

HPRS Participant Coverage Guide

Ohio State Highway Patrol Retirement System
2023 Coverage Year





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Welcome

to Medical Mutual

For over 80 years, we have been committed to providing our participants the very best coverage and services, and we feel privileged to offer you the same.

As the administrator of the Ohio State Highway Patrol Retirement System (HPRS) Retiree Health Plan, we provide:

- Claims processing, payment and appeals based on the coverage selected by HPRS
- Dedicated Customer Care Specialists
- Programs to help you live healthier and manage serious or ongoing medical conditions
- Online access to view claims and coverage information on My Health Plan, our secure member website
- A mobile app to check your claims and deductibles, look up providers and access your member ID card

We developed this coverage guide to introduce you to Medical Mutual and help you get the most out of your health plan. Again, welcome to Medical Mutual. We look forward to helping you meet your healthcare needs.

Coverage Highlights

Note: Any service not covered at 100% is subject to deductible.

Plan Features	PPO Network	Out-of-Network
Annual Professional Access	PPO network provider	Any provider
Annual Deductible (Per individual, over benefit period)	\$1,500 limit	\$2,000 limit
Maximum Out-of-Pocket (Per benefit period)	\$4,000	\$8,000
Precertification Review	Provider's responsibility	Provider's responsibility
Hospital Services		
Inpatient - Mental Health - Substance Abuse	80%	60%
Outpatient - Surgery - Mental Health - Substance Abuse - Alcoholism - All Others	80%	60%
Physician Services		
Office Visits Primary Care Provider Specialist	\$20 copay; 100% ¹ \$45 copay; 80%	60% 60%
Surgeon / Consultation	80%	60%
Emergency and Urgent Care		
Emergency Room Care (Emergencies)	\$200 copay; 80% (copay waived if admitted)	\$200 copay; 80% (copay waived if admitted)
Emergency Room Care (Non-Emergencies)	\$450 copay; 80% (copay waived if admitted)	\$450 copay; 80% (copay waived if admitted)
Urgent Care	\$60 copay; 100% ¹	60%

Plan Features	PPO Network	Out-of-Network
Preventive Care		
Comprehensive Wellness Exam²	100%	100%
Annual Routine Physical Exam	100% ¹	60%
Routine Screening Tests³ (Including but not limited to, Pap Smear, Mammography, Colonoscopy, Bone Density Testing, Flexible Sigmoidoscopy)	100% ¹	60%
Vaccines - Flu - Pneumonia - HPV ³ - Shingles ³	100% ¹	60%

1. Not subject to deductible
2. Performed only at the Ohio Health Westerville Medical Campus, 300 Polaris Parkway Westerville, OH 43082 (approximately two miles east of I-71). To schedule an exam, call 1-614-566-2222, ext. 4795.
3. Subject to age, gender and frequency limitations

Coverage Highlights

Note: Any service not covered at 100% is subject to deductible.

Plan Features	PPO Network	Out-of-Network
Other Covered Services		
Chiropractors	80%	60%
Physical Therapists	80%	60%
Private Duty Nurse	80%	60%
Durable Medical Equipment	80%	60%
Lab / X-Ray / Diagnostic	80%	60%
Ambulance	80%	60%
Home Healthcare	<ul style="list-style-type: none"> ■ 100% first 100 days/year ■ 80% additional days 	<ul style="list-style-type: none"> ■ 90% first 100 days/year ■ 60% additional days
Skilled Nursing Facility	80%	60%
Hospice Care	100%	60%
Hearing Aids / Exams, etc.	<ul style="list-style-type: none"> ■ 80% max. (\$1,000 per aid, per ear every 36 months) 	<ul style="list-style-type: none"> ■ 80% max. (\$1,000 per aid, per ear every 36 months)


Helpful tips to get the most from your 2023 HPRS Ohio Retiree Health Plan



1. Keep your Medical Mutual ID card with you at all times in your wallet or download our MedMutual mobile app on your smartphone. Present it each time you visit your provider to ensure you pay the right copay.
2. Follow your doctor's prescribed treatments and recommended screenings, especially if you have a chronic condition.
3. Call our dedicated Customer Care Specialists at 1-877-520-6729 if you have any coverage questions or need additional information or assistance.

Your Medical Mutual Member ID Card


Carry your Medical Mutual ID card with you and present it to any healthcare provider you visit. You can also access a digital copy of your ID card when you download our free MedMutual mobile app.


PPO (members residing in Ohio)

		Print Date: XXXXXX
SuperMed® PPO Network		
John Q. Member XXXXXXXXXX <small>Member Name</small>		
12345678910 <small>Medical Mutual ID #</small>	229040007 <small>Group #</small>	COPAYS Preventive Visit: \$0 PCP Office Visit: \$20 Specialist: \$45 Emergent ER: \$200 Non-Emergent ER: \$450 Urgent Care: \$60
1-877-520-5729 <small>Customer Care</small>	711 <small>TTY</small>	
MedMutual.com/Member		
HIGHWAY PATROL RETIREMENT SYSTEM		

FOR MEMBER Find a provider at MedMutual.com/Member . 24/7 NURSE LINE: 1-888-912-0636	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in SuperMed PPO Network <small>(For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY)</small> Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567 
DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single: \$1500 In-Net OOP Single: \$4000	
Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	
AWAY FROM HOME CARE	

PPO (members residing outside of Ohio)

		Print Date: XX/XX/XX
		
Cigna PPO Network		
John Q. Member XXXXXXXXXX <small>Member Name</small>		
12345678910 <small>Medical Mutual ID #</small>	229040001 <small>Group #</small>	COPAYS Preventive Visit: \$0 PCP Visit: \$20 Specialist: \$45 Emergent ER: \$200 Non-Emergent ER: \$450 Urgent Care: \$60
1-877-520-5729 <small>Customer Care</small>	711 <small>TTY</small>	
MedMutual.com/Member		
HIGHWAY PATROL RETIREMENT SYSTEM		

FOR MEMBER Find a provider at MedMutual.com/Member . 24/7 NURSE LINE: 1-888-912-0636	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567
DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single: \$1500 In-Net OOP Single: \$4000	Providers in SuperMed PPO Network <small>(For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY)</small> Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018
Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.	
	
AWAY FROM HOME CARE	

Front Panel

This panel includes your name, member ID number, group number, copay amounts and Customer Care contact information.

Back Panel

This panel shows your deductible and out-of-pocket amounts and what networks to use outside of the SuperMed network. It also tells providers who to call for help and where to submit your claims.

Understand Your EOB

An Explanation of Benefits (EOB) provides a complete picture of the cost for health care services you receive. The EOB is not a bill. If you owe money for services, your provider will send you a bill directly.

Here's what you'll find on the first page of an EOB.

- 1 Date statement was produced**
- 2 Customer Care Center information**
Website and phone numbers where you can send inquiries and have your specific questions answered.
- 3 Your ID number**
Your member ID number is the same as your contract/certificate number. It is important for all claim inquiries.
- 4 Your benefits provider**
- 5 Policyholder name and address**
- 6 Summary of your claims**
The amount paid by your health plan and the amount you owe.
- 7 Name of patient**
The person who received service(s).
- 8 The network status of your provider**
- 9 List of service(s) billed and any notes**
- 10 Explanation of your final responsibility for covered services**
- 11 Amount billed**
The dollar amount billed by your healthcare provider for the service(s) rendered.
- 12 Allowed amount**
The maximum benefit allowable under your health plan.
- 13 Benefits paid**
Amounts paid under your health plan to your healthcare provider.
- 14 Amount you are responsible for**
The amount you owe for the indicated service(s) rendered.



2060 East Ninth Street
Cleveland, Ohio 44115-1355

5 **|||||**
JOHN DOE
123 MAIN STREET
ANYTOWN OH 44000

1 **November 26, 2025**

2 **Questions?**
Visit MedMutual.com.
Call Customer Service
Monday–Thursday: 7:30 a.m. – 7:30 p.m. (EST)
Friday: 7:30 a.m. – 6:00 p.m. (EST)
Saturday: 9:00 a.m. – 1:00 p.m. (EST)
Toll free: (800) 111-1111

3 **Your ID number**
987654321987

4 **Benefits provided by**
ABC COMPANY

YOUR EXPLANATION OF BENEFITS

This is not a bill - it's a statement listing the details of your recent health benefit claims. You'll receive a bill from your service provider for any amount you owe. Please check the details below carefully and let us know if you have any questions.

Keep Your Costs Down!

You can minimize your out-of-pocket expenses by going to doctors and hospitals that are part of your health plan network. You can verify whether the doctors you used are in-network by checking the Details section below.

To find a list of doctors in your network, please visit our website or call a Customer Service representative at (800) 111-1111.

Remember, you can view your plan information and claims statements anytime, day or night, by signing on to My Health Plan on our website.

6 SUMMARY OF YOUR CLAIMS

Total benefits we paid **\$1,006.00**
▶ Total you are responsible for **\$244.48**

DETAILS OF YOUR CLAIM

7 John Doe

||| Claim Number: 0322612345-000

Services provided by: John M. Jones MD (In network) 8

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
9 Date of Service: October 27, 2025				
X-Ray Exam of Neck/Spine - see note E23	151.01	56.74	0.00	56.74
Office Visit, Mod Complx, 25 Min - see note E23	107.00	75.96	0.00	75.96
Total for this claim	\$258.01	\$132.70	\$0.00	\$132.70

10 A benefit year deductible of \$132.70 was applied to this claim.

11

12

13

14

Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

Understand Your EOB

Here's what you'll find on the second page of an EOB.

- 1 Covered charges**

Based on the total amount billed (by the hospital), this section shows the service(s) and amount(s) that are covered under your health plan.
- 2 Total amount billed**

This section itemizes the service(s) billed by the hospital and provides the dollar amount billed by the hospital for the service(s).
- 3 Check number**

This line verifies payment was made under your benefits for this service.
- 4 Note**

Additional information about the benefit administration.
- 5 Total for all EOB claims**

If there are multiple patients on an EOB, individual patient totals will be included in the statement.
- 6 Amount remaining**

The deductible and coinsurance amounts left before you meet your individual maximum.
- 7 Information on how to read your graphs**



YOUR EXPLANATION OF BENEFITS

November 26, 2025 ID number 987654321987 John Doe

Claim Number: 0324598765-000

Services provided by: Community Hospital (In network)

Type of service	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Date of service: October 27, 2025				
Outpatient services - see note E69	2,452.50	1,117.78	1,006.00	111.78
Total for this claim	\$2,452.50	\$1,117.78	\$1,006.00	\$111.78

Details of amounts billed for hospital outpatient services:

Magnetic Resonance Imaging 2,452.50

Total amount billed \$2,452.50

An in-network coinsurance of \$111.78 was applied to this claim.

Check number 6999997 dated November 21, 2025 was sent to Community Hospital.

Note: E69 - For covered charges, your healthcare professional has agreed to accept the allowed amount as payment in full.

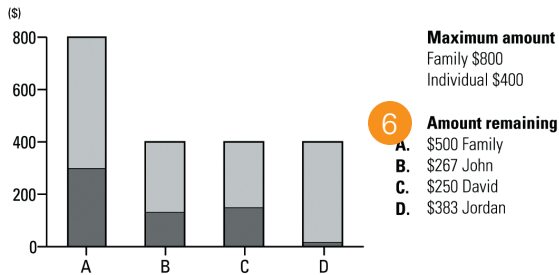
	Covered charges(\$)	Allowed amount (\$)	Benefits paid (\$)	Amount you are responsible for (\$)
Total for John Doe	\$2,710.51	\$1,250.48	\$1,006.00	\$244.48

(Amount billed)

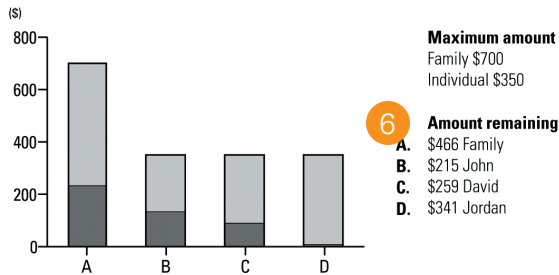
UPDATE ON YOUR DEDUCTIBLE AND COINSURANCE BALANCES

Your plan benefit year: January 1, 2025 – December 31, 2025

Deductible for services provided



Coinsurance for services provided



In the chart(s) above:

- The top of each bar shows your maximum contribution for the plan year.
- The dark shaded areas show how much you've contributed to November 26, 2025.
- The light shaded areas show the amounts remaining to be met. The letters below the bars refer to the family and individuals. See the tables to the right of the charts.



My Health Plan

Use My Health Plan, our secure member website, to review claims, manage your out-of-pocket spending or order new ID cards. Everything you need is available 2/7.

Paperless EOBs

After you visit the doctor's office or a hospital, an explanation of your treatment and how much it costs is available online. A digital archive of current and past EOBs keeps these important records organized and easy to find. You can also choose to opt out of receiving mailed copies.

Find a Provider and Get an Estimate

Use our MedMutual Find a Provider tool to find a doctor or specialist for the care you need and compare the cost and quality of medical services.

Download our Free Mobile App

Use the MedMutual mobile app to view your claims, check your deductible and out-of-pocket spending, find a provider, email or fax your ID card to your doctor, and more. The app is available through the Apple App Store® and Google Play™.

Register for My Health Plan

It's easy. Just visit [MedMutual.com/Member](https://www.MedMutual.com/Member). All you'll need is your member ID number or the last four digits of your Social Security number.

The Apple App Store is a registered trademark of Apple Inc.
Google Play is a registered trademark of Google LLC.

Stay Healthy

Medical Mutual offers you access to these award-winning health and wellness programs to help you get fit, quit smoking or simply live a healthier life.

QuitLine

QuitLine can help you give up the tobacco habit for good with coaching, a personalized quit plan, educational materials and a supply of nicotine replacement therapy. Learn more by calling 1-866-845-7702.

Fitness Discounts

Our partnership with GlobalFit® offers special rates at thousands of gyms. Choose from regional chains and local favorites.

Other Discounts

Get discounts on hearing aids, drugstore items and other health-related products. We've partnered with several vendors to offer discounts on a variety of unique health products and services. You can find more details on My Health Plan.

WW®

Medical Mutual can save you almost 50% off the regular cost of a WW membership. For more information, call 1-800-251-2583 or visit MedMutual.com/WeightWatchers.

Health Assessment

Complete a questionnaire about your medical history and lifestyle choices to identify your risks for chronic diseases and make changes to start living healthier.

24/7 Nurse Line

If you have a health question, minor injury or medical question, you can get answers 24 hours a day from a clinical expert. Staffed by registered nurses, our Nurse Line is available at no charge to members. Just call 1-888-912-0636 and have your member ID ready.

Telehealth Services

Stay connected with providers and obtain medical care through live video chats using a computer, tablet or smartphone. Generally, these virtual visits are covered the same as standard office visits when you have an existing relationship with the provider. Telehealth visits are great for routine care for acute conditions, such as a sore throat or sinus infection, or chronic health conditions, such as diabetes or high blood pressure. Behavioral health visits are also included.

WW is a registered trademark of WW International, Inc.

GlobalFit is a trademark of Global Affiliates, Inc.



Specialized Benefits

Transitional Care Program

Offered in partnership with Direction Home and your local Area Agency on Aging, our Transitional Care program is dedicated to helping you successfully transition from the hospital to your home. A nurse will visit or call during your hospital stay to help you prepare for your release, assist with coordinating follow-up care and teach you self-care techniques.

Palliative Care Program

Our Palliative Care program, available through our partnership with Aspire Health, offers home-based support during your treatment for a serious illness. Offered at no additional cost, the program connects you with a team of doctors, nurse practitioners, nurses, social workers and chaplains. Aspire's trained personnel will visit your home to offer you and your family some relief from the discomfort and stress associated with illness.



Spend Less

Provider Search and Cost Comparison Tools

Our enhanced Find a Provider tool makes it easy to find in-network providers. Search by specialty, location, condition and more. You can also view quality ratings of network doctors and compare costs so you can make the best decision for your health and wallet.

Even if you already have a doctor, you can use this tool to see if your costs will change based on the location at which your doctor provides your care.

Log in to your secure My Health Plan account at [MedMutual.com/Member](https://www.MedMutual.com/Member) and click on Find a Provider to get all the information you need to make an informed decision.

More Ways to Reduce Your Out-of-Pocket Costs

Understanding your health insurance coverage can save you time and money. The following tips can help you reduce your out-of-pocket costs and get the most out of your coverage.

Stay in Network

Use doctors, hospitals and other healthcare providers in your plan's network. In-network providers usually offer lowered or discounted rates, which means more money stays in your pocket.

Manage Your Health

Lower your costs by taking charge of your health. Your plan's preventive coverage may include well visits, screenings and immunizations. Prevention and early detection are critical to your overall health.

Avoid the Emergency Room

Sprain an ankle? Have an ear infection? Doctor's office closed? Talk to your doctor or visit an urgent care facility. Using an urgent care facility instead of an emergency room for everyday injuries and illnesses can save you time and money. If you're not sure where to go, call Nurse Line.

Know What's Covered

Before you have a service or procedure, review your Medical Plan Description (MPD) or speak to one of our knowledgeable Customer Care Specialists to make sure it is covered under your plan.

*The estimates provided do not guarantee actual cost, services, coverage or payment, and are subject to your cost-sharing responsibilities.

Health Insurance Terms

Allowed Amount

The maximum amount a plan will pay for a covered health care service.

Coinsurance

The percentage of a medical bill you share with your insurance company after you've paid your deductible. For example, if you have a \$100 doctor's bill and your plan covers 80 percent, the coinsurance amount you owe to the doctor's office is \$20.

Copay (or copayment)

The amount you pay a health care provider at the time you receive services. For instance, you may have to pay a copay for each covered visit to your doctor.

Deductible

The amount you pay before health plan coverage is provided. Once the deductible is met, covered services will begin to be paid.

Maximum Out-of-Pocket (MOOP)

The maximum dollar amount you would pay for in-network services in a year (including deductibles, copays and coinsurance). It does not include your monthly premium. Once the MOOP is met, covered services will be paid at 100%.

Please note: The material provided, including websites and links, is informational only. It does not take the place of professional medical advice, diagnosis or treatment. You should make decisions about care with your healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on your specific benefit plan.



Contact Information

Occasionally, everyone needs a little help navigating their healthcare coverage. My Health Plan is often the best way to get quick answers, but we also offer options to contact us.

Medical Mutual

By Phone

Customer Care 1-877-520-6729
TTY 711

By Mail

Medical Mutual of Ohio
P.O. Box 6018
Cleveland, OH 44101-1018

On the Web

MedMutual.com

Office Hours

Monday—Thursday . 7:30 a.m.–7:30 p.m., ET
Friday 7:30 a.m.–6 p.m. , ET
Saturday 9 a.m.–1 p.m., ET

Insurance Information

The Ohio Senior Health Insurance Information Program (OSHIIP) can answer questions about Medicare, Medicaid or private health insurance.

By Phone

OSHIIP 1-800-686-1578

Ohio HPRS

By Phone

HPRS 1-614-431-0781

By Mail

1900 Polaris Parkway, Suite 201
Columbus, OH 43240-4037

On the Web

OHPRS.org

Express Scripts

By Phone

Non-Medicare Enrollees 1-866-472-6249

On the Web

Express-Scripts.com

Changing Your Coverage

When major life events take place, you may need to make changes to your healthcare coverage. To ensure you and/or your dependents have the right coverage, please inform HPRS immediately if you are faced with any one of the following life-changing events. Specific details are available in your Medical Plan description.

- Name change
- Change of address
- Marriage
- Birth, adoption or legal guardianship of a child
- Marriage of an enrolled dependent
- Divorce or dissolution
- Medicare eligibility
- Death of an enrollee or dependent

