



MEDICAL MUTUAL®



2018 Individual Market Training Guide

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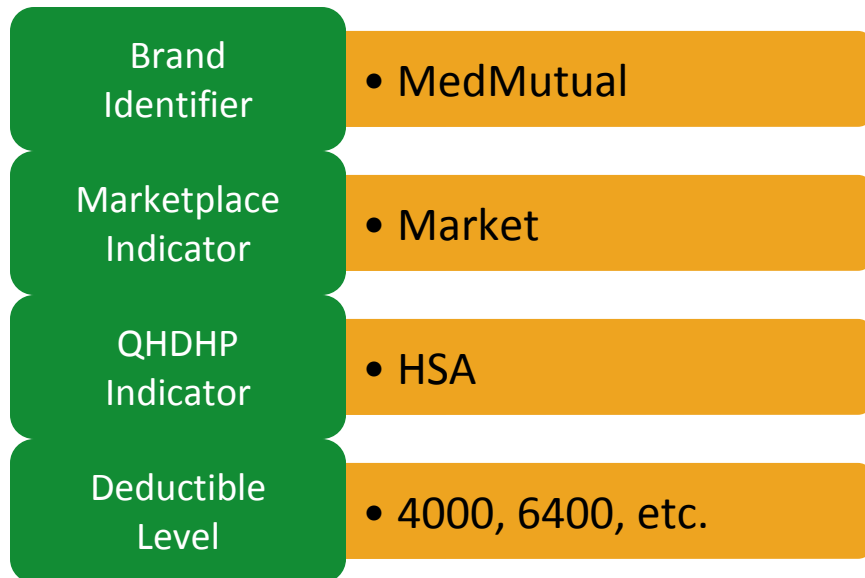
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Product Names

Medical Mutual offers individual health insurance products both on and off the Health Insurance Marketplace (Exchange). All products begin with the brand identifier, MedMutual. The remaining parts of the product names indicate details of the plan such as the deductible level and whether or not the plan qualifies to be used in conjunction with a Health Savings Account (HSA).

Products on the Health Insurance Marketplace include the word, "Market." Products off the Health Insurance Marketplace do not. See below for how our product names are designed.



HMO Offerings

In 2018, Medical Mutual will continue to offer Health Maintenance Organization (HMO) plans. We have expanded the Mercy HMO network and the OhioHealth HMO network to residents of the counties below denoted in red. We have also added a new HMO offering, called NE Ohio HMO:

- NE Ohio HMO is available to residents of Ashland, Ashtabula, Cuyahoga, Geauga, Lake, Medina, Portage, and Summit counties.

Please note that Medical Mutual will not offer any POS (Point of Service) plans in 2018.

HMO Network	Hospital Network	Available to residents of the following counties	On	Off
Mercy	Mercy Hospitals	Allen, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Columbiana, Defiance, Fulton, Hamilton, Hancock, Henry, Huron, Lorain, Lucas, Mahoning, Mercer, Putnam, Seneca, Trumbull, and Wood.	X	X
OhioHealth	OhioHealth	Athens, Crawford, Delaware, Fairfield, Franklin, Hardin, Hocking, Knox, Licking, Marion, Morrow, Pickaway, Richland and Union.	X	Not Offered
ProMedica	ProMedica Hospitals	Lucas and Wood	X	X
NE Ohio	NE Ohio Hospitals	Ashland, Ashtabula, Cuyahoga, Geauga, Lake, Medina, Portage, Summit	X	X

As a reminder, with an HMO plan members must utilize the exclusive network of doctors and hospitals when receiving care. If an out-of-network provider is used, services will not be covered except for emergency care.

Eliminated Plans in 2018

The following plans will no longer be offered as part of the 2018 Individual Market products:

- **All POS offerings**

New Plans for the 2018 Open Enrollment Period

For 2018, if a product is being offered, it will be offered as an HMO to residents of the counties denoted in the [HMO offerings section](#) of this guide except for the MedMutual Young Adult Essentials plan.

Marketplace:

- MedMutual Market HMO 3500 (Previously only offered off exchange)
- MedMutual Market HMO 3500 all corresponding FPL levels (139 – 250% FPL)
- MedMutual Market 5250 HSA

Private Marketplace:

- MedMutual HMO 2400 (Previously only offered on exchange)
- MedMutual HMO 5250 HSA

2018 Health Insurance Marketplace Plans

Medical Mutual will offer the following products for 2018 on the Health Insurance Marketplace (Exchange). Availability of plans is limited in 2018 depending on the Ohio county in which the purchaser resides. Please see [page 4](#) for county residency requirements.

There will also be corresponding Child Only Health Insurance (CHIP) plans for every Gold, Silver and Bronze plan available.

There will also be corresponding American Indian plans* for every Gold, Silver and Bronze plan available.

- MedMutual Market HMO 2000/25 (Gold)
- MedMutual Market HMO 2000/30 (Silver)
- MedMutual Market HMO 2400 (Silver)
- MedMutual Market HMO 3500 (Silver) **New Product (Previously only offered off exchange)**
- MedMutual Market HMO 4000 HSA* (Silver)
- MedMutual Market HMO 5250 HSA (Bronze) **New Product**
- MedMutual Market HMO 6400 HSA (Bronze)
- MedMutual Market HMO 7350 (Bronze)
- MedMutual Market HMO Young Adult Essentials

*The following cost share plan designs do not qualify as an HSA: Market HMO 4000 139-150% FPL and Market HMO 4000 150-200% FPL. Also, the American Indian Market HMO 4000 and American Indian Market HMO 6400 plans do not qualify as an HSA.

MedMutual Market HMO 2000/25

MedMutual Market HMO 2000/25 was previously referred to as MedMutual Market HMO 1200. All changes noted below are for in-network services:

- The network deductible changed from \$1,200 to \$2,000 (2x = family).
- The maximum out-of-pocket (MOOP) increased from \$6,750 to \$7,350 (2x = family).
- The copay for emergency use of the emergency room changed from \$250 to \$300.
- The copay for a specialist has changed from \$50 to \$75.

The prescription drug copays have changed for the generic and the preferred brand tiers. The retail generic copay changed from \$15 to \$20 and the retail preferred brand copay changed from \$30 to \$40; the mail order copay is three times the retail.

This plan is offered as an HMO; see [page 4](#) for product availability. **MedMutual Market HMO 2000/25 will not be offered in the following counties: Auglaize, Crawford, Hancock, Hardin, Hocking, Knox, Marion, Mercer, Putnam and Richland.**

This plan meets the metal-tier requirement for a Gold plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 2000/25— Mercy, OhioHealth, ProMedica, NE Ohio	\$2,000	20%	\$7,350	\$300	Unlimited	\$25/\$75/\$50 No coinsurance	Copay

MedMutual Market HMO 2000/30

MedMutual Market HMO 2000/30 was previously referred to as MedMutual Market HMO 1750. All changes noted below are for in-network services.

- On the base level design, the deductible changed from \$1,750 to \$2,000 (2x = family).
- The maximum out-of-pocket (MOOP) increased from \$7,150 to \$7,350 (2x = family).
- On the base level and 200-250% FPL designs, the coinsurance changed from 25% to 30%.

The following changes apply to the base level and all FPL cost share designs:

- The copay for emergency use of the emergency room has changed from \$300 to \$350.
- The copay for a specialist office visit has changed from \$60 to \$90.
- The office visit benefit is changing from unlimited office visits with copay to three office visits with copay*.

The 200 – 250% FPL design (reflected on the next page) will have a deductible change from \$1,600 to \$2,000 (2x= family) and the MOOP will be changed from \$5,600 to \$5,550 (2x = family).

The 150 – 200% FPL design (reflected on the next page) will have a deductible change from \$800 to \$500 (2x= family) and the MOOP will be changed from \$1,200 to \$1,800 (2x = family).

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Silver plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 2000/30—Mercy, OhioHealth, ProMedica, NE Ohio	\$2,000	30%	\$7,350	\$350 copay/ coinsurance	3	\$30/\$90/\$60	Copay

*Copay applies to each of the first three office visits, additional visits are subject to deductible and coinsurance.

MedMutual Market HMO 2000/30—Changes Based on FPL

Plan details for the MedMutual Market HMO 2000/30 product will change depending on where the purchaser falls with regard to the Federal Poverty Level (FPL). Please refer to the following charts. All values reflected in the charts below are in-network values.

200–250% FPL

In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 2000/30—Mercy, OhioHealth, ProMedica, NE Ohio (200–250% FPL)	\$2,000	30%	\$5,550	\$350 copay/ coinsurance	3	\$30/\$90/\$60	Copay

150–200% FPL

In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 2000/30—Mercy, OhioHealth, ProMedica, NE Ohio (150–200% FPL)	\$500	10%	\$1,800	\$350 copay/ coinsurance	3	\$30/\$90/\$60	Copay

139–150% FPL

In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 2000/30—Mercy, OhioHealth, ProMedica, NE Ohio (139–150% FPL)	\$100	10%	\$500	\$350 copay/ coinsurance	3	\$30/\$90/\$60	Copay

*Copay applies to each of the first three office visits, additional visits are subject to deductible and coinsurance.

MedMutual Market HMO 2400

All changes noted below are for in-network services. Changes to this plan include:

- Base level design change: Maximum out-of-pocket (MOOP) increased from \$7,150 to \$7,350 (2x = family).

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Silver plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual Market HMO 2400– Mercy, OhioHealth, ProMedica, NE Ohio	\$2,400	20%	\$7,350	Deductible/coinsurance	N/A	Deductible/coinsurance	Deductible/coinsurance (mail order incentive)
MedMutual Market HMO 2400 (200-250% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio	\$1,800	20%	\$5,700	Deductible/coinsurance	N/A	Deductible/coinsurance	Deductible/coinsurance (mail order incentive)
MedMutual Market HMO 2400 (200-250% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio	\$350	20%	\$2,250	Deductible/coinsurance	N/A	Deductible/coinsurance	Deductible/coinsurance (mail order incentive)
MedMutual Market HMO 2400 (139–150% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio	\$100	10%	\$1,000	Deductible/coinsurance	N/A	Deductible/coinsurance	Deductible/coinsurance (mail order incentive)

MedMutual Market HMO 3500

This plan is offered as an HMO product, see [page 4](#) for product availability.

MedMutual 3500 meets the metal-tier requirement for a Silver plan. All values reflected in the charts below are in-network values.

	In-Network						
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 3500 – Mercy, OhioHealth, ProMedica, NE Ohio	\$3,500	30%	\$7,350	\$300	3	\$25/\$75/\$50	Copay

200–250% FPL

	In-Network						
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 3500—Mercy, OhioHealth, ProMedica, NE Ohio (200–250% FPL)	\$3,000	30%	\$5,850	\$300	3	\$25/\$75/\$50	Copay

150-200% FPL

	In-Network						
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 3500—Mercy, OhioHealth, ProMedica, NE Ohio (150-200% FPL)	\$500	30%	\$1,500	\$300	3	\$25/\$75/\$50	Copay

139-150% FPL

	In-Network						
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 3500— Mercy, OhioHealth, ProMedica, NE Ohio (139-150% FPL)	\$100	10%	\$500	\$300	3	\$25/\$75/\$50	Copay

*Copay applies to each of the first three office visits, additional visits are subject to deductible and coinsurance.

MedMutual Market HMO 4000 HSA

There were no changes to this plan design.

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Silver plan. All values reflected in the chart below are in-network values.

In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/ Specialist) Copay	Rx (all tiers)
MedMutual Market HMO 4000 HSA– Mercy, OhioHealth, ProMedica, NE Ohio (139-150% FPL)	\$4,000	0%	\$4,000	Deductible	N/A	Deductible	Deductible
200–250% FPL							
In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specia list) Copay	Rx (all tiers)
MedMutual Market HMO 4000 HSA (200–250% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio (139-150% FPL)	\$3,500	0%	\$3,500	Deductible	N/A	Deductible	Deductible
150-200% FPL*							
Does Not Qualify for an HSA							
In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specia list) Copay	Rx (all tiers)
MedMutual Market HMO 4000 (150-200% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio (139-150% FPL)	\$1,250	0%	\$1,250	Deductible	N/A	Deductible	Deductible
139-150% FPL*							
Does Not Qualify for an HSA							
In-Network							
Plan Name	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specia list) Copay	Rx (all tiers)
MedMutual Market HMO 4000 (139-150% FPL)– Mercy, OhioHealth, ProMedica, NE Ohio (139-150% FPL)	\$500	0%	\$500	Deductible	N/A	Deductible	Deductible

*The denoted plan designs above do not qualify as an HSA: Market HMO 4000 139-150% FPL & Market HMO 4000 150-200% FPL plan designs and the American Indian Market HMO 4000 plan design.

MedMutual Market HMO 5250 HSA

This is a new product. The plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Bronze plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual Market HMO 5250 HSA –Mercy, OhioHealth, ProMedica, NE Ohio	\$5,250	0%	\$6,650	Deductible	N/A	Deductible	Deductible, then copay

The American Indian Market HMO 5250 plan design does not qualify as an HSA.

MedMutual Market HMO 6400 HSA

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Bronze plan. All values reflected in the charts below are network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual Market HMO 6400 HSA –Mercy, OhioHealth, ProMedica, NE Ohio	\$6,400	0%	\$6,400	Deductible	N/A	Deductible	Deductible

The American Indian Market HMO 6400 plan design does not qualify as an HSA.

MedMutual Market HMO 7350

MedMutual Market 7350 was previously referred to as MedMutual Market HMO 7150. All changes noted below are for in-network services.

- The deductible changed from \$7,150 to \$7,350 (2x = family).
- The maximum out-of-pocket (MOOP) increased from \$7,150 to \$7,350 (2x = family).

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Bronze plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP /Specialist /Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO 7350 –Mercy, OhioHealth, ProMedica, NE Ohio	\$7,350	0%	\$7,350	Deductible	3	\$50/deductible/deductible	Deductible

*Office visits for each of the first three primary care physician (PCP) visits are subject to \$50 copay, 0% thereafter; additional PCP visits are subject to deductible. All specialist and urgent care visits are subject to the deductible.

MedMutual Market HMO Young Adult Essentials

The MedMutual Market HMO Young Adult Essentials plan is available to individuals under 30 years of age or individuals with a financial hardship circumstance as defined by the federal government. The plan is offered as an HMO; see [page 4](#) for product availability.

- The in-network deductible and maximum out-of-pocket amounts increased from \$7,150 to \$7,350 (2x=family).

All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP /Specialist /Urgent Care) Copay	Rx (all tiers)
MedMutual Market HMO Young Adult Essentials –Mercy, OhioHealth, ProMedica, NE Ohio	\$7,350	0%	\$7,350	Deductible	3	\$40/deductible/deductible	Deductible

*Office visits for each of the first three primary care physician (PCP) visits are subject to \$40 copay, 0% thereafter; additional PCP visits are subject to deductible. All specialist and urgent care visits are subject to the deductible.

2018 Health Insurance Private Marketplace Plans

Medical Mutual will offer the following products for 2018 on Medical Mutual's Private Marketplace (off-exchange). Please refer to [page 4](#) of this document for information on availability of plan options.

All plans sold off the Health Insurance Marketplace will include pediatric dental unless the member sends Medical Mutual proof they have purchased a Marketplace-certified pediatric dental plan elsewhere.

- MedMutual HMO 2000/30 (Silver)
- MedMutual HMO 2400 (Silver) **New product (Previously only offered on exchange)**
- MedMutual HMO 3500 (Silver)
- MedMutual HMO 4000 HSA (Silver)
- MedMutual HMO 5250 HSA (Bronze) **New product**
- MedMutual HMO 6400 HSA (Bronze)
- MedMutual HMO 7350 (Bronze)
- Dental
- Vision
- Short Term Plans

MedMutual HMO 2000/30

MedMutual HMO 2000/30 was previously referred to as MedMutual HMO 1750.

All changes noted below are for in-network services. Additional changes include the following:

- The deductible changed from \$1,750 to \$2,000 (2x = family).
- The maximum out-of-pocket (MOOP) increased from \$7,150 to \$7,350 (2x = family).
- The coinsurance changed from 25% to 30%.
- The copay for emergency use of the emergency room has changed from \$300 to \$350.
- The office visit benefit changed from unlimited office visits with copay to three office visits with copay.*
- The specialist copay changed from \$60 to \$90.

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Silver plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual HMO 2000/30 —Mercy, ProMedica, NE Ohio	\$2,000	30%	\$7,350	\$350 copay/ coinsurance	3	\$30/\$90/\$60	Copay

*Copay applies to each of the first three office visits, additional visits are subject to deductible and coinsurance.

MedMutual HMO 2400 – New Plan

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Silver plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specia list) Copay	Rx (all tiers)
MedMutual HMO 2400 –Mercy, ProMedica, NE Ohio	\$2,400	20%	\$7,350	Deductible/ coinsurance	N/A	Deductible/ coinsurance	Deductible/ coinsurance

MedMutual HMO 3500

This plan is offered as an HMO product, see [page 4](#) for product availability. All changes noted below are for in-network services.

- The maximum out-of-pocket (MOOP) changed from \$6,000 to \$7,350 (2X = family).
- The specialist copay changed from \$50 to \$75.

MedMutual HMO 3500 meets the metal-tier requirement for a Silver plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single) 2x=family	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP/Specialist/ Urgent Care) Copay	Rx (all tiers)
MedMutual HMO 3500 – Mercy, ProMedica, NE Ohio	\$3,500	30%	\$7,350	\$300	3	\$25/\$75/\$50	Copay

*Copay applies to each of the first three office visits, additional visits are subject to deductible and coinsurance.

MedMutual 4000 HSA

This design is offered as an HMO, see [page 4](#) for product availability.

There were no changes to this plan design.

This plan meets the metal-tier requirement for a Silver plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual HMO 4000 HSA—, Mercy, ProMedica, NE Ohio	\$4,000	0%	\$4,000	Deductible	N/A	Deductible	Deductible

MedMutual HMO 5250 HSA

This is a new product. The plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Bronze plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual HMO 5250 HSA – Mercy, ProMedica, NE Ohio	\$5,250	0%	\$6,650	Deductible	N/A	Deductible	Deductible, then copay

MedMutual HMO 6400 HSA

There are no changes to this plan design in 2018.

The MedMutual HMO 6400 HSA plan will be offered as an HMO. Please see [page 4](#) for product availability.

This plan meets the metal-tier requirement for a Bronze plan and qualifies as an HSA plan. All values reflected in the chart below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit	Office Visit (PCP/Specialist) Copay	Rx (all tiers)
MedMutual HMO 6400 HSA—Mercy, ProMedica, NE Ohio	\$6,400	0%	\$6,400	Deductible	N/A	Deductible	Deductible

MedMutual HMO 7350

MedMutual HMO 7350 was previously referred to as MedMutual HMO 7150. All changes noted below are for in-network services.

- The deductible changed from \$7,150 to \$7,350 (2x = family).
- The maximum out-of-pocket (MOOP) increased from \$7,150 to \$7,350 (2x = family).

This plan is offered as an HMO; see [page 4](#) for product availability. This plan meets the metal-tier requirement for a Bronze plan. All values reflected in the charts below are in-network values.

Plan Name	In-Network						
	Deductible (single) 2x=family	Coinsurance	MOOP (single)	Emergency Use/ER Copay	Office Visit Copay Limit*	Office Visit (PCP /Specialist /Urgent Care) Copay	Rx (all tiers)
MedMutual HMO 7350 – Mercy, ProMedica, NE Ohio	\$7,350	0%	\$7,350	Deductible	3	\$50/deductible/deductible	Deductible

*Office visits for each of the first three primary care physician (PCP) visits are subject to \$50 copay, 0% thereafter; additional PCP visits are subject to deductible. All specialist and urgent care visits are subject to the deductible.

Prescription Drug Plans

Mercy HMO, OhioHealth HMO, ProMedica HMO & NE Ohio HMO Prescription Drug Plans		
Drug Tier	Retail	Mail Order
MedMutual Market HMO 2000/25		
	In-Network	
Generic	\$20	\$60*
Preferred Brand	\$40	\$120*
Non-Preferred Brand	50% to \$350/script	50% to \$1,050/script*
Specialty (30 day supply)	Not covered	50% to \$350/script*
*Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.		
MedMutual & MedMutual Market HMO 2000/30 (includes 200-250% FPL & 150 - 200% FPL)		
	In-Network	
Generic	\$30	\$90*
Preferred Brand	\$60	\$180*
Non-Preferred Brand	50% to \$350/script	50% to \$1,050/script*
Specialty (30 day supply)	Not covered	50% to \$350/script*
*Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.		
MedMutual Market HMO 2000/30 (139-150% FPL)		
	In-Network	
Generic	\$30	\$90*
Preferred Brand	\$60	\$180*
Non-Preferred Brand	10% to \$350/script	10% to \$1,050/script*
Specialty (30 day supply)	Not covered	10% to \$350/script*
*Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.		
MedMutual & MedMutual Market HMO 2400 (Includes 200-250% FPL & 150-200% FPL)		
	In-Network	
Generic	Deductible then 20%	Deductible then 20%*
Preferred Brand	Deductible then 20%	Deductible then 20%*
Non-Preferred Brand	Deductible then 20%	Deductible then 20%*
Specialty (30 day supply)	Not Covered	Deductible then 20%*
*Home Delivery Incentive: When a member chooses to fill a maintenance prescription on the fourth time and beyond at a retail pharmacy within 180 days, the member will pay 60% of the negotiated rate after the deductible is satisfied.		
MedMutual Market HMO 2400 (139-150% FPL)		
	In-Network	
Generic	Deductible then 10%	Deductible then 10%*
Preferred Brand	Deductible then 10%	Deductible then 10%*

Non-Preferred Brand	Deductible then 10%	Deductible then 10%*
Specialty (30 day supply)	Not covered	Deductible then 10%*
*Home Delivery Incentive: When a member chooses to fill a maintenance prescription on the fourth time and beyond at a retail pharmacy within 180 days, the member will pay 60% of the negotiated rate after the deductible is satisfied.		
MedMutual & MedMutual Market HMO 3500 (Includes CSR levels 200-250%, 150-200% & 139-150% FPL)		
	In-Network	
Generic	\$20	\$60*
Preferred Brand	\$40	\$120*
Non-Preferred Brand	50% to \$350/script	50% to \$1,050/script*
Specialty (30 day supply)	Not Covered	50% to \$350/script*
*Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.		
MedMutual & MedMutual Market HMO 4000 HSA (Includes all CSR Levels)		
	In-Network	
Generic	Deductible then 0%	Deductible then 0%
Preferred Brand	Deductible then 0%	Deductible then 0%
Non-Preferred Brand	Deductible then 0%	Deductible then 0%
Specialty (30 day supply)	Not covered	Deductible then 0%
MedMutual & MedMutual Market HMO 5250 HSA		
	In-Network	
Generic	Deductible, then \$40	Deductible, then \$120*
Preferred Brand	Deductible, then \$80	Deductible, then \$240*
Non-Preferred Brand	Deductible, then 50% to \$350/script	Deductible, then 50% to \$1,050/script*
Specialty (30 day supply)	Not covered	Deductible, then 50% to \$350/script*
*Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.		
MedMutual & MedMutual Market HMO 6400 HSA and MedMutual & MedMutual Market HMO 7350		
	In-Network	
Generic	Deductible then 0%	Deductible then 0%
Preferred Brand	Deductible then 0%	Deductible then 0%
Non-Preferred Brand	Deductible then 0%	Deductible then 0%
Specialty (30 day supply)	Not covered	Deductible then 0%

Dental Plans

Medical Mutual will continue to offer four dental plans, Dental 1, 2, 3 and a standalone Pediatric Dental plan. The provider network will remain the DenteMax network. Dental plans will continue to be offered in all Ohio counties.

The only change to Dental in 2018 is that Medical Mutual will load credit towards the adult waiting periods for basic and major services. Credits will apply to applicants who currently have a dental product with another carrier and who plan to replace that policy with our Medical Mutual Dental plan. Questions will be added to the online application in order to obtain the information and have it sent into Medical Mutual and loaded into our processing system.

- MedMutual Dental 1
- MedMutual Dental 2
- MedMutual Dental 3
- MedMutual Pediatric Dental

Vision Plans

Medical Mutual offers one vision plan for individual members. This plan utilizes the EyeMed Access Network of vision providers. Vision plans will continue to be offered in all Ohio counties.

Short Term Products

Medical Mutual will continue to offer short-term products in 2018. Our Short-term products are available to residents in all of the Ohio counties and utilize the SuperMed PPO provider network. Our Short-term plans are no more than three months in length. Plan details can be found on the benefit highlight shells which are housed on MyBrokerLink.

- MedMutual Short Term 1000
- MedMutual Short Term 2500

Company Names by Network & Product Type

In 2017, the HMO products offered in Lucas and Wood counties were offered under the company CLIC. In 2018, the HMOs offered in Lucas and Wood counties will be offered under the company MHICO. This change does not impact coverage.

Network & Product Type	County of Residence	Company		Market
		Marketplace (On Exchange)	Private Marketplace (Off Exchange)	
Mercy HMO	Allen	MHICO	MHICO	Lima
Mercy HMO	Auglaize	MHICO	MHICO	Lima
Mercy HMO	Brown	MHICO	MHICO	Cincinnati
Mercy HMO	Butler	MHICO	MHICO	Cincinnati
Mercy HMO	Champaign	MHICO	MHICO	Springfield
Mercy HMO	Clark	MHICO	MHICO	Springfield
Mercy HMO	Clermont	MHICO	MHICO	Cincinnati
Mercy HMO	Columbiana	MHICO	MHICO	Youngstown
Mercy HMO	Defiance	MHICO	MHICO	Toledo
Mercy HMO	Fulton	MHICO	MHICO	Toledo
Mercy HMO	Hamilton	MHICO	MHICO	Cincinnati
Mercy HMO	Henry	MHICO	MHICO	Toledo
Mercy HMO	Huron	MHICO	MHICO	Toledo
Mercy HMO	Lorain	MHICO	MHICO	Cleveland
Mercy HMO	Lucas	MHICO	MHICO	Toledo
Mercy HMO	Mahoning	MHICO	MHICO	Youngtown
Mercy HMO	Mercer	MHICO	MHICO	Lima
Mercy HMO	Putnam	MHICO	MHICO	Lima
Mercy HMO	Seneca	MHICO	MHICO	Toledo
Mercy HMO	Trumbull	MHICO	MHICO	Youngstown
Mercy HMO	Wood	MHICO	MHICO	Toledo
OhioHealth HMO	Athens	MHICO	Not Available	Columbus
OhioHealth HMO	Crawford	MHICO	Not Available	Columbus
OhioHealth HMO	Delaware	MHICO	Not Available	Columbus
OhioHealth HMO	Fairfield	MHICO	Not Available	Columbus
OhioHealth HMO	Franklin	MHICO	Not Available	Columbus
OhioHealth HMO	Hardin	MHICO	Not Available	Columbus
OhioHealth HMO	Hocking	MHICO	Not Available	Columbus
OhioHealth HMO	Knox	MHICO	Not Available	Columbus
OhioHealth HMO	Licking	MHICO	Not Available	Columbus
OhioHealth HMO	Marion	MHICO	Not Available	Columbus
OhioHealth HMO	Morrow	MHICO	Not Available	Columbus
OhioHealth HMO	Pickaway	MHICO	Not Available	Columbus
OhioHealth HMO	Richland	MHICO	Not Available	Columbus
OhioHealth HMO	Union	MHICO	Not Available	Columbus
ProMedica HMO	Lucas	MHICO	MHICO	Toledo
ProMedica HMO	Wood	MHICO	MHICO	Toledo

Company Names by Network & Product Type Continued

Network & Product Type	County of Residence	Company		Market
		Marketplace (On Exchange)	Private Marketplace (Off Exchange)	
NE Ohio HMO	Ashland	MHICO	MHICO	Cleveland
NE Ohio HMO	Ashtabula	MHICO	MHICO	Cleveland
NE Ohio HMO	Cuyahoga	MHICO	MHICO	Cleveland
NE Ohio HMO	Geagua	MHICO	MHICO	Cleveland
NE Ohio HMO	Lake	MHICO	MHICO	Cleveland
NE Ohio HMO	Medina	MHICO	MHICO	Cleveland
NE Ohio HMO	Portage	MHICO	MHICO	Akron
NE Ohio HMO	Summit	MHICO	MHICO	Akron