

Frequently Asked Questions

MedMutual Advantage for the Diocese of Cleveland

Premium Payment and Billing

Q: Can I pay my Medicare Part B premium in the same way I currently pay (i.e. automatically deducted from my Social Security check)?

A: Yes, you can continue to pay your Medicare Part B premium the same way you currently pay.

Q: Do I need to continue paying Medicare Part B premiums to the federal government, in addition to the Medical Mutual Medicare Advantage (MA) plan premium?

A: Yes. Lay people may also need to pay for:

- a. Dental/Vision through the parish (if currently enrolled)
- b. MA premium to Medical Mutual directly
- c. Medicare Part B premium to the Centers for Medicare & Medicaid Services (CMS)

Q: Will I receive an invoice from Medical Mutual prior to the plan effective date?

A: Yes. The first invoice will be issued by Dec. 31, 2018.

Q: How will billing work for Medicare Part B, Dental/Vision coverage and the MA plan premium?

A: Billing will occur differently, depending on which category you fall into below. Please note that the Diocese Dental/Vision arrangements are not impacted by the new MA plan.

- a. Lay population: See the answers for the second question above
- b. Religious: MA bills will be sent to the motherhouse and billing coordinated through them
- c. Priests: MA will be billed to the Health Benefits office

Providers and Provider Network

Q: Can I continue to see my current doctors?

A: Yes. The current SuperMed network of doctors accept Medicare Advantage members. Additionally, out of network coverage is covered at the same rate as in network. Once you receive your new member identification (ID) card in the mail, you can call your doctor's office with your new plan number and they will verify your new policy information.

Q: Some Medical Mutual plan documents indicate that I might have to pay more if I go out of network, but others say I will pay the same amount. Which is correct?

A: You can go in and out of network and will pay in network rates. However, it is important to check with the doctor to make sure they accept Medicare.

Q: If I need to go out of state, is my care covered?

A: Yes, out of state coverage is covered under this plan. This is one of the advantages of being enrolled through a group Medicare plan instead of an individual Medicare plan. However, it is important to check with the doctor to make sure they accept Medicare.

Q: Are international healthcare costs covered and if I have a health problem while traveling internationally, what do I need to do?

A: Emergency healthcare and urgent care services are covered internationally up to \$50,000. You will have to pay the costs up front and submit the bill(s) to Medical Mutual for reimbursement.

Medical Benefits

Q: Will there be any changes to my current medical or prescription drug coverage?

A: Yes, there may be changes to your coverage. You can check your Summary of Benefits document to see if your services are covered. You should have received your Summary of Benefits in the pre-enrollment kit. You can also view this document online at MedMutual.com/MAGroup and enter group number 815903 or call Medical Mutual Customer Care at 1-800-801-4823 (TTY: 711 for hearing impaired).

Your Evidence of Coverage is available either through the Diocese of Cleveland online portal at MyDOCBenefits.com or the Medical Mutual website (see above).

Medical Benefits (cont.)

Q: What steps should I take if I am still working, but will be turning 65 next year?

A: If you're close to age 65, review the information below for the position that applies to you.

a. Lay people:

- i. If you continue working after age 65, you don't have to do anything. You will remain in your current plan. However, if you would like more information about registering for Medicare Part A or Part B, please contact Social Security.
- ii. If you choose to retire, you must notify the Diocese and we encourage you to do so at least 60 days before your retirement date. Medical Mutual will send a packet of information about the MedMutual Advantage PPO plan. If you do nothing, you will be automatically enrolled in this plan. If you wish to choose another plan through Medicare, you will need to call the Diocese to opt-out of the plan.

b. Priests and Religious:

- i. If you're close to age 65, but not getting Social Security, you will need to sign up for Medicare. You may contact Social Security three months prior to your birthday to enroll. Prior to your effective date, Medical Mutual will send a packet of information about the MedMutual Advantage PPO plan. You will be automatically enrolled in this plan. If you wish to choose another plan through Medicare, you will need to call the Diocese to opt out of this plan.

Q: If I have a surgery scheduled before Jan. 1, 2019, and a surgery scheduled after Jan. 1, 2019, do I need to get another prior authorization for that surgery under the new plan?

A: Yes, you will need to get a new prior authorization for the surgery scheduled after the new plan's effective date.

Q: Does an observation stay get billed as an inpatient or outpatient cost?

A: There is no cost for observation services. We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. Covered services include, but are not limited to, services in an emergency department or outpatient clinic, such as observation services or outpatient surgery.

Pharmacy Benefits

Q: What are the prescription drug benefit stages that are part of my MedMutual Advantage plan?

A: The prescription drug benefit stages you may experience are shown in the chart below.

Initial Coverage Stage	Coverage Gap Stage
<p>You begin this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820 or your pharmacy out-of-pocket costs reach \$1,000.</p>	<p>If you have not met your pharmacy out-of-pocket maximum, during this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You stay in this stage until your pharmacy out-of-pocket costs reach \$1,000.</p>

Q: What is the most I will have to pay out of pocket for prescription drugs during the year?

A: The most you will be responsible for paying out of pocket for the year is \$1,000.

Q: What does being in the Coverage Gap Stage mean?

A: During the Initial Coverage stage, total drug cost accumulates, and this is the cost of your drugs. If you do not reach the \$1,000 pharmacy maximum out of pocket (MOOP) during the Initial Coverage Stage, you will move to the Coverage Gap Stage.

Q: What happens when I reach the Coverage Gap Stage?

A: During the Coverage Gap Stage, you will continue to pay your benefit copay. However, if you fill a drug that is eligible for a manufacturer’s discount, you may pay less than your benefit copay.

Q: How can I find out what I have paid toward my pharmacy out-of-pocket costs?

A: For more complete information about your pharmacy out-of-pocket spending, including Part D and other drugs covered by your plan, go to MedMutual.com/MAgroup and click on the link under “Pharmacy Directory and Information.” This information will be available beginning Jan. 1, 2019.

Pharmacy Benefits (cont.)

Q: If I want to switch to the preferred pharmacy network, but have already ordered medications with my current pharmacy beyond Jan. 1, 2019, how should I handle switching?

A: Ask your doctor to write a new prescription for your prescription drugs and have them send the prescription to your new pharmacy. You will need to provide the pharmacy with your new insurance information, either by showing your ID card, or over the phone.

Q: How do I know what tier my drugs are in and how much I have to pay?

A: Drug tiers and costs can be checked in the Formulary. The Formulary is available on MedMutual.com/MAGroup. Select 2019 plans and then enter group number 815903.

Q: Will there be any change in what I pay for drugs?

A: You will need to review the Formulary to see what the cost-sharing will be for your prescription drugs.

Q: What if I am not currently on the Part D prescription drug plan, am I still eligible for the plan with Medical Mutual?

A: If you are Medicare eligible, and eligible by the Diocese standards (retired), you are eligible for this Medicare Advantage plan with Medical Mutual. The government requires Medicare-eligible members have creditable drug coverage. Those who do not may be assessed a penalty from the government. Those who are assessed a penalty will see it on their bill.

Q: How can I see a full list of preferred pharmacies that we can use in 2019?

A: Go to MedMutual.com/MAGroup. Select 2019 plans and enter group number 815903.

1. Click on Pharmacy directory and information
2. Click Online pharmacy locator
3. Click PPO Formulary and Pharmacy Directory and then continue
4. Select Locate a Pharmacy
5. Enter zip code – and each pharmacy will indicate beneath the title if it is “Preferred”

You can also call Medical Mutual Customer Care at 1-800-801-4823.

Supplemental Benefits

Q: Will I have to show an ID card to get the SilverSneakers® fitness benefit?

A: You will need to call SilverSneakers at 1-866-406-8777 or go online to Silversneakers.com to enroll. Once you are enrolled, take your 16-digit SilverSneakers number to any participating location for instant access to classes, equipment and amenities.

Q: How do we know if a local community center we are a part of participates in SilverSneakers?

A: Call the SilverSneakers number 1-866-406-8777 or go online to Silversneakers.com to check the participating locations.

ID Cards

Q: When will I receive my member ID card?

A: ID cards will be delivered by Dec. 31, 2018.

MedMutual Advantage are HMO and PPO plans offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal.

SilverSneakers is a registered trademark of Tivity Health, Inc.