MEDICAL MUTUAL OF OHIO (MMO)

At Medical Mutual, we have a long-standing commitment to help our members get the care they need by giving them access to high-quality healthcare, a large network of doctors and hospitals, and a wide range of health programs. As the oldest and largest health insurer in Ohio, with headquarters in Cleveland, we have a long history with the City of Cleveland's employees. We take pride in serving our members and the Ohio communities where they live and work.

SuperMed Plus PPO provides a broad network of hospitals. Using in-network providers within the SuperMed Plus PPO network optimizes savings for City of Cleveland members. Our SuperMed Plus network includes both the Cleveland Clinic and University Hospital health care systems, MetroHealth, Summa Health System, Akron General Medical Center, Mercy Regional Medical Center, all major hospitals in the Greater Cleveland area, and many other Ohio hospitals.

Nationwide Coverage: Many of our customers have employees located throughout the country. That's why Medical Mutual members have access to the Aetna Open Choice PPO network when they live, travel or spend a significant time outside of the Medical Mutual SuperMed PPO service area.

Online Access: My Health Plan is a quick, easy and secure way to access Medical Mutual's resources. Navigate to www.MedMutual.com/Member to view your claims, deductible and out-of-pocket accumulations, view coverage information, and estimate costs for common health care services using My Care Compare. Our mobile app allows you to check your claims and deductibles, look up providers, access your identification (ID) card, and compare treatment costs with the My Care Compare tool. Search MedMutual and download the app in the App Store or Google Play.

Finding Providers: You can find information about providers using the Find a Provider tool on My Health Plan at www.MedMutual.com/FindADoctor or by using the MedMutual mobile app.

Use your phone to scan the QR Codes to Download the Apps:

Apple Store App Download

Google Play App Download

Provider Lookup QR Code

Value Added Features: As a Medical Mutual member, we offer:

Chronic Condition Programs help you meet your specific needs and manage ongoing medical conditions. Eligible conditions for this program include asthma, COPD, coronary artery disease, diabetes and heart failure. Core program benefits include: Individualized self-management plans using clinical practice guidelines; proactive health coaching calls; referrals to community resources or the Medical Mutual Case Management program for asthma and COPD self-management tools at no additional cost; and essential diabetic testing supplies, also at no additional cost. MMO's Chronic Condition coaches are available at **800-861-4826.**

WEBSITE:
www.medmutual.com

MOBILE APP:
MedMutual

TOLL FREE:
MedMutual
1-800-524-9820

MEDICAL MUTUAL OF OHIO (MMO)

WW (formerly Weight Watchers):

Did you know that Medical Mutual of Ohio (MMO) members save almost 50 percent off the regular cost of WW memberships? You can choose from digital (web-based) or Digital+ Studio (formerly Meetings) programs to help achieve your health goals. For more information call **800-251-2583** any time, seven days a week and leave a detailed message or visit www.MedMutual.com/WeightWatchers.

24-Hour Nurse Line:

When you experience chest pain, major burns, severe injuries, and other life-threatening conditions, always call 9-1-1. However, if you go to the emergency room for other issues that are not life threatening such as pink eye, bladder infection, ear infection, allergies, an itchy rash, etc., it could be more costly to you.

If you're ever unsure if you should use urgent care, Express Care Online, or the emergency room, we urge you to call **MMO's Nurse Line at 888-912-0636.** This is a medically staffed phone line you can call 24/7 with questions and guidance to the appropriate site of care.

Diabetes:

At no cost to you or you covered loved ones, by participating in Medical Mutual's Diabetes program, you may also receive up to 100 percent off covered essential diabetes testing supplies (e.g. meters and supplies). There is no out-of-pocket cost for program participation, and the program provides education and support from a health coach and phone sessions with a dietician or diabetic educator. **Call 800-861-4826 and select option 2 to check eligibility and enroll.**

Tobacco QuitLine:

As part of the health plan, you have access to Medical Mutual's QuitLine program to get one-on-one coaching, personalized plan and educational materials with no out-of-pocket cost to you. You may even qualify for nicotine patches or gum at no cost. **Learn more by calling 866-845-7702.**

Express Care Online

Cleveland Clinic's telemedicine service is online medical care built for the way we live today. It's simple, affordable service that lets you see a caregiver whenever, and wherever you want 24 hours a day, online or by mobile app. Once you're connected, a healthcare provider can review your medical history, diagnose, treat, or refer, and even prescribe medication. From your smartphone or tablet: Visit clevelandclinic.org/eco or download the Express Care app from the Apple App Store or Google Play. From your computer: **Visit clevelandclinic.org/eco**

Use your phone to scan the QR Codes to Download the Apps:

Express Care Online Telemedicine QR Code

ANTHEM

As one of the largest health plans in the country, and proud to serve Ohio for 80 years, it is our privilege to continue to serve you! With that comes the following programs/services available to the City of Cleveland employees:

Biggest Network in Ohio with over 12,000 primary care physicians, 173 hospitals, 54,000 specialists.
Access anywhere you go - If you're outside the U.S., you can use the Blue Cross Blue Shield Global Core Program. It gives you access to doctors and hospitals in 190+ countries and territories around the world.

Diagnostic Services (Lab, X-Ray, Advanced Imaging) - As part of your Blue Access PPO benefit, members may receive diagnostic tests associated with an office visit or urgent care visit at no additional charge when billed as a "referral lab." This includes x-rays, blood work, CAT, PET, MRI scans, and non-maternity related ultrasounds. (Please note this does not apply to pre-admission testing, outpatient surgery lab work, inpatient lab work, and other diagnostics to which costs must apply toward the deductible first).

Outpatient Therapy Services – The Blue Access PPO plan provides 20 visits per plan year.

Allergy Testing and Injections – In-network allergy testing and injections for the cost of a copay.

Preventive Care / Screening / Immunization – In-network services at no cost to you.

Anthem Health Guide – More than customer service. Our health guides will work closely with providers, health coaches, social workers to provide personalized and consultative support to you and your family.

Enhanced Personal Health Care doctors go above and beyond for you. Your new health champion will help coordinate your overall health care to avoid gaps in care.

Sydney Health is Anthem's mobile app. Sydney Health is a fully integrated digital platform and provides a ***simple experience*** for members to access their benefits and stay engaged with their health and wellbeing. Some of the features are (also available via anthem.com):

- Find Care
- MyHealth Dashboard
- See all Anthem Benefits
- View Claims
- My Family Health Record
- Interactive Chat Feature
- Digital ID Cards
- Health Risk Assessment
- Sync Fitness Trackers

Virtual Primary Care – Includes Symptom Checker, K-Chat, Telemedicine (LiveHealth Online) for low intensity medical needs and behavioral health support.

Emotional Wellbeing Resources - This online and mobile mental health self-help resource is evidence-based and uses clinically proven models, to help people manage their behavioral health symptoms. Personalized self-paced cognitive behavioral therapy lessons, coaching options via phone, email and text at no additional cost, webinars, peer support, and a community board are some of the available options.

Anthem Skill - Access Anthem benefit info through an Alexa enabled device or mobile app.

LiveHealth Online (Telemedicine) – Video consultations available 24/7/365 with a network provider for medical and behavioral health. Available to Anthem and non-Anthem members.

ANTHEM

Emergency Room Alternatives – When you're looking for care in a hurry, you want to receive it safely and quickly. If it's not a life-threatening emergency and your doctor isn't available, you have other options. Call 24/7 NurseLine, Have a video visit, visit a Retail health clinic, Walk-in doctor's office, Urgent Care center.

Cancer Care Quality Program – Telephonic outreach to members and their families with cancer diagnosis to provide nurse support.

Case Management, Medical & Behavioral Health - Telephonic outreach to members receiving inpatient care to provide nurse support.

Transplant Services provides telephonic outreach to members preparing for organ transplant and includes nurse support.

Utilization Management, Medical & Behavioral Health - Medical necessity evaluation for services, procedures & facilities.

Future Moms with Live Health Online Lactation Support - Sign up for free for help through this exciting life journey. When your baby arrives, you can also have a free video visit with a certified lactation consultant.

ConditionCare (Disease Management program) – Support for you and covered dependents with asthma (pediatric or adult), COPD, CAD, diabetes types 1 and 2 (pediatric or adult), and heart failure.

24/7 Nurseline - 24/7 telephone access is available and staffed by registered nurses, who can answer health questions and guide members to affordable and appropriate care.

SpecialOffers@Anthem can be found in the discounts section after logging onto www.Anthem.com. Members can access discounts on products and services that help promote better health and well-being.

BCBS Global Core Program - Blue Cross Blue Shield's Global Core program assists Anthem members traveling or living outside of the United States, Puerto Rico and the U.S. Virgin Islands with obtaining medical care services.

COVID-19 Resources – You can assess your symptoms, find a testing center, find a vaccine, see a doctor from home, and more.

WEBSITE:
www.anthem.com

MOBILE APP:
Anthem-Sydney

TOLL FREE:
Anthem
1-844-940-1997

PLAN 1 (RATIFIED & NON-UNION) SUPERMED PLUS

MEDICAL MUTUAL®

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Deductible (Single/Family)	$750 / $1,500	$750 / $1,500
Coinsurance after Deductible	90% (after deductible)	70% (after deductible)
Coinsurance Maximum (Single/Family)	$1,500 / $3,000	$5,000 / $10,000
Medical Out-of-Pocket Maximums (Single / Family) Deductible + Copays + Coinsurance	$2,250 / $4,500	$5,750 / $11,500
Wellness/Preventive Care	Covered In Full	70% (after deductible)
Office Visit (Copay/Coinsurance)	$20 Per Visit - Primary Care $30 Per Visit - Specialist	70% (after deductible)
Emergency Use of an ER	$100 Copay, then 100% (copay waived if admitted)	
Non-Emergency Use of an ER	$100 Copay, then 90% (copay waived if admitted)	$100 Copay, then 70% (copay waived if admitted)
Urgent Care	$20 Per Visit	70% (after deductible)

CVS caremark®

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Prescription Drug: Retail (Generic / Preferred / Non-Preferred)	$10 Copay / $25 Copay / $40 Copay	Not applicable
Prescription Drug: 90-Day Supply by Mail Order or Maintenance Choice at CVS (Generic / Preferred / Non-Preferred)	$20 Copay / $50 Copay / $80 Copay	Not applicable
Pharmacy Out-of-Pocket Maximums (Single / Family)	$2,000 / $4,000	Not applicable

See what makes this plan different on page 10

Monthly Contribution Rates**

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	$107.76	$85.08
Family	$258.28	$200.88

*By electing a non-network provider, you may be subject to **balance billing**.
**Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.

IMPORTANT NOTE: Non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility.
For claim examples, please refer to the Summary of Benefits Coverage (SBCs).

PLAN 2 (RATIFIED & NON-UNION) BLUE ACCESS PPO

Anthem

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Deductible (Single/Family)	$750 / $1,500	$750 / $1,500
Coinsurance after Deductible	90% (after deductible)	70% (after deductible)
Coinsurance Maximum (Single/Family)	$1,500 / $3,000	$5,000 / $10,000
Medical Out-of-Pocket Maximums (Single / Family) Deductible + Copays + Coinsurance	$2,250 / $4,500	$5,750 / $11,500
Wellness/Preventive Care	Covered In Full	70% (after deductible)
Office Visit (Copay/Coinsurance)	$20 Per Visit - Primary Care $30 Per Visit - Specialist	70% (after deductible)
Emergency Use of an ER	$100 Copay, then 100% (copay waived if admitted)	
Non-Emergency Use of an ER	$100 Copay, then 90% (copay waived if admitted)	$100 Copay, then 70% (copay waived if admitted)
Urgent Care	$20 Per Visit	70% (after deductible)

CVS caremark®

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Prescription Drug: Retail (Generic / Preferred / Non-Preferred)	$10 Copay / $25 Copay / $40 Copay	Not applicable
Prescription Drug: 90-Day Supply by Mail Order or Maintenance Choice at CVS (Generic / Preferred / Non-Preferred)	$20 Copay / $50 Copay / $80 Copay	Not applicable
Pharmacy Out-of-Pocket Maximums (Single / Family)	$2,000 / $4,000	Not applicable

See what makes this plan different on page 12

Monthly Contribution Rates**

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	$128.72	$101.62
Family	$302.72	$235.44

*By electing a non-network provider, you may be subject to **balance billing**.
**Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.

IMPORTANT NOTE: Non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility.
For claim examples, please refer to the Summary of Benefits Coverage (SBCs).

PHARMACY BENEFITS

CVS Caremark is the City of Cleveland's Pharmacy Benefit Manager (PBM). This is the prescription drug benefit that goes along with your Medical Mutual or Anthem coverage. Your prescription drug program allows you to obtain medications via your local retail pharmacy or CVS Caremark Mail Service Pharmacy for your maintenance drugs. If you take certain medications on an ongoing basis, you can save money and time by having those medications filled through the CVS Caremark Mail Service Pharmacy and at your local CVS Caremark pharmacy via the Maintenance Choice Mandatory Program.

Since your prescription drug benefits are completely separate from your medical benefits, you will have both a Medical ID Card and a Prescription Drug Card. When having a prescription filled, you will need to present your CVS Caremark Prescription Drug Card to your pharmacist.

If you are a new hire or newly enrolled, your CVS Caremark Prescription Drug Card and additional information about your CVS Caremark Drug Program will be mailed to your home address.

Maintenance Choice® Mandatory Program:

Unless you opt out, covered individuals will be required to fill 90-day prescriptions by mail order or at the local CVS Pharmacy of their choice once a refill is reached. Typically the cost of the 90-day copay amount will represent a savings of approximately 33 percent over the 30-day supply copay.

Opt-Out Option:

You will automatically be enrolled in Maintenance Choice after two fills of a maintenance drug, but you have the freedom to opt out if you wish to continue filling a 30-day supply for the applicable copay. Contact CVS Caremark Customer Service for opt out instructions. It will be necessary to opt out of each maintenance prescription once per year.

Members who attempt to fill a 30-day supply after the fill limit is reached will experience a rejection at the pharmacy point of purchase until either your doctor calls in a 90-supply or you call CVS to opt out.

Advanced Control Specialty Formulary (ACSF):

CVS Caremark uses an Advanced Control Specialty Formulary (ACSF) process for certain classes of specialty drug prescriptions. Under ACSF, certain very costly specialty drugs in 12 therapeutic classes have been excluded from the plan. CVS Caremark will work with prescribing physicians to substitute a less expensive but proven effective alternative.

PHARMACY BENEFITS

Pharmacy Advisor:

This personalized interaction allows CVS pharmacists to intervene directly with patients and communicate with their physicians in real time. In addition to improving medication adherence, the program also directs members with chronic conditions to existing disease management programs where they can obtain additional support.

At-Home COVID-19 Over-The-Counter (OTC) Tests:

During the National Public Health Emergency, CVS Caremark members can obtain At Home over-the-counter (OTC) COVID-19 tests with no out of pocket costs at in-network pharmacies. With receipts, you may also request reimbursement online (up to $12) at www.caremark.com/covid19-otc or submit a paper reimbursement claim. The CVS Caremark website has frequently asked questions about eligibility and the reimbursement process.

At Home OTC COVID-19 tests are available at no cost through your CVS Caremark plan between January 15, 2022, through the end of the Public Health Emergency (PHE) declared by the U.S. Department of Health and Human Services. Find more information and the paper reimbursement claim form at your ADP Employee Self-Service online account.

COVID-19 Vaccinations and Testing

During the National Public Health Emergency, COVID-19 vaccinations and testing will continue to be available at participating pharmacies at no cost to members.

Monthly Contribution Rates*

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	$25.20	$19.90
Family	$55.34	$43.04

*Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.

IMPORTANT NOTE: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the generic copayment.

DENTAL - DPPO PLAN

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Deductible	$25 Per Person $50 Per Family	$50 per Person $150 Per Family
Preventative Services	Covered at 100% (no deductible)	
Basic Services	90% after Deductible	80% after Deductible
Major Services	60% after deductible	
Plan Year Maximum	$2,000 Per Member	$1,000 Per Member
Orthodontia - Children & Adult	60% after deductible	60% after deductible
Orthodontia Lifetime Maximum	$2,000 Per Member	$1,200 Per Member

Monthly Contribution Rates**

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	$5.26	$4.16
Family	$13.70	$10.66

A current listing of service providers is available at **www.cigna.com.**

*By electing a non-network provider, you may be subject to **balance billing**.

**Based upon bargaining unit agreements, employee contributions may differ. Employees who are members of unions that have not yet ratified a new contract will remain on the ratified structure plan until contract finalization.

IMPORTANT NOTE: For services provided by a Total Cigna DPPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

DENTAL - DHMO PLAN

Dental benefits are paid based on a Patient Charge Schedule which lists the benefits of the Dental Plan including covered procedures and patient charges. This plan has no deductibles, no plan maximums, and no claim forms are required. The Patient Charge Schedule applies only when covered dental services are performed by your assigned Network Dentist.

As a member in the DHMO you are required to elect a dental provider. This may take 15 to 30 days. Call Cigna for your Dental Office assignment at **1-800-244-6224** or "**Find a Doctor**," "**Dental HMO**" at **www.cigna.com**. Please refer to the Forms and Plans Documents library for a complete listing of covered services under the Patient Charge Schedule.

This plan offers orthodontia coverage for children and adults. However, procedures NOT listed in the Patient Charge Schedule are NOT covered and are the patient's responsibility at the dentist's usual fees. There are no non-network benefits available under this plan.

Monthly Contribution Rates**

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	$3.56	$2.82
Family	$9.30	$7.22

*By electing a non-network provider, you may be subject to **balance billing**.
**Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.

IMPORTANT NOTE: There is no out-of-network coverage available under the DHMO plan.

VISION BENEFITS

PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
Eye Exam	$0 copay	Up to $30 reimbursement
Prescription Glasses		
Standard Clear Plastic Lenses		
Single Vision	$0 copay	Up to $30 reimbursement
Bifocal	$0 copay	Up to $40 reimbursement
Trifocal	$0 copay	Up to $50 reimbursement
Lenticular	$0 copay	Up to $50 reimbursement
Lens Enhancements		
Standard Progressive Lenses	$60 copay	Up to $40 reimbursement
Premium Progressive Lenses	$60 copay, 70% of charge less $110 allowance	Up to $40 reimbursement
Frames		
Any Available Frame at Location	$0 copay, $150 allowance, 20% off balance over $150	Up to $60 reimbursement
Contacts (in lieu of Glasses)		
Medically Necessary	Covered in Full	Up to $60 allowance
Conventional	$0 copay, $100 allowance, 15% off balance over $100	Up to $80 allowance
Disposable	$0 copay, $100 allowance, plus full balance over $100	Up to $200 allowance
Frequency		
Exam / Lenses / Frame	Once Every 12 months	

*By electing a non-network provider, you may be subject to **balance billing**.

IMPORTANT NOTE: Your eligibility for covered services and/or materials is based on your last date of service.

VISION BENEFITS

Plan Contribution Schedule

	MONTHLY CONTRIBUTION RATES*
Wellness Rate	$1.26
Non-Wellness Rate	$1.64

*Based upon bargaining unit agreements, employee contributions may differ. Employees who are members of unions that have not yet ratified a new contract will remain on the ratified structure plan until contract finalization.

Visit **www.eyemed.com** to find network eye doctors and service providers.

We are in the "**Advantage"** network.

AFSCME Eye Care

(Not associated with EyeMed)

IMPORTANT NOTE: If you are an **AFSCME Local 100** member, please contact the AFSCME Care Plan at your Union Hall at **216-781-6420** for information about your vision benefits. There is no employee contribution for AFSCME Eye Care.

WELLNESS PROGRAM

WellnessWorks! Program

The City of Cleveland's **Wellness Works! Program** promotes a culture of well-being that supports and encourages a more holistic way of living, which motivates our employees and their families to embrace a healthier lifestyle. Our goal is to improve work performance, increase accountability, reduce absenteeism, and decrease health care costs.

The Wellness Works! Program encourages employees to participate annually in **two activities.** These activities will help employees become aware of their health status and identify any risk factors for disease.

1. Complete Biometric Screening

The Biometric Screening consists of the following measurements performed by a health care provider:

Height	Weight
Body Mass Index (BMI)	Waist Circumference
Blood Pressure	Total Cholesterol
High-Density Lipoprotein (HDL)	Glucose

Complete your biometric screening using either method listed below:

1. Register and attend an onsite Biometric Screening event hosted by Wellness Works!
2. Visit your doctor and submit the "Biometric Screening Reporting Form" with dates of completion only (no health readings or results) to the HR wellness coordinator. These forms are available through your Wellness Ambassador or the Department of Human Resources.

2. Complete Online Health Risk Assessment

Medical Mutual and Anthem each have their own online Health Risk Assessment tool. Access your health plan's online Health Risk Assessment using the following information:

Medical Mutual:

Visit **www.medmutual.com** and register for My Health Plan, or login if you have already registered.

Anthem:

Visit **www.anthem.com** and register as a member. Or login if you have already registered.