



MEDICAL MUTUAL®



Small Group Benefits

HEALTHCARE COVERAGE





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We understand you want to provide high-quality health benefits to your employees. Medical Mutual has been a trusted insurer for more than 80 years and we're here to help you navigate the process. Our new plans are compliant with the Affordable Care Act (ACA) and offer plenty of options to meet your needs.



What the ACA Means to You

The ACA was signed into law on March 23, 2010. While you have already seen several provisions put into action, significant components took effect in 2014. Small groups like yours will see several benefit changes and be faced with a number of critical decisions.

Here is a partial list of the most important ACA provisions affecting you. You can find additional definitions on page 18.

Essential Health Benefits

The ACA defines 10 broad categories of Essential Health Benefits (EHBs), which insurers must include with all small group fully insured plans. Each state defines its own EHBs and a full list for Ohio is available on MedMutual.com.

Marketplace (public exchange)

The ACA requires each state to have an insurance marketplace where small group employers can shop for health plans. The Small Business Health Options Program (SHOP) Marketplace is a public exchange run by the government. Varieties of plans are available both on and off the SHOP.

Federally Mandated Fees

Starting on January 1, 2015, the following fees will be associated with all employer-sponsored small group plans:

- Patient Centered Outcomes Research Institute (PCORI)
- Reinsurance
- Risk adjustment
- Market share
- Public exchange: For plans sold on the SHOP, a portion of this fee is applied to all small group plans

Note: Fees will appear on your monthly invoice.

Elimination of Annual Dollar Limits

For plan years beginning on or after January 1, 2014, no plan can impose annual dollar limits on overall benefits or Essential Health Benefits for any member.

Modified/Adjusted Community Rating

For plan years beginning on or after January 1, 2014, health insurers can only vary premiums for non-grandfathered small groups based on family size (individual or family), geography (rating area), age (within a ratio of 3:1 for adults) and tobacco use (within a ratio of 1.5:1).

Limitation on Waiting Periods

For plan years beginning on or after January 1, 2014, plans generally can't have a waiting period that exceeds 90 calendar days.

Pre-existing Health Conditions Coverage

For plan years beginning on or after January 1, 2014, no plan can deny claims based on pre-existing health conditions.

Maximum Out-of-Pocket Expenses

For plan years beginning on or after January 1, 2015, all non-grandfathered plans must limit out-of-pocket expenses for each employee to no more than \$6,600 for single coverage and \$13,200 for family coverage. This limit only applies to costs associated with in-network services that qualify as Essential Health Benefits.





Advantages of Providing Health Benefits

While the ACA requires all individuals to have health coverage or pay a penalty, you still have a choice when it comes to your employees. There are several good reasons to offer health benefits:

- Attract and retain valuable employees
- Healthier and more productive employees
- Tax deductions on healthcare premiums and federally mandated fees
- You may qualify for the Small Business Health Care Tax Credit

A variety of factors will influence your decision, but you should consider the questions on page 5.

Are you a small group employer?

ACA provisions apply differently to small and large group employers. To be considered a small group employer on the SHOP, you must have fewer than 50 employees, which includes full-time and full-time equivalent (FTE) employees. The number of FTE employees is calculated using anyone you employ who works fewer than 30 hours per week on average.

Here is how to calculate your FTEs:

Step 1

Add total hours of service for all employees who worked less than 30 hours per week for the month. (Total per employee should not exceed 120 hours worked that month.)

▪ Hourly employees

Calculate actual hours of service from records of hours worked and hours for which payment is made or due for vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

▪ Non-hourly employees

Use one of the following methods:

1. Count actual hours of service (as in the case of employees paid on an hourly basis) from records of hours worked and hours for which payment is made or due for vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.
2. Use a “days-worked equivalency” method whereby an employee is credited with eight hours of service for each day the employee is required to work or is credited/paid.
3. Determine number of full weeks (40 hours per week) an employee has worked. Include paid time off in terms of weeks worked. Exclude any unpaid leaves. Multiply number of weeks by 40 to calculate the hours credited to that employee.

Step 2

Divide total hours of service for the month by 120.

Step 3

Add total number of full-time equivalent employees to number of full-time employees. If this equals fewer than 50 employees, you qualify as a small group employer under federal law. (**Note:** There may be an exception if your total employee count includes seasonal employees).

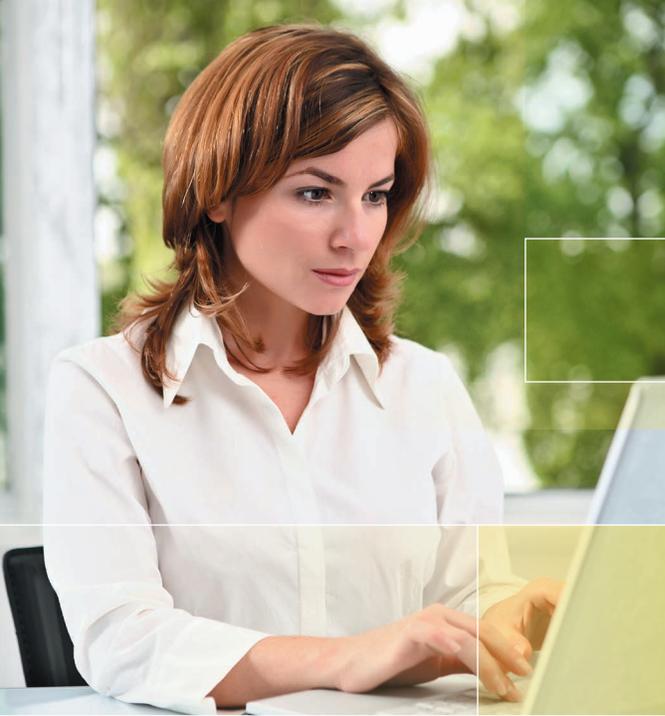
Are you eligible for a tax credit?

If you provide health insurance coverage to employees, you may qualify for the Small Business Health Care Tax Credit. If you have fewer than 25 total employees based on the calculation above, complete the following chart to calculate the average annual wages of employees (don't count owners or family members).

1. Enter your total number of employees (from step 3 above).	
2. Enter the total annual wages paid to employees.	\$
3. Divide the amount in line 2 by the number in line 1.	\$

If the dollar amount in line 3 is less than \$50,000 and you pay at least half of the insurance premiums for your employees at the single (employee-only) coverage rate, you may be able to claim the Small Business Health Care Tax Credit if you buy insurance on the exchange.

For more information, visit www.IRS.gov/uac/Small-Business-Health-Care-Tax-Credit-for-Small-Employers.



Purchasing Coverage

Once you decide to offer coverage, the next step is to determine which type is best for your business. Working with you and your broker, Medical Mutual can provide ACA-compliant plans, as well as a wide range of plan designs and benefit options.

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Employers have several options for purchasing health insurance for 2015. In addition to our plans on the federal government's SHOP Marketplace, Medical Mutual offers small group employers options off the exchange.

Whether you choose to buy from the SHOP or directly from Medical Mutual, we're here to help.

Buying from Medical Mutual Marketplace (off the exchange)

To help you control the cost of providing health benefits, Medical Mutual can work with you to create a customized offering where your employees can choose from a list of ACA-compliant plans that you select.

Advantages for employers:

- More plan options
- Administrative support

Advantages for employees:

- Ability to keep group coverage
- Wide range of health plan options

Buying from the SHOP (public marketplace)

Small employers can buy Medical Mutual group coverage from the SHOP.

When you purchase coverage from the SHOP, you may qualify for a small business healthcare tax credit worth up to 50 percent of premium costs for commercial businesses and 35 percent for non-profit entities. The credit is limited to two years for both types of organizations. If you qualify, you are able to deduct the rest of your premium costs (that are not covered by the credit) from your taxes.

Coverage Options

Because every business and every employee has different needs, Medical Mutual offers a variety of coverage options. To choose the right plans for your employees, it's important to consider factors such as their annual medical expenses and how many prescriptions they purchase in a year.

The ACA defines four levels of metal plans to designate the level of coverage offered to small businesses. Each level signifies a range of actuarial values, or estimates, of how much a plan will pay of an average person's medical expenses. All plans, both on the SHOP and off the exchange, are ACA compliant.

Plans offered by Medical Mutual (off the exchange)

Note: For non-HSA compatible plans, the maximum out-of-pocket includes deductibles, coinsurance and copays, including those for prescription drug. Once employees reach this amount, Medical Mutual pays the remainder of the cost.

Gold 2000 HSA Aggregate MMRx	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	0%	50%
Coinsurance limit	\$0 Individual/\$0 Family	\$4,000 Individual/\$8,000 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$2,000 Individual/\$4,000 Family	\$8,000 Individual/\$16,000 Family

Gold 2520-1000 Rx ¹	In-Network	Non-Network
Deductible	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20%	50%
Coinsurance limit	\$4,000 Individual/\$8,000 Family	\$8,000 Individual/\$16,000 Family
Copay primary care	\$25	Deductible then Coinsurance
Copay specialist	\$50	Deductible then Coinsurance
Copay urgent care	\$50	Deductible then Coinsurance
Maximum out of pocket	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family

Gold 2520-2000 Rx ¹	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	20%	50%
Coinsurance limit	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family
Copay primary care	\$25	Deductible then Coinsurance
Copay specialist	\$50	Deductible then Coinsurance
Copay urgent care	\$50	Deductible then Coinsurance
Maximum out of pocket	\$3,500 Individual/\$7,000 Family	\$7,000 Individual/\$14,000 Family

Silver 1000 MMRx	In-Network	Non-Network
Deductible	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	30%	50%
Coinsurance limit	\$5,350 Individual/\$10,700 Family	\$10,700 Individual/\$21,400 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Silver 3530-2000 Rx¹	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	30%	50%
Coinsurance limit	\$4,350 Individual/\$8,700 Family	\$8,700 Individual/\$17,400 Family
Copay primary care ²	\$35	Deductible then Coinsurance
Copay specialist ²	\$70	Deductible then Coinsurance
Copay urgent care ²	\$70	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Silver 3000 HSA MMRx	In-Network	Non-Network
Deductible	\$3,000 Individual/\$6,000 Family	\$6,000 Individual/\$12,000 Family
Coinsurance (member cost)	0%	50%
Coinsurance limit	\$0 Individual/\$0 Family	\$6,000 Individual/\$12,000 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$3,000 Individual/\$6,000 Family	\$12,000 Individual/\$24,000 Family

Silver 4000 HSA MMRx (ES³ 350/700)	In-Network	Non-Network
Deductible	\$4,000 Individual/\$8,000 Family	\$8,000 Individual/\$16,000 Family
Coinsurance (member cost)	0%	50%
Coinsurance limit	\$0 Individual/\$0 Family	\$8,000 Individual/\$16,000 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$4,000 Individual/\$8,000 Family	\$16,000 Individual/\$32,000 Family

Silver 5000 HSA MMRx (ES⁴ 500/1000)	In-Network	Non-Network
Deductible	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family
Coinsurance (member cost)	0%	50%
Coinsurance limit	\$0 Individual/\$0 Family	\$10,000 Individual/\$20,000 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$5,000 Individual/\$10,000 Family	\$20,000 Individual/\$40,000 Family

Bronze 3000 MMRx	In-Network	Non-Network
Deductible	\$3,000 Individual/\$6,000 Family	\$6,000 Individual/\$12,000 Family
Coinsurance (member cost)	40%	50%
Coinsurance limit	\$3,350 Individual/\$6,700 Family	\$6,700 Individual/\$13,400 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Bronze 4040-5000 MMRx	In-Network	Non-Network
Deductible	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family
Coinsurance (member cost)	40%	50%
Coinsurance limit	\$1,350 Individual/\$2,700 Family	\$2,700 Individual/\$5,400 Family
Copay primary care ²	\$40	Deductible then Coinsurance
Copay specialist ²	\$80	Deductible then Coinsurance
Copay urgent care ²	\$80	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Bronze 5000 HSA MMRx	In-Network	Non-Network
Deductible	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family
Coinsurance (member cost)	20%	50%
Coinsurance limit	\$1,350 Individual/\$2,700 Family	\$2,700 Individual/\$5,400 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Notes

1. Drug Benefits

Retail: \$15 Generic, \$30 Formulary, \$90 Non-formulary, 50% up to \$350 Specialty Drugs, \$100 Oral Chemotherapy Drugs

Mail Order: \$45 Generic, \$90 Formulary, \$270 Non-formulary, 50% up to \$1,050 Specialty Drugs, \$300 Oral Chemotherapy Drugs

SuperScript:

-Network Pharmacy/Retail (30 day supply) Fourth Fill in 180 days: On the fourth fill within 180 days member will pay double the applicable copay or coinsurance .

-Generic Incentive Applies: If member or provider requests a brand-name drug when a generic equivalent exists, the member pays the generic copay PLUS the difference between the cost of the generic and brand-name drug.

2. Copays: Three visits with copay limit is combined for Primary Care Physician, Specialist and Urgent Care visits. Coinsurance after deductible when the 3 visits are satisfied.

3. Employer Share: Employer is required to contribute \$350 (Individual) and \$700 (Family) into each eligible employee's HSA annually.

4. Employer Share: Employer is required to contribute \$500 (Individual) and \$1,000 (Family) into each eligible employee's HSA annually.

Plans offered on the SHOP (public marketplace)

Note: For the option which is not HSA compatible, the maximum out of pocket includes deductibles, coinsurance and copays, including those for prescription drug. In addition, one plan includes a maximum dollar amount the member pays for specialty drugs. Once your employees reach this amount, Medical Mutual pays the remainder of the cost.

Market Gold 2000 HSA Agg. w/ MMRx	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	0%	50%
Coinsurance limit	\$0 Individual/\$0 Family	\$4,000 Individual/\$8,000 Family
Copay primary care	Deductible then Coinsurance	Deductible then Coinsurance
Copay specialist	Deductible then Coinsurance	Deductible then Coinsurance
Copay urgent care	Deductible then Coinsurance	Deductible then Coinsurance
Maximum out of pocket	\$2,000 Individual/\$4,000 Family	\$8,000 Individual/\$16,000 Family

Market Silver 3530-2000 Rx⁵	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	30%	50%
Coinsurance limit	\$4,350 Individual/\$8,700 Family	\$8,700 Individual/\$17,400 Family
Copay primary care ⁶	\$35	Deductible then Coinsurance
Copay specialist ⁶	\$70	Deductible then Coinsurance
Copay urgent care ⁶	\$70	Deductible then Coinsurance
Maximum out of pocket	\$6,350 Individual/\$12,700 Family	\$12,700 Individual/\$25,400 Family

Notes

5. Drug Benefits

Retail: \$15 Generic, \$30 Formulary, \$90 Non-formulary, 50% up to \$350 Specialty Drugs, \$100 Oral Chemotherapy Drugs

Mail Order: \$45 Generic, \$90 Formulary, \$270 Non-formulary, 50% up to \$1,050 Specialty Drugs, \$300 Oral Chemotherapy Drugs

6. Copays: Three visits with copay limit is combined for Primary Care Physician, Specialist and Urgent Care visits. Coinsurance after deductible when the 3 visits are satisfied.

Additional Benefits

Prescription Drug Benefits

Prescription drug benefits are included with every plan we offer. We partner with Express Scripts, our pharmacy benefits manager, to offer integrated solutions with more than 50,000 network providers for each of our clients. We make sure your employees receive the care and attention they deserve by:

- Coordinating and integrating care with other clinical areas
- Encouraging the use of formulary drugs (a formulary is a list of preferred brand-name and generic medications for which members pay a lower out-of-pocket charge)
- Offering prescription drug benefit consultations
- Providing online tools to view both medical and prescription drug claims
- Making sure high-cost specialty drugs are managed consistently, regardless of whether they are administered as part of medical services or through a prescription



Through integration, we help enhance members' care experience, an essential part of improving their health. We effectively deliver a prescription drug benefit that balances quality care with total healthcare costs, which is especially important when managing chronic and/or complex conditions. Administration is easy for both members and plan sponsors.

Dental Benefits

Because we partner with DenteMax, a national dental network, your employees will have access to an extensive network of general practitioners, periodontists, prosthodontists, orthodontists and oral surgeons. Pediatric dental coverage is an Essential Health Benefit and is required for all covered dependents up to age 19.

Vision Benefits

Offer your employees comprehensive, hassle-free vision benefits at the right price with Medical Mutual. Our plans provide coverage that includes eye exams, eyeglass lenses, frames and contact lens benefits through an expansive network of participating EyeMed provider locations. Pediatric vision coverage is an Essential Health Benefit and is included with all ACA-compliant medical plans.

Life Insurance Benefits

Medical Mutual wants to make sure your employees and their loved ones are financially prepared in the event of an untimely or unexpected death. With our group term life insurance plans, you can provide coverage based on salary or a flat benefit amount. These benefits are offered through Consumers Life Insurance Company, a subsidiary of Medical Mutual.



Health Savings Accounts

Health Savings Accounts (HSAs) allow employees greater choice and flexibility when managing their healthcare dollars. HSAs are available to employees enrolled in a qualified high-deductible health plan. Most of these plans will offer lower monthly premiums and cover a wide range of benefits.

Employees can use an HSA to make tax-free contributions for qualified medical expenses. Those expenses count toward the plan's deductible (e.g., \$3,000). When employees don't use their HSA contributions to pay for medical expenses, the funds roll over and accumulate year over year.

The Internal Revenue Service limits how much can be contributed annually to an HSA. In 2015, the limit is \$3,350 for single coverage and \$6,650 for family coverage.

Note: To ensure ACA compliance and avoid financial penalties, employers should contact Medical Mutual before contributing funds to their employees' HSAs.

HSA Administration

We provide multiple HSA solutions to bring you quality plan administration. Contact your broker or Medical Mutual Service Representative to learn more.

Flexible Spending Accounts

Flexible spending accounts (FSAs) allow your employees to put a portion of each paycheck into an account before paying income taxes. Depending on the FSA, employees can be reimbursed for expenses related to healthcare, work-related transportation and dependent daycare.

With a flex account, your employees can save on federal income tax, state and local taxes (where applicable) and Social Security tax (for salaries below the maximum Social Security wage base). Medical Mutual offers several flex account options to meet the needs of your employees:

- **Medical FSAs:** Allows employees to set aside a portion of their paycheck on a pre-tax basis and place it into an account to pay for qualified medical expenses.
- **Child daycare, elder care and adult daycare account options:** For dependent children under age 13 or dependent adults who cannot care for themselves.
- **Adoption assistance accounts:** For expenses directly related to a legal adoption, such as application fees, court costs and legal bills.
- **Commuter benefit accounts:** For parking or public transportation expenses related to commuting to and from work.

FSA Contribution Limits

The ACA limits the amount employees can contribute to medical FSAs for any year to \$2,550, subject to cost-of-living adjustments. The IRS sets rules for what happens to unused funds at the end of the plan year. You decide whether your employees have to forfeit the funds or can carry over up to \$500 into the next plan year. Employees who have a health savings account (HSA) are prohibited from keeping funds in a medical FSA.





Preventive Care

When you prevent illness, it helps reduce your healthcare costs. Preventive care is one of the most important steps your employees can take to manage their health. Routine preventive care can identify and address risk factors before they lead to illness.

When your employees receive preventive care services from a provider in our network, they are covered with no cost sharing. That means employees will not be charged a copay, coinsurance or deductible. However, out-of-network charges may apply if the services are performed by a non-network provider.

A preventive care visit may include a complete physical exam, vaccines to prevent disease, cancer screening tests and certain lab tests. Primary care providers will also discuss actions your employees can take to improve their health.

The list of covered preventive services is subject to change based on federal and state regulations. However, most fall into one of these broad categories:

- Preventive physical exams and screening tests (e.g., diabetes, cholesterol, high blood pressure and sexually transmitted diseases)
- Immunizations (e.g., hepatitis, shingles, influenza and chicken pox)
- Counseling and education interventions (e.g., diet and nutrition, disease prevention and alcohol or drug abuse)
- Women's services (e.g., contraception, prenatal services, breast cancer screenings and well-woman visits)

Focus on Health and Wellness

Medical Mutual offers a comprehensive suite of programs designed to promote healthy lifestyle behaviors. Through our wellness programs, your employees can better understand their health, identify risk factors for disease and make positive changes to improve their well-being.

Health Assessment

Completing this assessment can help your employees understand their overall health and identify risk for certain chronic diseases. Based on the results, employees can receive a personalized set of recommended behavior changes to improve their overall health. Aggregate reporting is also available to help determine appropriate wellness programs to address risk within your employee population.

Health Resource Center

Through the Health Resource Center, your employees can watch videos designed to teach them how to eat healthier, be more active or quit smoking. They can also access interactive tools and quizzes, a searchable health encyclopedia and a symptom checker tool to determine what's holding them back from optimum health.

Health Promotion Mailings

Based on your employees' records of healthcare activity (e.g., claims, prescriptions, Health Assessment results), they will receive educational materials about medical conditions and lifestyle issues, missed services and recommended preventive screenings.

Healthy Outlooks Newsletter

This publication offers in-depth articles on a wide variety of important health issues, provides consumer health plan education and gives tips for accessing services available through Medical Mutual.

Personal Health History

Your employees are able to review and search their own confidential, interactive, electronic medical history report.

Fitness Discounts

Your employees can save money on memberships to local and national fitness clubs through our Fitness Discounts Program.

QuitLine Program

Our QuitLine is available to help tobacco users give up the habit for good by providing one-on-one coaching, a personalized quit plan and educational materials. In addition, nicotine replacement therapy is available to maximize their chances of quitting.

Weight Watchers Reimbursement

To help employees reach their health and weight goals, we offer a special reimbursement for completing a Weight Watchers meeting series. Covered employees and their dependents age 10 and older can participate in At Work or Local (community) Meetings and are reimbursed up to \$150 of their registration fees per calendar year based on attendance.

Walking for Wellness Program

For the basic walking program, Medical Mutual provides an overview and helpful materials, such as personal walking logs, to get your employees moving.



Tools and Resources

As your healthcare partner, Medical Mutual offers online tools to make managing health insurance easy for you and your employees.

EmployerLink

With EmployerLink, you can quickly take care of your day-to-day health management duties:

- Add/cancel employees
- Change personal and dependent information
- Order ID cards
- Pay your monthly bill
- View certificate books

My Health Plan

With our secure, members-only website, covered employees can manage their health benefits from the convenience of their computer. In addition to using our Find a Provider tool and My Care Compare, members can use My Health Plan to:

- View plan benefits and claims information
- Reference Explanation of Benefits statements
- Compare provider and treatment costs

Mobile App for iPhone and Android Devices

With the MedMutual mobile app, your employees can use their health plan more effectively wherever they go. The app allows members to:

- Access their ID card from their phone and email or fax it to their healthcare providers
- Find in-network doctors, hospitals and urgent care facilities and get directions to the nearest location

Paperless Options

Employees can store their health information online in a safe, convenient location and sign up to receive alerts when new Explanation of Benefits statements or Summary of Benefits and Coverage documents are available. Other benefits of going paperless include:

- Fast and safe access to online claims information (for up to two years)
- Protection against identity theft and mail fraud
- Less paper clutter and less environmental impact

Why Medical Mutual?

A trusted insurer for more than 80 years, Medical Mutual is the oldest and largest insurance company headquartered in Ohio. Based in Cleveland, we have sales, service and information technology offices in nine locations across the state. We serve more than 1.5 million members with 2,300 Ohio-based employees, who pride themselves on their service to our customers and communities.



We're a mutual company—and we work for you

As a mutual health insurance company, Medical Mutual is owned and operated for the benefit of our members, with products and services designed and priced in your best interest. Unlike publicly traded insurance companies that must operate to maximize their financial return, we don't answer to stockholders and Wall Street analysts.

Ohio's largest network of doctors and hospitals

Your employees may have specific doctors they want to see. Our network of providers is the largest in Ohio, giving your employees access to nearly every healthcare professional in Ohio and 99 percent of the hospitals. We partner with national network providers to make sure our members are covered—even when they travel. Your employees can access our entire network, whether you buy on the SHOP, through our private marketplace or through a broker.

Local customer service, just a phone call away

Most of our employees work and live in Ohio—just like yours. So we're equipped to service the specific needs of your business. Our Customer Care department handles thousands of calls a day, providing prompt response to customer needs and questions. Nearly 95 percent of our calls are resolved during the initial contact. We also process thousands of claims each day, with 99 percent accuracy.

Giving back to the communities we serve

We invest in your communities, because they are our communities, too. Medical Mutual is dedicated to improving the quality of life in the communities we serve by supporting non-profit and charitable organizations. Every year, our employees contribute thousands of hours as volunteers for community events and initiatives focusing on health, wellness, education and many other worthwhile causes.

Our employees are your customers

As our customer, you are automatically enrolled in Medical Mutual's employee incentive program called Mutual Appreciation. The program encourages our employees to shop with our customers. Employees have supported the program with more than \$40 million in purchases from our customers in just a few years. We have many examples of employees taking the extra time to patronize a Medical Mutual customer.

Additional ACA Terminology

It's important to be familiar with the terminology surrounding the ACA to make sure you understand what is covered for your employees and how much it will cost. Here are a few more brief definitions.

Federal Poverty Level

Annual guideline for how poverty is measured in the United States. In 2015, the federal poverty level is set at \$24,250 (total yearly income) for a family of four and \$11,770 for an individual.

Grandfathered Plan

Any health plan that already existed when the ACA was signed into law on March 23, 2010. Increases in benefit levels can be made to adjust for medical inflation without affecting grandfathered status.



Guaranteed Availability

The ACA requires issuers to offer coverage without regard to pre-existing conditions.

Guaranteed Renewability

Carriers must renew coverage or continue it in force at the option of the plan sponsor.

Lifetime Limits

The ACA prohibits a health plan from establishing lifetime dollar limits.

Preventive Care Services

Healthcare that emphasizes the early detection, prevention and treatment of disease (see page 14).

Qualified Health Plan (QHP)

QHPs are health plans that are certified through the online marketplace as providing the Essential Health Benefits package and being provided by an insurer that agrees to certain standards as required by the ACA. Any plan on the Marketplace must be a QHP.

For more information about the provisions of the ACA, visit MedMutual.com/reform.





MEDICAL MUTUAL®
2060 East Ninth Street
Cleveland, OH 44115-1355

MedMutual.com