

Tools and Resources for Providers

Identifying Medical Mutual Members





Understanding Medical Mutual Identification (ID) Cards

Medical Mutual member identification (ID) cards are distinctive, so identifying our members and important provider information is simple. This brochure includes sample images of Medical Mutual's member ID cards for your reference. If our members forget their ID cards when visiting your office, please remind them they can access a digital card on their smartphones using the free MedMutual mobile app.





If one of our members lives or spends significant time outside the Medical Mutual service area, they will have access to the Cigna® PPO network.* This makes it easy to get in-network care no matter where they are.

* Cigna® is a trademark of Cigna Inc. and is protected throughout the world by trademark registrations and treaties.




The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Medical Mutual. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Medical Mutual. All Cigna products are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Because of this agreement, our member ID cards now vary based on whether the member lives within the SuperMed PPO service area (i.e., Ohio and Boone, Campbell or Kenton counties in Kentucky) or outside the SuperMed PPO service area. Differences between the two main card designs are detailed on the following pages. Please note these variations as a member's residence may require you to verify coverage and submit claims differently.

Inside-the-Service-Area PPO ID Card

 <p>SuperMed® PPO Network</p> <p>John Q. MemberXXXXXXXXXXXX Member Name</p> <p>12345678910 779106200 Medical Mutual ID # Group #</p> <p>1-800-424-8286 711 Customer Care TTY</p> <p>MedMutual.com/Member ODI ★</p> <p>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p>	<p>Print Date: XX/XX/XX</p> <p>RX INFORMATION</p> <p>PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG</p> <p>COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX</p>	<p>FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123</p> <p>FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider. Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 PO. Box 6018, Cleveland, OH 44101-1018</p> <p>Providers not in SuperMed PPO Network (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 PO. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567</p>  <p>AWAY FROM HOME CARE</p>
	<p>DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX</p> <p>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</p>	

Outside-the-Service-Area PPO ID Card

  <p>Cigna PPO Network</p> <p>John Q. MemberXXXXXXXXXXXX Member Name</p> <p>12345678910 779106200 Medical Mutual ID # Group #</p> <p>1-800-424-8286 711 Customer Care TTY</p> <p>MedMutual.com/Member ODI ★</p> <p>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p>	<p>Print Date: XX/XX/XX</p> <p>RX INFORMATION</p> <p>PBM Name Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG</p> <p>COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX</p>	<p>FOR MEMBER Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-801-4915 SDC Plan #: ABC123</p> <p>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 PO. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567</p> <p>Providers in SuperMed PPO Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 PO. Box 6018, Cleveland, OH 44101-1018</p>  <p>AWAY FROM HOME CARE</p>
	<p>DEDUCTIBLE AND OUT-OF-POCKET: In-Net DED Single/Family: \$XXXXX/\$XXXXX In-Net OOP Single/Family: \$XXXXX/\$XXXXX</p> <p>Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.</p>	

Claims Submission Overview

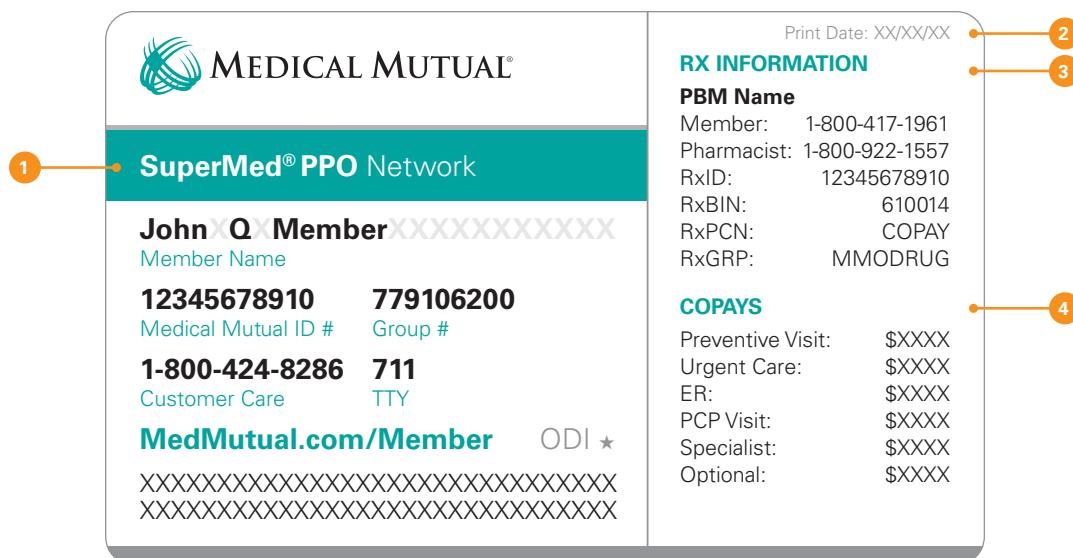
- Verify the member is using a current ID card by checking the print date on the card. Use the ID card with the most recent print date.
- Submit medical claims to Medical Mutual* if the service rendered was **in** any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky.
- Submit medical claims to Cigna* if the service rendered was **outside** Ohio or Boone, Campbell and Kenton counties in Kentucky.
- Submit all dental or vision claims, regardless of location, to the Medical Mutual Claims Submission address.

*Location of appropriate claims submission information on an ID card will vary based on the member's place of residence.

Inside-the-Service-Area ID Cards

Front (PPO—Members living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The front of Medical Mutual ID cards includes information about members and their plans, such as member services contact information, network indicators and prescription drug benefit information.



1. Network

Indicates network associated with the member’s plan.

2. Print Date

The date the card was printed.

3. Rx Benefit Information

Appears if prescription drug benefit is available.

4. Member Copays*

Up to six copays will show depending on what benefit(s) the member has. If copays are applicable, they would appear on the front now. High-deductible health plans do not show copays.

*Medical Mutual’s definition of a Primary Care Physician (PCP) includes a Certified Nurse Practitioner and Physician Assistant. Therefore, when services are rendered by these specialties the PCP copay will apply, if applicable, regardless of the doctor specialty.

Back (PPO—Members living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The back of Medical Mutual ID cards includes important information, such as network contacts, prior authorization and claims submission information.

The diagram shows the back of a Medical Mutual ID card with the following sections and callouts:

- 5 FOR MEMBER**: Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636. EyeMed: 1-877-226-1115. Superior Dental Care (SDC): 1-800-801-4915. SDC Plan #: ABC123.
- 6 DEDUCTIBLE AND OUT-OF-POCKET:** In-Net DED Single/Family: \$XXXXX/\$XXXXX. In-Net OOP Single/Family: \$XXXXX/\$XXXXX.
- 7 EXCHANGE**: FOR PROVIDER. Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.
- 8 Medical Mutual & SDC Claims Submission**: Electronic Claims Payer ID: 29076 & 31117. P.O. Box 6018, Cleveland, OH 44101-1018.
- 9 Providers not in SuperMed PPO Network**: (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY). **Cigna Claims Submission**: Electronic Claims Payer ID: 62308. P.O. Box 188061. Chattanooga, TN 37422-8061. Cigna Group #: 1234567. **Cigna PPO S** logo. **AWAY FROM HOME CARE** logo.

Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.

5. Member Resources

Important network information and contact numbers for members.

6. Deductible and Out-of-Pocket Expenses

Specific to the member's benefits.

7. ACA Exchange Indicator

If the member has an ACA plan, an indicator of "EXCHANGE" or "OFF EXCHANGE" appears for on- and off-exchange plans, respectively.

8. Medical Mutual Claims Submission Information

Submit information here for all dental and vision claims regardless of member or provider location.

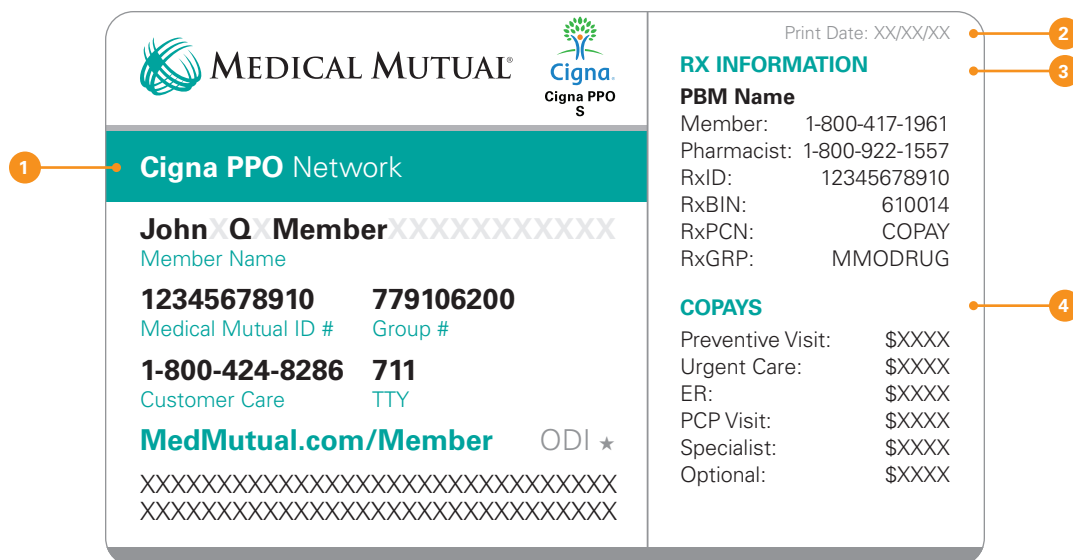
9. Outside-the-SuperMed-Service-Area Details

The Cigna PPO Network should be used if the member receives services outside the SuperMed service area. Reference the Cigna ID Number here for out-of-network referrals.

Outside-the-Service-Area ID Cards

Front (PPO—Members NOT living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

Although your patient is a Medical Mutual member, he or she is accessing the Cigna PPO Network outside of Ohio.



1. Network

Indicates network associated with the member's plan..

2. Print Date

The date the card was printed.

3. Rx Benefit Management Details

Appears if prescription drug is available.

4. Member Copays*

Up to six copays will show depending on what benefit(s) the member has. If copays are applicable, they will appear on the front of the ID. High-deductible health plans do not show copays.

*Medical Mutual's definition of a Primary Care Physician (PCP) includes a Certified Nurse Practitioner and Physician Assistant. Therefore, when services are rendered by these specialties the PCP copay will apply, if applicable, regardless of the doctor specialty.

Back (PPO—Members NOT living in any of the 88 counties in Ohio or Boone, Campbell and Kenton counties in Kentucky)

The back of Medical Mutual ID cards includes important information, such as network contacts, prior authorization and claims submission information.

The diagram shows the back of a Medical Mutual ID card with the following sections and callouts:

- 5. FOR MEMBER**: Find a provider at MedMutual.com/Member. 24/7 NURSE LINE: 1-888-912-0636. EyeMed: 1-877-226-1115. Superior Dental Care (SDC): 1-800-801-4915. SDC Plan #: ABC123.
- 6. DEDUCTIBLE AND OUT-OF-POCKET:** In-Net DED Single/Family: \$XXXXX/\$XXXXX. In-Net OOP Single/Family: \$XXXXX/\$XXXXX.
- 7. EXCHANGE**: A label in the top right corner.
- 8. 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.
- 9. Providers in SuperMed PPO Network**: (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY). **Medical Mutual & SDC Claims Submission**: Electronic Claims Payer ID: 29076 & 31117. P.O. Box 6018, Cleveland, OH 44101-1018.

At the bottom of the card, there is a disclaimer: "Possession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates." and a logo area with "TPV LOGO" and "AWAY FROM HOME CARE".

5. Member Resources

Important network information and contact numbers for members.

6. Deductible and Out-of-Pocket Expenses

Specific to the member's benefits.

7. ACA Exchange Indicator

If the member has an ACA plan, an indicator of "EXCHANGE" or "OFF EXCHANGE" appears for on- and off-exchange plans, respectively.

8. Provider Information (Medical)

Cigna PPO is the member's network when receiving services outside of the SuperMed service area, which includes all 88 counties in Ohio Campbell and Kenton counties in Kentucky.

9. Medical Mutual Claims Submission Information

Submit information for all dental and vision claims here regardless of member or provider location.

TriHealth WellFlex ID Cards

TriHealth WellFlex In Service Area (Copays)

TriHealth WellFlex Network	
John Q. Member <small>XXXXXXXXXXXX</small> Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI *	Print Date: XXXXXX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG

FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORKS: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers OUT OF PRIMARY SERVICE AREA: Cigna PPO Network 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Networks (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567
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Posession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.

TriHealth WellFlex Outside Service Area (Copays)

Cigna PPO Network	
John Q. Member <small>XXXXXXXXXXXX</small> Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI *	Print Date: XXXXXX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG COPAYS Preventive Visit: \$XXXX Urgent Care: \$XXXX ER: \$XXXX PCP Visit: \$XXXX Specialist: \$XXXX Optional: \$XXXX

FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORK: Cigna PPO Network OUT OF PRIMARY SERVICE AREA: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers & Cigna PPO 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX	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 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO
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Posession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.

TriHealth WellFlex In Service Area (No Copays)

TriHealth WellFlex Network	
John Q. Member <small>XXXXXXXXXXXX</small> Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI *	Print Date: XXXXXX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG

FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORKS: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers OUT OF PRIMARY SERVICE AREA: Cigna PPO Network 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX	FOR PROVIDER Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider . Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 Providers not in Primary Networks (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY) Cigna Claims Submission Electronic Claims Payer ID: 62308 P.O. Box 188061 Chattanooga, TN 37422-8061 Cigna Group #: 1234567
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Posession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.

TriHealth WellFlex Outside Service Area (No Copays)

Cigna PPO Network	
John Q. Member <small>XXXXXXXXXXXX</small> Member Name 12345678910 779106200 Medical Mutual ID # Group # 1-888-636-3622 711 Customer Care TTY MedMutual.com/Member ODI *	Print Date: XXXXXX RX INFORMATION Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxD: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG

FOR MEMBER Find a provider at MedMutual.com/Member . PRIMARY NETWORK: Cigna PPO Network OUT OF PRIMARY SERVICE AREA: Tier 1: WellFlex Preferred Providers Tier 2: SuperMed PPO Providers & Cigna PPO 24/7 NURSE LINE: 1-888-912-0636 EyeMed: 1-877-226-1115 Superior Dental Care (SDC): 1-800-901-4915 SDC Plan #: ABC123 IN-NET DEDUCTIBLE AND OUT-OF-POCKET: DED-S DED-F OOP-S OOP-F T1: \$XXXXX \$XXXXX \$XXXXX \$XXXXX T2: \$XXXXX \$XXXXX \$XXXXX \$XXXXX	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 Providers not in Primary Network (For services rendered in the state of Ohio, Campbell, Boone and Kenton counties in KY) Medical Mutual & SDC Claims Submission Electronic Claims Payer ID: 29076 & 31117 P.O. Box 6018, Cleveland, OH 44101-1018 TPV LOGO
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Posession of this card does not guarantee coverage. Benefits are not insured by Cigna or affiliates.

Medical Mutual Services and Ancillary-only ID Cards

Medical Mutual provides access to the SuperMed network through Medical Mutual Services for self-insured groups, health and welfare funds, third-party administrators, and other insurance companies. You will see a coverage indicator of "Access" by the network logo on a member's ID card. Cards for ancillary-only plans, such as dental or vision, are indicated by the product name in the colored bar.

Sample (Format may vary.)




Medical Coverage Identification Card

Participant: **JOHN Q. MEMBER** ID No: **SSN or UNIQUE IDENTIFIER**
 Account Name: **ACME HOSPITAL ASSOCIATION INC.**
 Group/Account#: **12345-67890** Effective Date: **10/01/2017**
 Medical Coverage: **FAMILY**
 PCP Copay: **\$10** Specialist Copay: **\$20**

Deductible/Out of Pocket	
Individual: \$0	100%
Family: \$0	100%

Out of Network benefits are not covered under this plan.
 Rx Group:12345678 RxBin: 123456 Rx Help Desk: 888-888-8888

Electronic Claims Payer ID: 29076

Send all claims to: Medical Mutual P.O. Box 94648 Cleveland, OH 44101-4648
 To inquire regarding SuperMed Plus Providers in Ohio: 800-601-9208 or www.SuperMedNetwork.com.
 To locate a MultiPlan provider when traveling outside of the Ohio network, call: 888-342-7427 or www.multiplan.com.
 Call the PRE-CERTIFICATION number: 888-877-8084, 48 hours prior to an elective hospitalization, surgery, when a pregnancy is verified OR information on other services (admissions, procedures, treatments, etc.) that may require pre-certification. See Summary Plan Description for complete list.
 For Notification: Call within 48 hours of an emergency or maternity admission.
 For eligibility, benefits or claims information call: XXX-XXX-XXXX or XXX-XXX-XXXX.

Pharmacy, Vision & Dental Only



Pharmacy, Vision & Dental Only

<p>John Q. Member ***** <small>Member Name</small></p> <p>012345678910 123456001 <small>Medical Mutual ID # Group #</small></p> <p>1-800-424-8286 711 <small>Customer Care TTY</small></p> <p>MedMutual.com/Member</p>	<p style="text-align: right;">Print Date: XXXXXXXX</p> <p>RX INFORMATION</p> <p>Express Scripts Member: 1-800-417-1961 Pharmacist: 1-800-922-1557 RxID: 12345678910 RxBIN: 610014 RxPCN: COPAY RxGRP: MMODRUG</p>
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<p>FOR MEMBER</p> <p>Find a provider at MedMutual.com/Member. VSP: 1-800-877-7195 SuperDental: 1-866-336-8251</p>	<p>FOR PROVIDER</p> <p>Medical Mutual Claims Submission Electronic Claims Payer ID: 29076 P.O. Box 6018, Cleveland, OH 44101-1018</p>
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Possession of this card does not guarantee coverage.

Medicare Advantage ID Cards

MedMutual Advantage® ID Cards

The MedMutual Advantage network is named in the green band on the front of the ID card and identifies the member as a Medical Mutual Medicare Advantage plan member. Medicare Supplement Insurance members have a unique card, too.

HMO Card (Classic Plan)

 	
Medicare Advantage HMO Network Classic Plan	
John Q. Member XXXXXXXXX <small>Member Name</small> 0123456 775109200 <small>Medical Mutual ID #</small> <small>Group #</small> 1-800-982-3117 711 <small>Customer Care</small> <small>TTY</small> MedMutual.com/Member	RX INFORMATION PBM Name <small>Member:</small> 1-844-404-7947 <small>Pharmacist:</small> 1-800-922-1557 <small>RxID:</small> 1234567 <small>RxBIN:</small> 003858 <small>RxPCN:</small> MD <small>RxGRP:</small> MMQMDRX <small>Print Date:</small> XX/XX/XX
<small>CMS H6723-001</small>	

FOR MEMBER <small>Find a provider at MedMutual.com/Member.</small> COPAYS <small>Preventive Visit:</small> \$XXXX <small>Urgent Care:</small> \$XXXX <small>ER:</small> \$XXXX <small>PCP Visit:</small> \$XXXX <small>Specialist:</small> \$XXXX HEARING: TruHearing 1-866-201-9630 VISION: EyeMed Insight 1-844-854-2906 DENTAL: SuperDental MA 1-866-336-8251 <small>24/7 NURSE LINE:</small> 1-888-912-0636 <small>Possession of this card does not guarantee coverage.</small>	FOR PROVIDER <small>Verify eligibility and benefits with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.</small> <small>If inpatient prior approval required for medical/surgical, call 1-855-887-2273.</small> Medical Mutual Claims Submission <small>Electronic Claims Payer ID:</small> 29076 <small>PO, Box 6018, Cleveland, OH 44101-1018</small>
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PPO Card (Select Plan)

 	
Medicare Advantage PPO Network Select Plan	
John Q. Member XXXXXXXXX <small>Member Name</small> 0123456 776109100 <small>Medical Mutual ID #</small> <small>Group #</small> 1-800-982-3117 711 <small>Customer Care</small> <small>TTY</small> MedMutual.com/Member	RX INFORMATION PBM Name <small>Member:</small> 1-844-404-7947 <small>Pharmacist:</small> 1-800-922-1557 <small>RxID:</small> 1234567 <small>RxBIN:</small> 003858 <small>RxPCN:</small> MD <small>RxGRP:</small> MMQMDRX <small>Print Date:</small> XX/XX/XX
<small>CMS H4497-001</small>	

FOR MEMBER <small>Find a provider at MedMutual.com/Member.</small> COPAYS <small>Preventive Visit:</small> \$XXXX <small>Urgent Care:</small> \$XXXX <small>ER:</small> \$XXXX <small>PCP Visit:</small> \$XXXX <small>Specialist:</small> \$XXXX HEARING: TruHearing 1-866-201-9630 VISION: EyeMed Insight 1-844-854-2906 DENTAL: SuperDental MA 1-866-336-8251 <small>24/7 NURSE LINE:</small> 1-888-912-0636 <small>Possession of this card does not guarantee coverage.</small>	FOR PROVIDER <small>Verify eligibility and benefits with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.</small> <small>If inpatient prior approval required for medical/surgical, call 1-855-887-2273.</small> Medical Mutual Claims Submission <small>Electronic Claims Payer ID:</small> 29076 <small>PO, Box 6018, Cleveland, OH 44101-1018</small> Special Member Information <small>Medicare limiting charges may apply.</small>
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Medicare Supplement ID Cards

	
Medicare Supplement	
John Q. Member XXXXXXXXX <small>Member Name</small> 12345678910 779106200 <small>Medical Mutual ID #</small> <small>Group #</small> 1-877-728-3935 711 <small>Customer Care</small> <small>TTY</small> MedMutual.com/Member	<small>Print Date:</small> XX/XX/XX

FOR MEMBER <small>Find a provider at MedMutual.com/Member.</small>	FOR PROVIDER <small>Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or MedMutual.com/Provider.</small> Medical Mutual Claims Submission <small>Electronic Claims Payer ID:</small> 29076 <small>PO, Box 6018, Cleveland, OH 44101-1018</small>
<small>Administered by Medical Health Insuring Co. of Ohio, a wholly owned subsidiary of Medical Mutual. Possession of this card does not guarantee coverage.</small>	

For further information about Medical Mutual ID cards or provider resources please visit MedMutual.com/Provider.

MedMutual Advantage is a registered trademark of Medical Mutual of Ohio.



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

MedMutual.com