend health care dollars wisely.

For more information on coverage maximum, see your Lab Coverage Maximum brochure.

## Compare to Save

With My Care Compare, you can research and compare locations, services and costs 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.

Log in to your secure My Health Plan account by going to [MedMutual.com/Member](https://www.MedMutual.com/Member) and click on My Care Compare to review the coverage maximums for the lab tests and other services that are covered under your health insurance and get all the information you need to make an informed decision.

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





## Register Online

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



# 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.

## **Manage Your Health**

Lower your costs by taking charge of your health. Your plan's preventive coverage may include well visits, screenings and immunizations. Prevention and early detection are critical to your overall health.

## **Avoid the Emergency Room**

Sprain an ankle? Have an ear infection? Doctor's office closed? 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 a significant amount of time and money each year.

## **Know What's Covered**

Before you have a service or procedure, review your Medical Plan Description (MPD) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.



### **Copay Incentive for Using a Medical Home**

If you are enrolled in the OPERS Retiree Health Plan, a medical home provider will have a lower office visit copay of \$15 instead of the standard \$25. The medical home model of care allows a team of health professionals to work together to provide you with comprehensive and coordinated care covering all of your wellness and illness needs. Medical home models of care coordinate care among primary care providers, specialists, hospitals, home healthcare, and even community services and other resources. Medical homes offer several benefits:

- Shorter wait times for urgent needs, enhanced office hours and guaranteed access after-hours by phone, email or in person
- Help finding specialists and securely transferring information they need to give you the best care
- Electronic tracking of referrals and test results to make sure the right follow-up care occurs
- Coordination of care for smooth transitions when you move from one care setting to another, such as from hospital to home

# Health Insurance Terms to Know

## Allowed Amount

The maximum amount a plan will pay for a covered health care service.

## Coinsurance

The percentage of a medical bill you share with your insurance company after you've paid your deductible. For example, if you have a \$100 doctor's bill and your plan covers 80 percent, the coinsurance amount you owe to the doctor's office is \$20.

## Coinsurance Maximum

The most you will pay in coinsurance costs during a coverage year. Does not include deductible costs.

## Copay (or copayment)

The amount you pay a health care provider at the time you receive services. For instance, you may have to pay a copay for each covered visit to your doctor.

## Deductible

The amount you pay before health plan coverage is provided. Once the deductible is met, covered services will begin to be paid.

## Maximum Out of Pocket (MOOP)

The maximum dollar amount you would pay in a year including deductibles, copays and coinsurance. It does not include your monthly premium. Once the MOOP is met, covered services will be paid at 100 percent.

## Total Out of Pocket

The maximum dollar amount you would pay in deductible and coinsurance in a year. It does not include copay costs.

**Please Note:** The material provided, including websites and links, is informational only. It does not take the place of professional medical advice, diagnosis or treatment. You should make decisions about care with your healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on your specific benefit plan.

# Contact Information

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

## Medical Mutual

**Customer Care** ..... **1-877-520-6728**

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

### Office 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.–1 p.m., ET

**TTY** ..... **711**

**Website** ..... **MedMutual.com**

## OPERS

**OPERS** ..... **1-800-222-7377**

277 East Town Street  
Columbus, OH 43215-4627

**Website** ..... **OPERS.org**

## Changing Your Coverage?

When major life events take place, you may need to make changes to your healthcare coverage. To ensure you and/or your dependents have the right coverage, please inform OPERS immediately if you are faced with any one of the following life-changing events (specific details are available in your Medical Plan description):

- Divorce or dissolution if your spouse is covered under the OPERS health plan
- Death of recipient or covered dependent
- New marriage
- Recipient or covered dependent becomes eligible for Medicare coverage
- Birth or adoption of a child
- Re-employment or re-retirement







**MEDICAL MUTUAL®**

2060 East Ninth Street  
Cleveland, OH 44115-1355

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