

2021 Individual HMO Plan Highlights

Find the Health Plan That is Right for You



MEDICAL MUTUAL®

HMO Plan Highlights

Explore Your Health Insurance Options

Individual Market (On-Exchange)

If you qualify for a subsidy, choose from these plans. The values below are for in-network services only.¹ Services received outside of the network are not covered, except for emergency services. Please see the following page for disclaimers and footnotes.

Plan Name	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket ³ (Single/Family)	Office Visit Copay (PCP/Spec./UC)	ER Copay ⁵	Prescription Drugs (Generic/Pref. Brand/ Non-Pref. Brand+Spec.)
MedMutual Market HMO 2000	\$2,000/\$4,000	20%	\$8,500/\$17,000	\$25/\$75/\$75	\$300	\$20/\$40/50% 30-day supply ⁶
MedMutual Market HMO 3000	\$3,000/\$6,000	30%	\$8,500/\$17,000	\$30/\$90/\$90 ⁷	\$350/30%	\$30/\$60/50% 30-day supply ⁶
MedMutual Market HMO 3000 (200% – 250% FPL) ²	\$2,750/\$5,500	30%	\$6,800/\$13,600	\$25/\$75/\$75 ⁷	\$350/30%	\$30/\$60/50% 30-day supply ⁶
MedMutual Market HMO 3000 (150% – 200% FPL) ²	\$650/\$1,300	10%	\$2,500/\$5,000	\$20/\$60/\$60 ⁷	\$350/10%	\$30/\$60/50% 30-day supply ⁶
MedMutual Market HMO 3000 (139% – 150% FPL) ²	\$100/\$200	10%	\$600/\$1,200	\$15/\$45/\$45 ⁷	\$350/10%	\$30/\$60/50% 30-day supply ⁶
MedMutual Market HMO 4000 HSA⁴	\$4,000/\$8,000	30%	\$7,000/\$14,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual Market HMO 4000 HSA (200% – 250% FPL) ^{2,4}	\$2,800/\$5,600	30%	\$4,500/\$9,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual Market HMO 4000** (150% – 200% FPL) ²	\$500/\$1,000	30%	\$2,000/\$4,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual Market HMO 4000** (139% – 150% FPL) ²	\$300/\$600	30%	\$700/\$1,400	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual Market HMO 6500	\$6,500/\$13,000	30%	\$8,500/\$17,000	\$30/\$60/\$60	\$350/30%	\$15/\$45/50% 30-day supply ⁶
MedMutual Market HMO 6500 (200% – 250% FPL) ²	\$5,800/\$11,600	30%	\$6,800/\$13,600	\$30/\$60/\$60	\$350/30%	\$15/\$45/50% 30-day supply ⁶
MedMutual Market HMO 6500 (150% – 200% FPL) ²	\$1,000/\$2,000	30%	\$2,300/\$4,600	\$15/\$30/\$30	\$350/30%	\$15/\$45/50% 30-day supply ⁶
MedMutual Market HMO 6500 (139% – 150% FPL) ²	\$300/\$600	30%	\$700/\$1,400	\$5/\$10/\$10	\$350/30%	\$15/\$45/50% 30-day supply ⁶
MedMutual Market HMO 5850 HSA⁴	\$5,850/\$11,700	30%	\$7,000/\$14,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual Market HMO 7000 HSA⁴	\$7,000/\$14,000	0%	\$7,000/\$14,000	Deductible	Deductible	Deductible
MedMutual Market HMO 8500	\$8,500/\$17,000	0%	\$8,500/\$17,000	Deductible	Deductible	Deductible
MedMutual Market HMO \$0 Deductible⁸	\$0/\$0	50%	\$8,500/\$17,000	\$50/\$90/\$90	\$2,500	\$25/\$200/50% after ded. 30-day supply
MedMutual Market HMO Young Adult Essentials	\$8,550/\$17,100	0%	\$8,550/\$17,100	\$40/Deductible ⁷	Deductible	Deductible

Individual Market (Off-Exchange)

Plans sold off the exchange do not qualify for a subsidy. The values below are for in-network services only.¹ Services received outside of the network are not covered, except for emergency services. Review the chart on the back to see the networks available in your county.

Plan Name	Deductible* (Single/Family)	Coinsurance	Maximum Out of Pocket ³ (Single/Family)	Office Visit Copay (PCP/Spec./UC)	ER Copay ⁵	Prescription Drugs (Generic/Pref. Brand/ Non-Pref. Brand+Spec.)
MedMutual HMO 3000	\$3,000/\$6,000	30%	\$8,500/\$17,000	\$30/\$90/\$90 ⁷	\$350/30%	\$30/\$60/50% 30-day supply ⁶
MedMutual HMO 4000 HSA⁴	\$4,000/\$8,000	30%	\$7,000/\$14,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual HMO 6500	\$6,500/\$13,000	30%	\$8,500/\$17,000	\$30/\$60/\$60	\$350/30%	\$15/\$45/50% 30-day supply ⁶
MedMutual HMO 5850 HSA⁴	\$5,850/\$11,700	30%	\$7,000/\$14,000	Deductible/30%	Deductible/30%	Deductible/30% 30-day supply
MedMutual HMO 7000 HSA⁴	\$7,000/\$14,000	0%	\$7,000/\$14,000	Deductible	Deductible	Deductible
MedMutual HMO 8500	\$8,500/\$17,000	0%	\$8,500/\$17,000	Deductible	Deductible	Deductible
MedMutual HMO \$0 Deductible⁸	\$0/\$0	50%	\$8,500/\$17,000	\$50/\$90/\$90	\$2,500	\$25/\$200/50% after ded. 30-day supply

- Prescription drug coverage will be subject to the Medical Mutual High Performance formulary. Please visit [MedMutual.com/2021drugs](https://www.medmutual.com/2021drugs) to view the 2021 formulary.
- There will be a child-only plan (up to age 21) for each of the metal plans. For the child-only HSA plans, only children ages 18 to 21 who are not a tax dependent can open an HSA account.
- For each metal plan offered on the exchange, there will be a corresponding American Indian plan available.
- Specialty drugs will have a 30-day supply limit for all products and must be filled at a contracted specialty pharmacy.
- Young Adult Essentials is offered to individuals under the age of 30 years old as well as individuals with financial hardship circumstances as defined by the federal government.
- Pediatric dental services are covered at 100% with no cost share for all plans.

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

1. In-network services include providers, hospitals and facilities where Medical Mutual has negotiated rates for the designated networks.
2. Members may be eligible for the cost-share subsidy plan designs. The federal government determines eligibility based on household size, income and Federal Poverty Level (FPL) of the applicant.
3. Maximum out-of-pocket includes deductibles, copays and coinsurance.
4. Health Saving Accounts (HSAs) are investment accounts that can be drawn from to pay out-of-pocket healthcare expenses.
5. Non-emergency use of the emergency room is not covered.
6. The retail copay for the non-preferred brand and specialty tiers is 50 percent up to a \$350 maximum per script. Mail-order copay for non-preferred brand is 50 percent up to a \$1,050 maximum per script. Specialty drugs will have a 30-day supply limit and are subject to a 50 percent coinsurance up to a \$350 maximum per script. The copay for mail-order generic, preferred and non-preferred brand drugs is three times the retail amount.
7. There is an in-network office visit copay limit of three per year. The following provider specialties are combined in the office visit copay limit max: PCP, specialists and urgent care visits; the copay is applied and the balance is paid at 100 percent up to the visit max denoted. Once the visit limit is met, additional visits are subject to deductible and coinsurance (if applicable for that product design). The MedMutual Market HMO Young Adult Essentials plan, has an office visit copay limit applied to PCP providers only.
8. This plan includes a separate drug deductible of \$5,500 for single and \$11,000 for family plans.

* All plans have an embedded deductible. Any combination of family members may satisfy the family deductible. However, if one family member meets his/her individual deductible, services will begin to pay for that particular family member. Any combination of family members may satisfy the family out of pocket, and services will begin to pay at 100 percent. However, if one family member meets his/her individual amount, services will begin to pay at 100 percent for that particular family member.

** This plan does not qualify as an HSA product.



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

MedMutual.com

Medical Mutual Networks

Medical Mutual offers Health Maintenance Organization (HMO) plans in various counties. An HMO plan provides you access to certain doctors and hospitals within its network. A network is made up of providers who have agreed to lower their rates for plan members and meet quality standards. If you use an out-of-network provider, you will not be covered for services, except for emergency care.

The table below lists the HMO networks and the counties where they are available to residents. Counties listed in bold are new to their network.

HMO network	Counties where available to residents
Adena HMO (On-Exchange and Off-Exchange)	Fayette, Highland, Jackson, Pike, Ross, Vinton
Dayton HMO (On-Exchange and Off-Exchange)	Clinton , Darke, Greene, Miami, Montgomery, Preble, Shelby , Warren
Mercy HMO (On-Exchange and Off-Exchange)	Allen, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Columbiana, Defiance, Erie, Fulton, Hamilton, Hancock, Henry, Huron, Lorain, Lucas, Mahoning, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Trumbull, VanWert, Williams, Wood, Wyandot
Northeast Ohio HMO (On-Exchange and Off-Exchange)	Ashland, Ashtabula, Carroll , Cuyahoga, Geauga, Holmes , Lake, Lorain, Medina, Portage, Stark, Summit, Tuscarawas , Wayne
OhioHealth HMO (On-Exchange and Off-Exchange)	Athens, Coshocton, Crawford, Delaware, Fairfield, Franklin, Hardin, Hocking, Knox, Licking, Madison, Marion, Morrow, Pickaway, Richland, Union