

**SuperMed***ne*<sup>®</sup>

**SUPERMED ONE<sup>®</sup>**



**PERSONAL HEALTH INSURANCE  
FOR INDIVIDUALS AND FAMILIES UNDER 65**

 **MEDICAL  
MUTUAL  
OF OHIO<sup>®</sup>**

SUPERMED ONE PERSONAL HEALTH INSURANCE



Flexible, Affordable,  
**Personal Health  
Insurance**  
for Individuals Like You.

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# PERSONAL HEALTH INSURANCE

from Medical Mutual of Ohio®

**SUPERMED ONE PERSONAL HEALTH INSURANCE FROM MEDICAL MUTUAL OF OHIO® PROVIDES YOU WITH THE PROTECTION YOU NEED FROM CATASTROPHIC AND UNEXPECTED HEALTHCARE EMERGENCIES, AS WELL AS COVERAGE FOR YOUR ROUTINE AND PREVENTIVE HEALTH NEEDS.**

It can take fewer than 24 hours for a health crisis to turn into a financial crisis. One night in the emergency room, one day in intensive care, one MRI — and most people without health insurance would start suffering financially. SuperMed One Personal Health Insurance plans are your first line of protection against this kind of risk.

*SuperMed One is designed for individuals who are:*

- Self-employed.
- Working for a company that does not offer a group health plan.
- Students or recent graduates.
- Over the age to remain on a parent's policy.
- Not covered on a parent's or guardian's policy.
- Between jobs.
- Waiting for an employer's group coverage to begin.
- Part-time employees who are not eligible for group insurance.
- Early retirees.

## FEATURES AND BENEFITS



- A simple and fast enrollment process
- Protection from the expense of catastrophic and unexpected illness
- Guaranteed coverage once you are enrolled, even in the case of a serious or long-term illness
- A plan design with multiple deductible options, offered at each annual renewal, to best meet your needs and fit your budget
- A comprehensive set of health benefits including:
  - Prescription drug coverage
  - Emergency care
  - Care for serious or chronic illness
  - Outpatient physical, occupational and speech therapy, including chiropractic services
  - Inpatient hospital and surgical services
  - Preventive healthcare services

# HEALTH COVERAGE

## STANDARD MEDICAL PLANS

These simple-to-use, comprehensive major medical plans meet your day-to-day medical needs by providing coverage for routine care, serious illness and emergency care. Plans are available in a wide variety of deductibles to fit your needs and budget. Many plans cover routine office visits in full after a small copay. Basic prescription drug coverage is included with each of these plans with an option to upgrade to a copay prescription drug rider.

### Maternity Services Rider

Thinking of having a baby? In conjunction with your SuperMed One plan, you may select a maternity services rider to help cover the cost of a routine pregnancy or delivery. This rider must be in effect for 270 days before coverage for services begin.

## VALUE PLANS

SuperMed One Value Plans provide members with protection from catastrophic and unexpected emergencies as well as for medically necessary office visits. These plans offer affordable monthly premiums at a range of deductible levels and include prescription drug coverage.

### SuperMed Network

All SuperMed One products provide members with access to an extensive panel of trusted physicians and hospitals. These doctors and hospitals can be accessed via MedMutual.com by clicking on the *Find a Provider* link.

## Insurance Payment Options

You may pay for your SuperMed One insurance coverage by using one of the following convenient options:

*Automatic bank deduction plan.* On a monthly basis, have your premium deducted directly from a savings or checking account at any financial institution within your state.

*Credit card.* Have your MasterCard or VISA charged on a monthly basis.

*Billing.* Have an invoice sent to your home each month with a return envelope for remittance of your payment.

*List Billing through employer.* This option is available only to employees of a common employer who has agreed to collect the premiums on a monthly payroll deduction basis and where the employer is not paying any portion of the premium.

*Different billing address.* You can elect to have your home billing mailed to a different address.

# HEALTH SAVINGS ACCOUNT (HSA)- COMPATIBLE PLANS

HSA-compatible plans provide low-cost, comprehensive health insurance coverage combined with tax benefits and investment opportunities by featuring a qualified high-deductible health plan and a health savings account (HSA). The HSA works much like an IRA except money deposited in the savings account may be used to pay for eligible healthcare expenses. Tax savings and lower premiums help to offset qualified high-deductible health plans' higher deductible levels.

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an option in health insurance that combines a high-deductible health insurance plan with a tax-favored savings account. Individuals deposit money into an HSA and earn interest on contributions. Yearly contributions may be carried over from year to year. Contributions can then be drawn from your account to offset eligible healthcare expenses, including your plan deductible and coinsurance, as well as services and equipment not covered by your health plan.

HSAs are only available to individuals and families under age 65, who are currently enrolled in a Qualified High-Deductible Health Plan (QHDHP), such as a SuperMed One personal health insurance plan.

## IT'S EASY TO OPEN AN HSA:

- 1** A QHDHP is required to open an HSA. Once a QHDHP is selected, the HSA account may be opened
- 2** Enroll in a SuperMed One Qualified High-Deductible Health Plan (QHDHP).
- 3** Enroll in a SuperMed One Health Savings Account (HSA).

## WHAT IS A QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN?

A QHDHP is a comprehensive major-medical plan that meets federal requirements to set up an HSA. QHDHPs offer premium savings and considerable discounts for physician services and prescription drugs. In exchange for higher deductibles, individuals and families pay lower premiums and benefit from tax-favored savings. A SuperMed One QHDHP can meet your medical and prescription drug needs by providing coverage for routine and preventive care, as well as for unexpected healthcare emergencies. You may select from a variety of QHDHPs that are tailored to fit your needs and budget, while giving you choice, flexibility and direct access to care.



## HOW MUCH CAN BE CONTRIBUTED TO AN HSA?

Enrollees are allowed to contribute the full annual maximum regardless of what month coverage began. A one-time transfer of an HRA/FSA or an IRA rollover is allowed.

## WHAT ARE THE MAXIMUM CONTRIBUTIONS ALLOWED?

Maximum contributions are determined by the federal government and change on an annual basis. Please talk to your broker or agent for the current annual maximum amounts.

## WHAT ARE QUALIFIED HSA EXPENSES\*?

The following costs are considered qualified HSA expenses:

- Health insurance plan deductibles, copayments and coinsurance
- Prescription and over-the-counter drugs
- Dental services, including braces, bridges and crowns
- Vision care, including glasses and LASIK eye surgery
- Psychiatric and certain psychological treatments
- Long-term care services
- Medically related transportation and lodging
- Certain health premiums including COBRA (but premiums not while an active employee)

## WHAT ARE HSA TAX ADVANTAGES?

Regardless of who contributes, the HSA accumulates tax-free. HSA after-tax contributions are tax-deductible. Much like an HRA, HSA deductions are “above-the-line,” and thus can be deducted even if the taxpayer does not itemize. Account holders can access the HSA for qualified medical expenses tax-free. Contact your tax advisor for more information.

## WELLNESS HSA-COMPATIBLE PLANS

Medical Mutual offers all of its HSA-compatible plans with the option of covering many preventive services including: routine physicals, routine mammogram, routine colon cancer screening, routine PAP test, routine cholesterol screening and well-child care at **100% with no deductible required.**

## HSA ADMINISTRATION

Medical Mutual members are offered a choice in HSA administration. There are currently two qualified banks to choose from:

*First Horizon Msaver* – a subsidiary of First Horizon National Corporation that initially established its presence in 1997 as an administrator of Medical Savings Accounts. To contact First Horizon Msaver, please call **866/889-8584**.

*National City Bank* – headquartered in Cleveland, Ohio, is one of the nation’s largest financial holding companies providing a full range of banking and financial services. To contact National City Bank, please call **866/966-4729**.

*Wells Fargo Health Benefit Services (HBS)* – specializes in the administration of HSAs. The company has provided healthcare spending accounts since 1987, and was one of the first banks to offer HSAs. Features include electronic enrollment and investment options. To contact Wells Fargo, please call **866/449-9929**.

\*This is a partial list. Additional lists are included with the HSA welcome letter. For a complete list, call First Horizon Msaver at 866/889-8584 or National City Bank at 866/966-4729.

# DENTAL AND VISION PLANS

Dental and Vision plans are available to all ages and may be purchased either in conjunction with your SuperMed One plan or as stand-alone products.

## DENTAL PLANS\*

When most people think about good healthcare coverage, they include dental benefits. Now you can have quality dental coverage at an affordable cost. SuperMed One's optional dental rider offers preventive benefits for basic dental needs including examinations, cleanings and fillings.

## VISION PLANS\*

Regular vision care exams are important to your overall health, since they can help diagnose serious health problems, such as high blood pressure, diabetes and glaucoma. The SuperMed One comprehensive vision program provides you with annual benefits for an eyeglass examination and a pair of eyeglasses or contact lenses, plus discounts on other vision care products.

# ADDITIONAL INFORMATION

## NETWORKS

Medical Mutual makes it easy to find trusted physicians and hospitals. Our SuperMed Plus network offers access to the largest networks of hospitals, physicians and healthcare professionals in Ohio, giving you the flexibility to select healthcare professionals who are right for you. You may also self-refer to any specialist who is in the network – there is no need to get a referral from your doctor.

Medical Mutual provides direct access to care from any network provider, including primary care physicians, specialists and hospitals. By selecting a network physician and hospital, you will enjoy a number of advantages including:

- Lower out-of-pocket costs
- No claim forms to file – your healthcare providers will complete and submit all claim forms
- A comprehensive listing of healthcare providers and facilities

Medical Mutual also offers you the option to use a healthcare professional outside of our network. If you choose to receive non-emergency services outside the network, your share of the cost (coinsurance) will increase. To receive maximum value and achieve long-term savings, you should use healthcare professionals in your network.

Contact your broker or agent for a network provider directory or search for a provider online at [MedMutual.com](http://MedMutual.com).

## PRE-EXISTING CONDITIONS

There is a waiting period for pre-existing conditions. A pre-existing condition is a condition for which an ordinarily prudent person would seek medical advice, diagnosis, care or treatment, or for which you incurred medical expenses, received medical treatment, used a prescription drug or were advised by a physician to receive treatment prior to your effective date. The number of months you were enrolled under your previous coverage may apply toward the waiting period. For more information on waiting period terms, contact your broker or agent.

## ELIGIBILITY

You and your dependents may apply for SuperMed One as long as you are:

- A resident of Ohio at least six months of the year
- Not eligible for or entitled to Medicare or Medicaid
- Under age 65
- Not pregnant or an expectant parent prior to or including the effective date of the policy

Family coverage includes you, your spouse and any unmarried children under the dependent age limits allowed. Dependent-only coverage is also available.



## MEDICAL MUTUAL ONLINE

**MedMutual.com** was developed to help bring you the information you need when you need it. Our goal is to provide as many features as possible to our members via the Internet. Internet functions are available 24 hours a day, seven days a week.

You can link to *My Health Plan*, our member information site, from MedMutual.com where you can:

- Review benefits and claims information.
- Update personal contact information.
- Request a new ID card or certificate booklet.
- Appeal a claim.
- E-mail a Customer Service representative.
- Locate a network doctor.
- Access prescription drug information from *Medco*, Medical Mutual's pharmaceutical benefit manager.

Additional features available online include access to:

- Medical Mutual's *SuperWell® Health Management Programs*.
- *WebMD®*, the premier consumer health information resource and Medical Mutual partner, provide a broad spectrum of medical information, advice and interactive Web-based tools.
- Low rates and flexible membership options at health and fitness club through *GlobalFit*.

# WHY CHOOSE MEDICAL MUTUAL?

For more than 70 years, Medical Mutual, Ohio's oldest and largest insurance companies, has offered quality health insurance products at competitive prices and is backed by award-winning customer service. Need more reasons to choose Medical Mutual? Consider these benefits:

## ***ENROLLMENT AND MEMBERSHIP SERVICES***

Medical Mutual is dedicated to providing the highest quality personal service. Once enrolled in SuperMed One, our experienced and professional Customer Service representatives are available to assist you with questions concerning benefit coverage, claims or medical care. Your broker or agent is also available to answer additional questions.

## ***FAMILY COVERAGE***

Family coverage includes you, your spouse and any unmarried children under the dependent age limits allowed. Dependent-only coverage is also available. *(Note: Dependents are not eligible to establish an HSA account.)*

## ***RIGHT-TO-EXAMINE POLICY***

You may cancel your certificate within 10 days of having it in your possession and we will refund any premium paid.

# DEFINITIONS

## **Ancillary Providers:**

Providers, agencies or services that supplement the care normally given by physicians or hospitals, such as laboratories, durable medical equipment agencies, oxygen or respiratory therapy providers, and rehabilitative or therapy services.

## **Benefit Period:**

The period of time during which benefit maximums, deductibles and coinsurance limits accumulate. A benefit period is a calendar year, unless otherwise specified in your plan certificate.

## **Care Management:**

The process used by Medical Mutual to review medical services received or to be received by Members, and to make certain that medically necessary, appropriate treatment is provided.

## **Coinsurance:**

If applicable, the percentage of the cost you pay for covered medical services after you have met your deductible or paid your copayment. This amount is defined in your plan certificate.

## **Contracting:**

Hospital or other facility provider that has an agreement with Medical Mutual regarding payment for covered services.

## **Copayment:**

If applicable, the amount of money you pay each time you receive medical services. A copayment can be a specific dollar amount paid at the time a service is received as defined in your plan certificate.

## **Deductible:**

The set dollar amount that you must pay, if applicable, for services covered by your health plan during each benefit period before Medical Mutual begins making payment. There are single and family deductibles. If you have covered dependents, you will have a family deductible.

## **Eligibility Requirements:**

A resident of, and live in, the state of Ohio at least six (6) months of each year. Not eligible to elect or purchase Medicare or be 65 years of age or older. Not eligible for any other group coverage provided through an employer.

## **Eligible Dependent:**

Certificate Holder's spouse, unmarried children, stepchildren, legally adopted children, children for whom either certificate holder or spouse are Legal Guardian or Custodian or any children who, by court order, must be provided health care coverage by the Certificate Holder or the Certificate Holder's spouse.

## **Explanation of Benefits (EOB):**

A form that details the amounts paid to you and for your healthcare provider after you receive healthcare services. The BOB contains information on how your claim was paid.

## **Full-time Student:**

an Eligible Dependent who is enrolled at an accredited institution of higher learning. It must be certified annually that the student meets the institution's requirements for full-time status.

## **Health Plan:**

An organization that offers healthcare services. It can be an HMO, point-of-service plan, a preferred provider organization, a commercial insurer or a company that self-insures. Also called a carrier.

## **Member:**

The plan certificate holder and his or her eligible family members enrolled in the health plan.

## **Network:**

The hospitals, physicians, laboratories and other healthcare professionals or facilities selected to contract with Medical Mutual for participation in the health plan. Medical Mutual's network is known as the "SuperMed" network. Medical Mutual contracts with other national networks to offer services.

# DEFINITIONS (CONTINUED)

**Non-network Provider:**

Any hospital, physician, laboratory or other healthcare professional or facility that does not have a network contract with Medical Mutual.

**Non-participating Provider:**

A physician, lab or other professional healthcare provider that does not have an agreement with Medical Mutual regarding payment for covered services. The Member may be liable for any amount of billed charges over Medical Mutual's traditional amount, or for services denied as not medically necessary.

**Participating Physician/Healthcare Professional:**

A physician or healthcare professional who has signed an agreement to accept Medical Mutual's traditional amount as payment-in-full for covered services. The Member is not liable for any amount charged over the traditional amount or denied as not medically necessary.

**Physician Hospital Organization (PHO):**

An organization that is formed between a hospital and its medical staff(s) to contract jointly with a managed care organization.

**Plan Certificate:**

The document identifying the terms, conditions and limitations of insurance benefits provided by the health plan to its Members. Sometimes called a Policy.

**Practitioner:**

A licensed professional who provides healthcare services.

**Precertification:**

The act of notifying Medical Mutual's Care Management department of an upcoming medical need. Typically, contracting healthcare facilities and professionals perform precertification. Precertification is designed to reduce unnecessary hospital admissions, and to ensure that healthcare services are medically appropriate and delivered in the most cost efficient manner, keeping quality, as well as cost, in mind. Precertification does not guarantee payment. If using a non-SuperMed network provider, the Member is responsible for the precertification process.

**Preferred Provider Organization (PPO):**

A network of physicians and hospitals that offers care at a lower cost than traditional insurance. Members enrolled in a PPO receive the highest level of benefits when they receive care from a PPO network provider and pay higher out-of-pocket costs if they go outside the PPO network. SuperMed Plus Medical Mutual's PPO plan.

**Provider:**

Any licensed healthcare professional or facility that provides care. Examples of providers are physicians, specialists, hospitals, skilled nursing facilities and laboratories.

## Important Information – Please Retain for Your Records

INSURANCE BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/FAX/E-MAIL:  
\_\_\_\_\_

Once you are enrolled as a Medical Mutual member, you may find the following list of contact information helpful.

### **Medical Mutual Customer Service**

Coverage or claims questions by members for SuperMed One 800/242-1936

### **Questions regarding Prescription Drug Coverage**

MedcoHealth.com or 800/417-1961

### **To locate a network doctor, hospital or healthcare professional**

MedMutual.com or 800/242-1936

### **To locate a dental or vision healthcare professional**

Dentemax.com or 800/752-1547  
EyeMedVision.com or 866/9-EYEMED

### **SuperMed One Membership**

Handles all maintenance of issued cases, invoicing/billing, changes in billing method, cancellation of the policy

Medical Mutual  
SuperMed One  
Mailzone: 01-6B-6200  
2060 East 9th Street  
Cleveland, OH 44115-1355  
Fax # 216/687-6352

### **Payments for SuperMed One should be mailed to:**

Medical Mutual of Ohio  
P. O. Box 94782  
Cleveland, OH 44101-4782



**SuperMed**<sup>ne</sup>® PERSONAL HEALTH INSURANCE

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