



SuperMed One — Ohio Farm Bureau Health Plans



Medical Mutual of Ohio®  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
Visit [MedMutual.com](http://MedMutual.com).





# SuperMed One — Ohio Farm Bureau

Flexible, Affordable,  
**Personal Health Insurance**  
for Individuals like You.

## Contents

PERSONAL HEALTH INSURANCE	1
HEALTH COVERAGE	2
PAYMENT OPTIONS	2
HEALTH SAVINGS ACCOUNTS (HSAs)	3
DENTAL AND VISION COVERAGE	5
NETWORKS	5
PRE-EXISTING CONDITIONS	5
ELIGIBILITY	5
MEDICAL MUTUAL ONLINE	6
WHY CHOOSE MEDICAL MUTUAL?	7
ENROLLMENT & MEMBERSHIP SERVICES	7
FAMILY COVERAGE	7
RIGHT-TO-EXAMINE POLICY	7
DEFINITIONS	8



SUPERMED ONE — OHIO FARM BUREAU



# SuperMed One — Ohio Farm Bureau

from Medical Mutual of Ohio®

SUPERMED ONE—OHIO FARM BUREAU FROM MEDICAL MUTUAL OF OHIO PROVIDES YOU WITH THE PROTECTION YOU NEED FROM CATASTROPHIC AND UNEXPECTED HEALTHCARE EMERGENCIES, AS WELL AS COVERAGE FOR YOUR ROUTINE AND PREVENTIVE HEALTH NEEDS.

## Features and Benefits

- A simple and fast enrollment process
- Protection from the expense of catastrophic and unexpected illness
- Guaranteed coverage once you are enrolled, even in the case of a serious or long-term illness
- A plan design with multiple deductible options, offered at each annual renewal, to best meet your needs and fit your budget
- A comprehensive set of health benefits including:
  - Prescription drug coverage
  - Emergency care
  - Care for serious or chronic illness
  - Outpatient physical, occupational and speech therapy, including chiropractic services
  - Inpatient hospital and surgical services
- A focus on wellness, including:
  - Preventive healthcare services
  - Annual dental and vision exams
  - Generic maintenance-drug incentive
- A \$75 deductible credit for completing the online Health Assessment, a health questionnaire that evaluates your risk for certain chronic diseases, such as diabetes or heart disease, and provides you with a report that includes information to help you manage or improve your health.

It can take fewer than 24 hours for a health crisis to turn into a financial crisis. One night in the emergency room, one day in intensive care, one MRI — and most people without health insurance would start suffering financially. *SuperMed One—Ohio Farm Bureau* plans are your first line of protection against this kind of risk.

*SuperMed One—Ohio Farm Bureau is designed for individuals who are:*

- Self-employed.
- Working for a company that does not offer a group health plan.
- Students or recent graduates.
- Over the age to remain on a parent's policy.
- Not covered on a parent's or guardian's policy.
- Agri-business professionals.
- Between jobs.
- Waiting for an employer's group coverage to begin.
- Part-time employees who are not eligible for group insurance.
- Early retirees.

VISIT US ONLINE AT [OFB.SUPERMEDONE.COM](http://OFB.SUPERMEDONE.COM) FOR MORE PLAN DETAILS.



## HEALTH COVERAGE

### COMMITMENT TO WELLNESS

All of the *SuperMed One—Ohio Farm Bureau* health plans cover a wide variety of preventive services including: routine physicals, routine mammogram, routine colon cancer screening, routine Pap test, routine cholesterol screening and well-child care at **100 percent with no deductible required**. Additional wellness benefits include an annual dental exam and cleaning, vision exam, and a generic maintenance-drug incentive.

### STANDARD MEDICAL PLANS

These simple-to-use, comprehensive major medical plans meet your day-to-day medical needs by providing coverage for routine care, serious illness and emergency care. Plans are available in a wide variety of deductibles to fit your needs and budget. Many plans cover routine office visits in full after a \$30 copay. Prescription drug coverage is included with each of these plans.

### VALUE PLANS

*SuperMed One—Ohio Farm Bureau* Value Plans provide members with protection from catastrophic and unexpected emergencies as well as for medically necessary office visits. These plans offer affordable monthly premiums at a range of deductible levels and include prescription drug coverage.

### SUPERMED NETWORK

All *SuperMed One—Ohio Farm Bureau* products provide members with access to an extensive panel of trusted physicians and hospitals. These doctors and hospitals can be accessed via [MedMutual.com](http://MedMutual.com) by clicking on the *Find a Provider* link.

### HEALTH ASSESSMENT

As an Ohio Farm Bureau member, you have access to the online Health Assessment (HA), which is provided through a partnership between Medical Mutual and *WebMD*, the leading online health and wellness information service. The HA is a series of questions about your past health history, current medical information and lifestyle habits, compiled to give you a picture of your overall health. You'll receive a report that will help you evaluate your health risk and provide you with information to help you manage or improve your health.

As an added incentive to participating in the HA, members who complete the questionnaire will receive a \$75 in-network deductible credit for the year.

### Insurance Payment Options

You may pay your *SuperMed One—Ohio Farm Bureau* insurance coverage by using one of the following convenient methods

- **Automatic bank deduction plan**  
On a monthly basis, have your premium deducted from a savings or checking account at any financial institution within your state.
- **Credit card**  
Have your MasterCard or Visa charged on a monthly basis.
- **Billing**  
Have an invoice sent to your home each month with a return envelope for remittance of your payment. Or, you can elect to have your invoice mailed to a different address.
- **Pay by phone**  
Pay by phone 24 hours a day, seven days a week by calling 800/384-0991.

# HEALTH SAVINGS ACCOUNT (HSA)-COMPATIBLE PLANS

HSA-compatible plans provide low-cost, comprehensive health insurance coverage combined with tax benefits and investment opportunities by featuring a qualified high-deductible health plan and a health savings account (HSA). The HSA works much like an IRA except money deposited in the savings account may be used to pay for eligible healthcare expenses. Tax savings and lower premiums help to offset qualified high-deductible health plans' higher deductible levels.

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an option in health insurance that combines a high-deductible health insurance plan with a tax-favored savings account. Individuals deposit money into an HSA and earn interest on contributions. Yearly contributions may be carried over from year to year. Contributions can then be drawn from your account to offset eligible healthcare expenses, including your plan deductible and coinsurance, as well as services and equipment not covered by your health plan.

HSAs are only available to individuals and families under age 65, who are currently enrolled in a Qualified High-Deductible Health Plan (QHDHP), such as a *SuperMed One – Ohio Farm Bureau* personal health insurance plan.

## WHAT IS A QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN?

A QHDHP is a comprehensive major-medical plan that meets federal requirements to set up an HSA. QHDHPs offer premium savings and considerable discounts for physician services and prescription drugs. In exchange for higher deductibles, individuals and families pay lower premiums and benefit from tax-favored savings. A *SuperMed One – Ohio Farm Bureau* QHDHP can meet your medical and prescription drug needs by providing coverage for routine and preventive care, as well as for unexpected healthcare emergencies. You may select from a variety of QHDHPs that are tailored to fit your needs and budget, while giving you choice, flexibility and direct access to care.

## IT'S EASY TO OPEN AN HSA:

1

A QHDHP is required to open an HSA. Once a QHDHP is selected, the HSA account may be opened.

2

Enroll in a *SuperMed One – Ohio Farm Bureau Qualified High-Deductible Health Plan (QHDHP)*.

3

Enroll in a *SuperMed One – Ohio Farm Bureau Health Savings Account (HSA)*.





### *HOW MUCH CAN BE CONTRIBUTED TO AN HSA?*

Enrollees are allowed to contribute the full annual maximum regardless of what month coverage began. A one-time transfer of an HRA/FSA or an IRA rollover is allowed.

### *WHAT ARE THE MAXIMUM CONTRIBUTIONS ALLOWED?*

Maximum contributions are determined by the federal government and change on an annual basis. Please talk to your broker or agent for the current annual maximum amounts.

### *WHAT ARE QUALIFIED HSA EXPENSES\*?*

The following costs are considered qualified HSA expenses:

- Health insurance plan deductibles, copayments and coinsurance
- Prescription and over-the-counter drugs
- Dental services, including braces, bridges and crowns
- Vision care, including glasses and LASIK eye surgery
- Psychiatric and certain psychological treatments
- Long-term care services
- Medically related transportation and lodging
- Certain health premiums including COBRA (but premiums not while an active employee)

### *WHAT ARE HSA TAX ADVANTAGES?*

Regardless of who contributes, the HSA accumulates tax-free. HSA after-tax contributions are tax-deductible. Much like an HRA, HSA deductions are “above-the-line,” and thus can be deducted even if the taxpayer does not itemize. Account holders can access the HSA for qualified medical expenses tax-free. Contact your tax advisor for more information.

### **HSA Administration**

Medical Mutual members are offered a choice in HSA administration. There are currently three qualified banks to choose from:

- **First Horizon Msaver**  
A subsidiary of First Horizon National Corporation that initially established its presence in 1997 as an administrator of Medical Savings Accounts. To contact First Horizon Msaver, please call 866/889-8584.
- **PNC Bank**  
Headquartered in Pittsburgh, Pennsylvania, PNC is the fifth largest bank in the United States and one of the nation's largest financial holding companies providing a full range of banking and financial services. To contact PNC Bank, please call 866/966-4729.
- **Wells Fargo Health Benefit Services (HBS)**  
Specializes in the administration of HSAs. The company has provided healthcare spending accounts since 1987, and was one of the first banks to offer HSAs. Features include electronic enrollment and investment options. To contact Wells Fargo, please call 866/449-9929.

\* This is a partial list. Additional lists are included with the HSA welcome letter.

## DENTAL AND VISION PLANS

Dental and Vision plans are available to all ages and may be purchased either in conjunction with your *SuperMed One—Ohio Farm Bureau* plan or as stand-alone products.

### DENTAL PLANS\*

When most people think about good healthcare coverage, they include dental benefits. Now you can have quality dental coverage at an affordable cost. *SuperMed One—Ohio Farm Bureau's* optional dental rider offers preventive benefits for basic dental needs including examinations, cleanings and fillings.

### VISION PLANS\*

Regular vision care exams are important to your overall health, since they can help diagnose serious health problems, such as high blood pressure, diabetes and glaucoma. The *SuperMed One—Ohio Farm Bureau* comprehensive vision program provides you with annual benefits for an eyeglass examination and a pair of eyeglasses or contact lenses, plus discounts on other vision care products.

## LIFE INSURANCE

To help protect your family from the unexpected, all *SuperMed One—Ohio Farm Bureau* health plans include \$5,000 of basic life and accidental death and dismemberment (AD&D) coverage for each enrolled member. These benefits are offered through Consumers Life Insurance Company, a subsidiary of Medical Mutual.

## ADDITIONAL INFORMATION

### NETWORKS

Medical Mutual makes it easy to find trusted physicians and hospitals. Our SuperMed network offers access to the largest networks of hospitals, physicians and healthcare professionals in Ohio, giving you the flexibility to select healthcare professionals who are right for you. You may also self-refer to any specialist who is in the network — there is no need to get a referral from your doctor.

Medical Mutual provides direct access to care from any network provider, including primary care physicians, specialists and hospitals. By selecting a network physician and hospital, you will enjoy a number of advantages including:

- Lower out-of-pocket costs
- No claim forms to file — your healthcare providers will complete and submit all claim forms
- A comprehensive listing of healthcare providers and facilities

Medical Mutual also offers you the option to use a healthcare professional outside of our network. If you choose to receive non-emergency services outside the network, your share of the cost (coinsurance) will increase. To receive maximum value and achieve long-term savings, you should use healthcare professionals in your network.

Contact your broker or agent for a network provider directory or search for a provider online at [MedMutual.com](http://MedMutual.com).

\* Additional premium applies.

### PRE-EXISTING CONDITIONS

There is a waiting period for pre-existing conditions. A pre-existing condition is a condition for which an ordinarily prudent person would seek medical advice, diagnosis, care or treatment, or for which you incurred medical expenses, received medical treatment, used a prescription drug or were advised by a physician to receive treatment prior to your effective date. The number of months you were enrolled under your previous coverage may apply toward the waiting period. For more information on waiting period terms, contact your broker or agent.

### ELIGIBILITY

You and your dependents may apply for *SuperMed One—Ohio Farm Bureau* as long as you are:

- A member of the Ohio Farm Bureau
- A resident of Ohio at least six months of the year
- Not eligible for or entitled to Medicare or Medicaid
- Under age 65
- Not pregnant or an expectant parent prior to or including the effective date of the policy

Family coverage includes you, your spouse and any unmarried children under the dependent age limits allowed. Dependent-only coverage is also available.



## MEDICAL MUTUAL ONLINE

MedMutual.com was developed to help bring you the information you need when you need it. Our goal is to provide as many features as possible to our members via the Internet. Internet functions are available 24 hours a day, seven days a week.

You can link to *My Health Plan*, our member information site, from MedMutual.com where *SuperMed One – Ohio Farm Bureau* members can:

- Review benefits and claims information.
- Update personal contact information.
- Request a new ID card or certificate booklet.
- Appeal a claim.
- E-mail a Customer Service representative.
- Locate a network doctor.
- Access prescription drug information from *Medco*®, Medical Mutual's pharmaceutical benefit manager.

## SUPERWELL® PROGRAM

Medical Mutual is dedicated to your good health. To help you to get well and stay well, Medical Mutual offers the SuperWell Program, a comprehensive suite of initiatives designed to promote healthy lifestyle behaviors.

### *SUPERWELL ESSENTIAL*

SuperWell Essential provides you with core initiatives to help you learn more about your overall health, determine your risks for developing chronic conditions and participate in programs to improve unhealthy behaviors by making healthy choices.

By electing Medical Mutual health coverage, you have access to all of the initiatives in SuperWell Essential, including:

- a. Health Assessment
- b. Health Records
- c. Health Outlooks (member newsletter)
- d. SuperWell Web-Based Interactive Tools
- e. SuperWell QuitLine
- f. Weight Watchers® Reimbursement
- g. Health Promotion Mailings
- h. Basic Walking Program
- i. SuperWell Fitness Discounts
- j. The Chef's Garden

## WHY CHOOSE MEDICAL MUTUAL?

For more than 75 years, Medical Mutual, Ohio's oldest and largest insurance company, has offered quality health insurance products at competitive prices and is backed by award-winning customer service. Need more reasons to choose Medical Mutual? Consider these benefits:

### *ENROLLMENT AND MEMBERSHIP SERVICES*

Medical Mutual is dedicated to providing the highest quality personal service. Once enrolled in *SuperMed One — Ohio Farm Bureau*, our experienced and professional Customer Service representatives are available to assist you with questions concerning benefit coverage, claims or medical care. Your broker or agent is also available to answer additional questions.

### *FAMILY COVERAGE*

Family coverage includes you, your spouse and any unmarried children under the dependent age limits allowed. Dependent-only coverage is also available. *(Note: Dependents are not eligible to establish an HSA account.)*

### *RIGHT-TO-EXAMINE POLICY*

You may cancel your certificate within 10 days of having it in your possession and we will refund any premium paid.



# DEFINITIONS

## **Ancillary Providers**

Providers, agencies or services that supplement the care normally given by physicians or hospitals, such as laboratories, durable medical equipment agencies, oxygen or respiratory therapy providers, and rehabilitative or therapy services.

## **Benefit Period**

The period of time during which benefit maximums, deductibles and coinsurance limits accumulate. A benefit period is a calendar year, unless otherwise specified in your plan certificate.

## **Care Management**

The process used by Medical Mutual to review medical services received or to be received by Members, and to make certain that medically necessary, appropriate treatment is provided.

## **Coinsurance**

If applicable, the percentage of the cost you pay for covered medical services after you have met your deductible or paid your copayment. This amount is defined in your plan certificate.

## **Contracting Facility**

Hospital or other facility provider that has an agreement with Medical Mutual regarding payment for covered services.

## **Copayment**

If applicable, the amount of money you pay each time you receive medical services. A copayment can be a specific dollar amount paid at the time a service is received as defined in your plan certificate.

## **Deductible**

The set dollar amount that you must pay, if applicable, for services covered by your health plan during each benefit period before Medical Mutual begins making payment. There are single and family deductibles. If you have covered dependents, you will have a family deductible.

## **Eligibility Requirements**

A resident of, and live in, the state of Ohio at least six (6) months of each year. Not eligible to elect or purchase Medicare or be 65 years of age or older. Not eligible for any other group coverage provided through an employer.

## **Eligible Dependent**

Certificate Holder's spouse, unmarried children, stepchildren, legally adopted children, children for whom either certificate holder or spouse are Legal Guardian or Custodian or any children who, by court order, must be provided healthcare coverage by the Certificate Holder or the Certificate Holder's spouse.

## **Explanation of Benefits (EOB)**

A form that details the amounts paid to you and for your healthcare provider after you receive healthcare services. The EOB contains information on how your claim was paid.

## **Full-time Student**

An Eligible Dependent who is enrolled at an accredited institution of higher learning. It must be certified annually that the student meets the institution's requirements for full-time status.

## **Health Plan**

An organization that offers healthcare services. It can be an HMO, point-of-service plan, a preferred provider organization, a commercial insurer or a company that self-insures. Also called a carrier.

## DEFINITIONS (CONTINUED)

### **Member**

The plan certificate holder and his or her eligible family members enrolled in the health plan.

### **Network**

The hospitals, physicians, laboratories and other healthcare professionals or facilities selected to contract with Medical Mutual for participation in the health plan. Medical Mutual's network is known as the "SuperMed" network. Medical Mutual contracts with other national networks to offer services.

### **Non-network Provider**

Any hospital, physician, laboratory or other healthcare professional or facility that does not have a network contract with Medical Mutual.

### **Non-participating Provider**

A physician, lab or other professional healthcare provider that does not have an agreement with Medical Mutual regarding payment for covered services. The Member may be liable for any amount of billed charges over Medical Mutual's traditional amount, or for services denied as not medically necessary.

### **Participating Physician/Healthcare Professional**

A physician or healthcare professional who has signed an agreement to accept Medical Mutual's traditional amount as payment-in-full for covered services. The Member is not liable for any amount charged over the traditional amount or denied as not medically necessary.

### **Physician Hospital Organization (PHO)**

An organization that is formed between a hospital and its medical staff(s) to contract jointly with a managed care organization.

### **Plan Certificate**

The document indentifying the terms, conditions and limitations of insurance benefits provided by the health plan to its Members, sometimes called a Policy.

### **Practitioner**

A licensed professional who provides healthcare services.

### **Prior Approval**

The act of notifying Medical Mutual's Care Management department of an upcoming medical need. Typically, contracting healthcare facilities and professionals perform prior approval. Prior approval is designed to reduce unnecessary hospital admissions, and to ensure that healthcare services are medically appropriate and delivered in the most cost efficient manner, keeping quality, as well as cost, in mind. Prior approval does not guarantee payment. If using a non-SuperMed network provider, the Member is responsible for the prior approval process.

### **Preferred Provider Organization (PPO)**

A network of physicians and hospitals that offers care at a lower cost than traditional insurance. Members enrolled in a PPO receive the highest level of benefits when they receive care from a PPO network provider and pay higher out-of-pocket costs if they go outside the PPO network. SuperMed Plus is Medical Mutual's PPO plan.

### **Provider**

Any licensed healthcare professional or facility that provides care. Examples of providers are physicians, specialists, hospitals, skilled nursing facilities and laboratories.

## Important Information – Please Retain for Your Records

INSURANCE BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/FAX/E-MAIL: \_\_\_\_\_

Once you are enrolled as a Medical Mutual member, you may find the following list of contact information helpful.

### **Medical Mutual Customer Service**

Coverage or claims questions by members for *SuperMed One — Ohio Farm Bureau* 800/344-2553.

### **Questions regarding Prescription Drug Coverage**

MedcoHealth.com or 800/417-1961

### **To locate a network doctor, hospital or healthcare professional**

MedMutual.com or 800/242-1936

### **To locate a dental or vision healthcare professional**

Dentemax.com or 800/752-1547

EyeMedVision.com or 866/9-EYEMED

### **SuperMed One — Ohio Farm Bureau Membership**

Handles all maintenance of issued cases, invoicing/billing, changes in billing method, cancellation of the policy

Medical Mutual

*SuperMed One — Ohio Farm Bureau*

Mailzone: 01-6B-6200

2060 East 9th Street

Cleveland, OH 44115-1355

Fax # 216/687-6352

### **Payments for SuperMed One — Ohio Farm Bureau should be mailed to:**

Medical Mutual of Ohio

P. O. Box 94782

Cleveland, OH 44101-4782

### **To pay by phone 24 hours a day, seven days a week:**

800/384-0991