



DATE: October 30, 2023  
TO: Benefit Eligible Employees of the ACSHP  
FROM: Apollo Career Center, a member of the ACSHP  
RE: **IMPORTANT** – Annual Open Enrollment Information  
Effective Date of Coverage: January 1, 2024

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The **ANNUAL OPEN ENROLLMENT** for health, prescription drug, dental, vision and voluntary life insurance will be from **November 6, 2023 through November 17, 2023** with coverage effective January 1, 2024. Unless you have an IRS qualified life event, this is the only time an employee can (1) change coverage, (2) add or enroll in coverage, or (3) add or remove an eligible dependent or (4) terminate any type of coverage.

For a list of IRS qualified events, check out the ACSHP website at [Allen County Schools Health Plan Benefits Portal](#)

\*\*\*\*\***Your benefit elections MUST be completed on-line**\*\*\*\*\*

ACSHP uses the PlanSource on-line enrollment system. Keep reading for details!

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### **But first, January 1, 2024 - Brings a few Changes**

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#### **ACSHP WEBSITE:**

We are excited to announce that we are transitioning the ACSHP employee benefits website to a new system available for you to access now [Allen County Schools Health Plan Benefits Portal](#). The new system makes it easier for you to find information about your employee benefit plans, company policies and provides access to other services and information. You can access all information using your mobile phone or device.

#### **PLAN CHANGES:**

**Rx Copays for the MDHP & HDHP Plans will increase as follows:**

- The Generic & Formulary Brand Copays (Retail & Mail Order) will **NOT** change
- Non-Formulary Brand Copay (Retail) will increase from \$70 to \$90
- Non-Formulary Brand Copay (Mail Order) will increase from \$140 to \$180
- Specialty Drugs Copay (30 day supply) will increase from 20% with a maximum of \$95 to 20% with a maximum of \$125

The **HDHP Network & Non-Network deductibles will increase** to comply with IRS Regulations. The **coinsurance limit was reduced** appropriately so the Maximum Out-of-Pocket limit didn't change. The changes are represented below in **RED**.

HDHP Plan Changes	1/1/23 - 12/31/23				1/1/24 - 12/31/24			
	Network		Non-Network		Network		Non-Network	
	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$3,000	\$6,000	\$6,000	\$12,000	<b>\$3,200</b>	<b>\$6,400</b>	<b>\$6,400</b>	<b>\$12,800</b>
Coinsurance Maximum	\$2,800	\$5,600	\$4,100	\$8,200	<b>\$2,600</b>	<b>\$5,200</b>	<b>\$3,700</b>	<b>\$7,400</b>
Out-of-Pocket Maximum	<b>\$5,800</b>	<b>\$11,600</b>	\$10,100	\$20,200	<b>\$5,800</b>	<b>\$11,600</b>	\$10,100	\$20,200

No Change to Out of Pocket Maximum

You will receive new Medical ID cards reflecting these plan changes on or after January 1<sup>st</sup>.

#### DENTAL PLAN NETWORK CHANGE:

Effective January 1, 2024, Medical Mutual is updating your dental plan's SuperDental network to the **Superior Dental Care (SDC) network**. This transition increases the number of participating dental providers by 60 percent in Ohio and more than double nationwide. No disruption is expected for members, as the SDC network already includes all providers who currently participate in your current network.

Note, at this time MMO will be discontinuing the Dentemax PPO network due to the significant increase in providers participating in the new Superior Dental Care (SDC) network.

Updated ID cards will be issued prior to January 1, 2024 to reflect this network change. All other plan benefits and specifications remain the same, including Medical Mutual claims and customer service teams. Members can view the expanded selection of participating dentists and specialists using the [network search tool on MMO's website](#) or through their My Health Plan account, which will provide an option to search the 2024 network.

If you are enrolled in both Medical and Dental plans, you will receive a combined ID card reflecting these changes.

#### Enrolling for the 2024 Plan Year

The on-line open enrollment process will be an **ACTIVE** open enrollment.

#### What does this mean to you?

- You **MUST** log on to the PlanSource system and confirm your elections.
- Your dependents and your current elections will be visible when you log in.
- You must confirm your current elections OR make changes.



## How do I log on to PlanSource?

- Use **Firefox** or **Google Chrome** as your search engine when logging into the benefit enrollment system. Do not use **Internet Explorer**.
- Type <https://benefits.plansource.com> into your search engine.
- **USERNAME:** This will NOT change. It is the first initial of your first name, then up to six letters of your last name followed by the last four digits of the your SSN.

Examples:

Employee name: John Smith      User Name is: jsmith4157

Employee name: Susan Schneider      User Name is: sschnei3312

- **PASSWORDS:** All passwords have been reset to a default password, which is your birthdate in this format: YYYYMMDD
- **PLEASE NOTE:** If you worked at another ACSHP district previously, your Username will be slightly different. If you need assistance, contact the Treasurer's office.

For further guidance, visit the ACSHP Website at [Allen County Schools Health Plan Benefits Portal](#) for the step-by-step instruction guide on how to log into the Plan Source system. The process is easy!

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## Dependent Audit & Spousal Coordination of Benefits

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- **Dependent Audit PROCESS:**
  - If you have a dependent listed in PlanSource, the Dependent Verification Acknowledgement Agreement will automatically generate. This Agreement explains dependent eligibility for the Medical, Dental and Vision benefits, and lists the required documentation to confirm dependent eligibility.
  - The required documents can be uploaded into PlanSource. If you do not choose to upload the documents in PlanSource, a Dependent Eligibility Verification Packet will be mailed to your home in January. If you do not upload or mail a copy of the required information before January 31, 2024, **your dependents will be removed from the plan effective January 31, 2024.**
  - **NOTE, if you've provided documentation on your dependents in the past, you will NOT need to complete it again.**
- **Spousal Coordination of Benefits (COB) Certification PROCESS:**
  - If you are covering a spouse on the ACSHP health and prescription drug plan as primary, the Spousal COB Certification Acknowledgement page will generate which explains the Spousal COB requirement for spouses who are eligible for coverage from their own employer or retirement plan.
  - You may be required to upload a Spousal COB Recertification form in PlanSource.
  - If your spouse is currently covered through OPERS, you will have the option of enrolling your spouse onto the ACSHP plan as primary. Please keep in mind, this may affect your spouse's ability to receive HRA funds from OPERS. Any and all tax ramifications are your responsibility. Please be sure you understand your options.
  - If you do not choose to print and upload the Spousal COB form during open enrollment, you will receive a Spousal COB Eligibility Certification form from PlanSource mailed to your home in

January. You can return this by mail, or upload the completed form in PlanSource. If you do not provide the required information, **coverage for your spouse will be terminated effective January 31, 2024.**

For further guidance, visit the ACSHP Website at [Allen County Schools Health Plan Benefits Portal](#) and click on the Life Events tab!

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### Voluntary Life Insurance

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- You may add or increase your Voluntary Life Insurance amount during open enrollment.
- Some changes require **Evidence of Insurability (EOI)** and will not become effective until approved by Dearborn Insurance Company.
- Currently enrolled employees and dependents may increase their Voluntary Life amount up to \$10,000 without the Evidence of Insurability requirement.
  - Maximums still apply:
    - Employee: 5x the employee's salary or \$300,000 employee *whichever is less*
    - Spouse: \$50,000

All of the rules are outlined in PlanSource.

If EOI is required, you can complete the EOI while enrolling in PlanSource, or click on this [Dearborn EOI Link](#). When completing the EOI application, you will need to provide the following information for the applicant:

- Employee DOB and SSN will need to be provided once you click on the EOI link for security validation
- Applicant current height and weight
- Applicant treatment history
- Applicant medication(s) for any health conditions(s)
- Applicant name and address of any physician, hospital or practitioner that provided medical care, consultation or treatment

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### IMPORTANT DATES TO REMEMBER

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**Open Enrollment Period: November 6, 2023 through November 17, 2023**

**Employee Help Labs: Nov 7, 9, 14 and 16 from 2:30 – 3:00**

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### DEADLINE TO COMPLETE ON-LINE ENROLLMENT

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All eligible employees **MUST** complete their benefit elections via the PlanSource Self-Service Enrollment system **no later than November 17, 2023.** The system will close on this date. Failure to do so may result in loss or delay of coverage effective January 1, 2024.

The ACSHP Website [Allen County Schools Health Plan Benefits Portal](#) has lots of great information, including:

- **Open Enrollment Section (located on the home page) that includes:**
  - **PlanSource Enrollment Guide**



- **Benefit Summaries & SBCs** for all of the plans offered
- **Videos** outlining **PPO vs. HDHP** and **Health Savings Account (HSA) vs. FSA** rules and regulations
- Your **ComPsych® GuidanceResources®** which provides Employee Assistance for all employees for anything that stresses you!
- **Information on Teladoc** which is **24/7/365** access to U.S. board certified doctors through the convenience of phone or video consults, saving you time & money.
- **Required Annual Notices**
- **Customer Service Numbers** and links
- **Spousal Coordination of Benefits** Rules and Forms
- How to **log on to Medical Mutual of Ohio's** website to find network providers, check the status of a claim, review EOBs, view your member ID card, utilize SmartShopper and the My Care Compare Tool or contact customer service.
- **How to find a dentist or vision provider**
- Information about our **Wellness Program**
- And so much more!

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## SmartShopper

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**Don't forget about SmartShopper to help you save money on several medical procedures.** You can earn \$\$\$\$\$ when you use the program and choose a LOW cost, HIGH quality provider for service!

When you need a non-emergent medical procedure, start with SmartShopper.

- They provide you with the options you need to make good health care choices.
- If you choose a low cost, high quality provider – you will receive a check in the mail! *(Yes, actual cash that you can use for any purpose!)*
- Your Personal Assistant can also schedule your appointment.

Call your SmartShopper Personal Assistant team at 1-877-292-1541  
Monday through Thursday from 8 a.m. to 8 p.m.  
Friday from 8 a.m. to 6 p.m. EST.

To review the SmartShopper flyer and list of elective services eligible for rewards, visit the ACSHP Website at [Allen County Schools Health Plan Benefits Portal](#) and click on the Benefits tab, then the “Read More” button under the Medical Section!



## **Required Notices**

### **IMPORTANT INFORMATION for all Benefit Eligible Employees**

The following Notices are required by the laws surrounding health care plans. Please review these notices. If you have any questions, please contact your Treasurer's office.

#### **Evergreen Election**

For those employee benefit programs that allow for employee payroll deductions to be taken on a pre-tax basis, the district's Section 125 Plan allow for such pre-tax deductions. As allowable by law, employee's payroll deductions will be taken on a pre-tax basis unless the employee notifies the Treasurer's office, and completes an election form declining participation. Any change will be effective as of the first day of the new plan year. The salary adjustment amounts will be adjusted automatically to reflect any increase or decrease in the cost of the plans selected. This "evergreen" election applies to all plans as allowable by law to be taken on a pre-tax basis.

#### **USERRA**

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

#### **Your Rights After a Mastectomy**

##### ***Women's Health and Cancer Rights Act of 1998***

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

- reconstruction of the breast on which the mastectomy has been performed; and
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient. Call your Treasurer's office for more information.

#### **Newborns and Mothers Health Protection Act (NMHPA)**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **HIPAA Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Treasurer's office.

### **The Affordable Care Act**

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan does provide minimum essential coverage.

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

### **Patient Protection Disclosure**

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the plan may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, you may contact the insurance carrier. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, you may contact the insurance carrier.

### **Summary of Benefits and Coverage (SBC)**

As part of the Affordable Care Act, healthcare companies and group health plans must now provide Summary of Benefits and Coverage documents, or SBCs, to help employers, their employees and their families, understand and compare health plans. The SBC and Uniform Glossary are meant to help consumers understand their healthcare coverage, as well as understand common terms used by health plans. Insurance companies and group health plans must provide SBCs in a standard format, and the SBCs can only differ regarding specific plan benefits. This standard format will make it easier for employers and employees to compare plans and shop for a plan that best meets their needs. The Medical & Prescription Drug SBC will be provided to you during open enrollment.

### **Additional Required Notices Are Attached:**

- No Surprise Billing Model Notice
- HIPAA Notice of Privacy Practices
- CHIP Model Notice
- Notice Regarding Wellness Program
- Summary of Benefits and Coverage (SBC) – PPACA Requirement

*The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.*

## **Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### **What is “balance billing” (sometimes called “surprise billing”)?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **“balance billing.”** This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### **You are protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

If you believe you've been wrongly billed, or you did not receive the required disclosure form, please contact Customer Service number listed on your Member ID card. Unresolved issues can be directed to the Ohio Department of Insurance Monday through Friday 8 a.m. to 5 p.m. at 800.686.1526 or visit the ODI website ([Surprise Billing | Department of Insurance \(ohio.gov\)](https://www.ohio.gov/Insurance/Consumer/Insurance-Disputes)) to file a complaint.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist

*The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*



services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

If you believe you've been wrongly billed, or you did not receive the required disclosure form, please contact Customer Service number listed on your Member ID card. Unresolved issues can be directed to the Ohio Department of Insurance Monday through Friday 8 a.m. to 5 p.m. at 800.686.1526 or visit the ODI website ([Surprise Billing | Department of Insurance \(ohio.gov\)](#)) to file a complaint.

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact the Ohio Department of Insurance Monday through Friday 8 a.m. to 5 p.m. at 800.686.1526.

Visit the ODI website ([Surprise Billing | Department of Insurance \(ohio.gov\)](#)) for more information about your rights under federal law.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycolibi.com/">https://www.mycolibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>		<b>INDIANA – Medicaid</b>	
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2		Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584	
<b>IOWA – Medicaid and CHIP (Hawki)</b>		<b>KANSAS – Medicaid</b>	
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562		Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	
<b>KENTUCKY – Medicaid</b>		<b>LOUISIANA – Medicaid</b>	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>		Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	
<b>MAINE – Medicaid</b>		<b>MASSACHUSETTS – Medicaid and CHIP</b>	
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711		Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	
<b>MINNESOTA – Medicaid</b>		<b>MISSOURI – Medicaid</b>	
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739		Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	
<b>MONTANA – Medicaid</b>		<b>NEBRASKA – Medicaid</b>	
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>		Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	



<b>NEVADA – Medicaid</b>		<b>NEW HAMPSHIRE – Medicaid</b>	
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900		Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	
<b>NEW JERSEY – Medicaid and CHIP</b>		<b>NEW YORK – Medicaid</b>	
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710		Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
<b>NORTH CAROLINA – Medicaid</b>		<b>NORTH DAKOTA – Medicaid</b>	
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100		Website: <a href="https://www.lhhs.nd.gov/healthcare">https://www.lhhs.nd.gov/healthcare</a> Phone: 1-844-854-4825	
<b>OKLAHOMA – Medicaid and CHIP</b>		<b>OREGON – Medicaid</b>	
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742		Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	
<b>PENNSYLVANIA – Medicaid and CHIP</b>		<b>RHODE ISLAND – Medicaid and CHIP</b>	
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)		Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	
<b>SOUTH CAROLINA – Medicaid</b>		<b>SOUTH DAKOTA - Medicaid</b>	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820		Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	
<b>TEXAS – Medicaid</b>		<b>UTAH – Medicaid and CHIP</b>	
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493		Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	
<b>VERMONT– Medicaid</b>		<b>VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427		Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924	
<b>WASHINGTON – Medicaid</b>		<b>WEST VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022		Website: <a href="https://dhhr.wv.gov/bms/http://mywvhpp.com/">https://dhhr.wv.gov/bms/http://mywvhpp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

**NOTICE OF PRIVACY PRACTICES**  
**PLEASE NOTE: SEE YOUR TREASURER'S OFFICE FOR THE**  
**COMPLETED VERSION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Apollo Career Center to its employees, its employee's dependents and, as applicable, retired employees. This Notice describes how Apollo Career Center, collectively we may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting Maria Rellinger at the telephone number or address below, or on our Web site at <https://acshp.benefithub.com/>.

**DEFINITIONS**

**Group Health Plan** means, for purposes of this Notice, the following employee benefits that we provide to our employees, employee dependents and, as applicable, retired employees: major medical coverage, dental coverage, vision coverage, and prescription drug coverage.

**Protected Health Information ("PHI")** means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.



## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization** – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

**Uses and Disclosures for Payment** – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**Uses and Disclosures for Health Care Operations** – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

**Family and Friends Involved in Your Care** – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

**Business Associates** – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

**Other Products and Services** – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

**Other Uses and Disclosures** – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations

- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event that applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

## **RIGHTS THAT YOU HAVE**

**Access to Your PHI** – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from [Insert company name] at the address below. We may charge you a fee for copying and postage.

**Amendments to Your PHI** – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

**Accounting for Disclosures of Your PHI** – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your PHI** – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

**Request for Confidential Communications** – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

**Right to a Copy of the Notice** – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

**Complaints** – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

#### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact Apollo Career Center's Privacy Office by writing to: Apollo Career Center, Attn: Privacy Officer, 3325 Shawnee Road, Lima, Ohio 45806.

#### **EFFECTIVE DATE**

This Notice is effective October 1, 2021.





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [MedMutual.com/SBC](https://www.healthcare.gov/coverage/preventive-care-benefits/) or call 800-540-2583 to request a copy.

Important Questions		Answers	Why This Matters:
What is the overall deductible?		\$3,200/single, \$6,400/family Network \$6,400/single, \$12,800/family Non-Network	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?		Yes. Certain preventive care and all services with <u>copayments</u> are covered and paid by the <u>plan</u> before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?		No	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?		\$5,800/single, \$11,600/family Network \$10,100/single, \$20,200/family Non-Network	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?		<u>Premiums</u> , balance-billed charges and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?		Yes, See <a href="https://www.MedMutual.com/SBC">MedMutual.com/SBC</a> or call 800-540-2583 for a list of participating providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?		No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Specialist visit</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Preventive care/ screening/ immunization</u>	No charge	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your plan will pay for.
If you have a test	<u>Diagnostic test (x-ray)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Diagnostic test (blood work)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Imaging (CT/PET scans, MRIs)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition	Generic copay - retail Tier 1	\$20 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 30-day supply.
	Generic copay - home delivery Tier 1	\$40 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 90-day supply.
	Preferred brand copay - retail Tier 2	\$45 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 30-day supply.
More information about prescription drug coverage is available at MedMutual.com/SBC	Preferred brand copay - home delivery Tier 2	\$90 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 90-day supply.
	Non-preferred brand copay - retail Tier 3	\$90 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 30-day supply.
	Non-preferred brand copay - home delivery Tier 3	\$180 after <u>deductible</u>	See Plan Documents for Details	Covers up to a 90-day supply.
	<u>Specialty drugs</u>	20% up to \$125 max. of any available manufacturer-funded copay assistance	See Plan Documents for Details	Covers up to a 30-day supply.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	40% coinsurance	None
	Physician/surgeon fees (Outpatient)	10% coinsurance	40% coinsurance	None
	Emergency room care	<b>Deductible, \$85 copay/visit; 10% coinsurance</b>	10% coinsurance	None
If you need immediate medical attention	Emergency medical transportation	10% coinsurance	40% coinsurance	None
	Urgent care	10% coinsurance	40% coinsurance	None
	Facility fee (e.g., hospital room)	10% coinsurance	40% coinsurance	None
If you have a hospital stay	Physician/ surgeon fee (inpatient)	10% coinsurance	40% coinsurance	None
	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you need mental health, behavioral health, or substance abuse services				
If you are pregnant	Office visits	No charge	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	40% coinsurance	None
	Childbirth/delivery facility services	10% coinsurance	40% coinsurance	None

[ For more information about limitations and exceptions, see the plan or policy document at [MedMutual.com/SBC](http://MedMutual.com/SBC).]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Rehabilitation services (Physical Therapy)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Habilitation services (Occupational Therapy)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Habilitation services (Speech Therapy)</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Children's eye exam	No charge	40% <u>coinsurance</u>	None
If your child needs dental or eye care	Children's glasses		Not Covered	Excluded Service
	Children's dental check-up		Not Covered	Excluded Service



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care
- Hearing Aids
- Private-Duty Nursing

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or [ccio.cms.gov](http://ccio.cms.gov). Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [HealthCare.gov](http://HealthCare.gov) or call 800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

### Does this plan provide Minimum Essential Coverage? Yes.

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The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

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This is **not** a **cost estimator**. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,200
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,200
Copayments	\$10
Coinsurance	\$900
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$4,170

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

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- Other coinsurance 10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$3,200
Copayments	\$400
Coinsurance	\$10
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$3,630

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,200
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,700
Copayments	\$90
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,790

The plan would be responsible for the other costs of these EXAMPLE covered services.

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## French

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## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóijí' hódíílnih 1-800-382-5729 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

## Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

**QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.**

**Nondiscrimination Notice**

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$950/single, \$1,900/family Network \$1,900/single, \$3,800/family Non-Network	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. Certain <u>preventive care</u> and <u>all services with copayments</u> are covered and paid by the plan before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	Yes, \$100/single, \$300/family network for prescription drugs	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services..
What is the <u>out-of-pocket limit</u> for this plan?	<u>Coinsurance Limit:</u> \$2,500/single, \$5,000/family Network \$2,500/single, \$5,000/family Non-Network <u>Out-of-pocket Limit:</u> \$9,450/single, \$18,900/family Network Unlimited/single, Unlimited/family Non-Network	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



Will you pay less if you use a <u>network provider</u> ?	Yes, See <a href="http://MedMutual.com/SBC">MedMutual.com/SBC</a> or call 800-540-2583 for a list of participating providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay/visit		None
	Specialist visit	\$45 copay/visit		None
	Preventive care/ screening/ immunization	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray)	No charge at Physician;	25% <u>coinsurance</u> for all other places	None
	<u>Diagnostic test</u> (blood work)	No charge at Physician;	25% <u>coinsurance</u> for all other places	None
	Imaging (CT/PET scans, MRIs)	No charge at Physician;	25% <u>coinsurance</u> for all other places	None

Common Medical Event		Services You May Need		What You Will Pay		Limitations, Exceptions, & Other Important Information
				Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://MedMutual.com/SBC">MedMutual.com/SBC</a></p>		Generic copay - retail Tier 1	\$20	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 30-day supply.
		Generic copay - home delivery Tier 1	\$40	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 90-day supply.
		Preferred brand copay - retail Tier 2	\$45	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 30-day supply.
		Preferred brand copay - home delivery Tier 2	\$90	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 90-day supply.
		Non-preferred brand copay - retail Tier 3	\$90	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 30-day supply.
		Non-preferred brand copay - home delivery Tier 3	\$180	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 90-day supply.
		<u>Specialty drugs</u>	20% up to \$125 max. of any available manufacturer-funded copay assistance	See Plan Documents for Details	See Plan Documents for Details	Covers up to a 30-day supply.
If you have outpatient surgery		Facility fee (e.g., ambulatory surgery center)	25% coinsurance	50% coinsurance	None	None
		Physician/surgeon fees (Outpatient)	\$25 copay/visit at Physician; 25% coinsurance for all other places after deductible	\$25 copay/visit at Physician; 50% coinsurance for all other places after deductible	None	None
		<u>Emergency room care</u>	\$85 copay/visit, deductible	25% coinsurance	None	None
If you need immediate medical attention		<u>Emergency medical transportation</u>	25% coinsurance	50% coinsurance	None	None
		<u>Urgent care</u>		\$45 copay/visit	None	None
If you have a hospital stay		Facility fee (e.g., hospital room)	25% coinsurance	50% coinsurance	None	None
		Physician/ surgeon fee (inpatient)	25% coinsurance	50% coinsurance	None	None
If you need mental health, behavioral health, or substance abuse services		Outpatient services	Benefits paid based on corresponding medical benefits	Benefits paid based on corresponding medical benefits	None	None
		Inpatient services	Benefits paid based on corresponding medical benefits	Benefits paid based on corresponding medical benefits	None	None

[ For more information about limitations and exceptions, see the [plan](http://plan) or policy document at [MedMutual.com/SBC](http://MedMutual.com/SBC).]

Common Medical Event		Services You May Need		What You Will Pay		Limitations, Exceptions, & Other Important Information	
				Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)		
If you are pregnant		Office visits		No charge	50% coinsurance	Cost sharing does not apply to certain <u>preventive services</u> . Depending on the type of services, copay, <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).	
		Childbirth/delivery professional services		25% <u>coinsurance</u>	50% <u>coinsurance</u>		
		Childbirth/delivery facility services		25% <u>coinsurance</u>	50% <u>coinsurance</u>		
If you need help recovering or have other special health needs		<u>Home health care</u>		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		<u>Rehabilitation services</u> (Physical Therapy)		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		<u>Habilitation services</u> (Occupational Therapy)		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		<u>Habilitation services</u> (Speech Therapy)		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		<u>Skilled nursing care</u>		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		<u>Durable medical equipment</u>		No charge at Physician; 25% <u>coinsurance</u> for all other places	50% <u>coinsurance</u>	None	
		<u>Hospice services</u>		25% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
		Children's eye exam		No charge	50% <u>coinsurance</u>	None	
If your child needs dental or eye care		Children's glasses		Not Covered		Excluded Service	
		Children's dental check-up		Not Covered		Excluded Service	

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care
- Hearing Aids
- Private-Duty Nursing

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or [ccio.cms.gov](http://ccio.cms.gov). Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [HealthCare.gov](http://HealthCare.gov) or call 800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

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### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$950
- Specialist copay \$45
- Hospital (facility) coinsurance 25%
- Other coinsurance 25%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

Total Example Cost \$12,700

#### In this example, Peg would pay:

Cost Sharing	
Deductibles*	\$1,000
Copayments	\$10
Coinsurance	\$2,500
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,570</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

\*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$950
- Specialist copay \$45
- Hospital (facility) coinsurance 25%
- Other coinsurance 25%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

#### In this example, Joe would pay:

Cost Sharing	
Deductibles*	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,020</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$950
- Specialist copay \$45
- Hospital (facility) coinsurance 25%
- Other coinsurance 25%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

#### In this example, Mia would pay:

Cost Sharing	
Deductibles*	\$1,000
Copayments	\$200
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,400</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

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# Multi-Language Interpreter Services & Nondiscrimination Notice



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## Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 (رقم هاتف الصم والبكم 711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englischesch Schprooch. Ruf selli Nummer uff. Call 1-800-382-5729 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih 1-800-382-5729 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

## Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

**QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.**

**Nondiscrimination Notice**

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

## Allen County Schools Health Plan Benefits Website

Our website gives you 24/7 access to so much information:

- **Home Tab** – includes information regarding Open Enrollment, PlanSource and Carrier Contacts.
- **Benefits Tab**
  - Carrier contact information, provider links, carrier portal links and apps, ID card instructions, and specific carrier plan information
  - Dependent Audit Information
  - Resource Documents - Certificates, Plan Summary/SBCs and Carrier flyers on the various programs available to you
- **Provider Sites** – quick links to all carrier sites to find a provider
- **Miscellaneous Tab** includes Cost Savings Tools, Personal & Financial Calculators and Legislation Notices information
- **Wellbeing & Engagement Tab** - Overview of Wellbeing Program with Julie Moore along with resources
- **Life Events Tab** describes the different qualifying life events which would allow you to make mid-year changes outside of the annual enrollment
- **WebMD Tab** includes current articles about health and wellbeing
- **Discount Programs Tab** includes access to various discount programs available to you.

Click the link and  
choose a tab

<b>Home</b> <ul style="list-style-type: none"> <li>Open Enrollment Information</li> <li>PlanSource Link &amp; Guide</li> <li>Carrier Contact Information</li> </ul>	<b>Benefits</b> <p>Separate sections for:</p> <ul style="list-style-type: none"> <li>Medical</li> <li>Teladoc</li> <li>Dental</li> <li>Vision</li> <li>EAP</li> <li>Life</li> <li>FSA</li> </ul>
<b>Miscellaneous</b> <ul style="list-style-type: none"> <li>Cost Savings Tools</li> <li>Personal and Financial Calculators</li> <li>Notices</li> </ul>	<b>Wellbeing &amp; Engagement</b> <ul style="list-style-type: none"> <li>Overview of Program</li> <li>Physical-Preventive Screening Form</li> <li>Healthy Living Resources</li> </ul>

Click on link to access the website:

[Allen County Schools Health Plan Benefits Portal](#)

Home Benefits Provider Sites Miscellaneous Wellbeing & Engagement Life Events Resources WebMD Discount Programs

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