



SuperWell®

Disease and Maternity Management Program

A Program Tailored to You

Medical Mutual of Ohio® wants to help you manage your condition to stay as healthy as possible, so you can enjoy your favorite activities.

We offer the *SuperWell Disease and Maternity Management Program* to help members who are pregnant or diagnosed with one or more of the following conditions:

- Asthma
- Chronic obstructive pulmonary disease
- Chronic pain conditions
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes

The program offers a unique approach, providing flexible education and personalized attention that is focused on your individual needs. You receive valuable support from a trained health coach who will help you control your condition and prevent complications to achieve your best overall health.



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Medical Mutual of Ohio®
2060 East Ninth Street
Cleveland, OH 44115-1355

Visit MedMutual.com.



MEDICAL MUTUAL OF OHIO®
Your healthcare partner since 1934



Program Highlights

If you are an eligible Medical Mutual® member, there is no out-of-pocket cost to participate in the *Superwell Disease and Maternity Management Program*.

- Program participation is voluntary.
- Your doctor will continue to direct your care.
- A health coach is assigned to work with you.
- You will receive education and support specific to your needs.
- You will have access to 24-hour telephone support.

Most program participants enjoy:

- Better overall health and well-being.
- More energy for enjoyable activities.
- Fewer missed work/school days.

Member Confidentiality

Medical Mutual holds its employees, consultants and business associates to strict policies and procedures that safeguard our members' personal health information. According to written policy, personal health information concerning our members is treated as confidential in accordance with applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Importance of Your Health Coach

Your health coach will coordinate your care throughout the program and will:

- Work closely with your doctor and other members of your healthcare team.
- Work with you to create a customized care plan.
- Reinforce the importance of complying with your doctor's treatment plan.
- Help you understand your medication and take it correctly.
- Help you develop an action plan to manage your symptoms.
- Remind you to see your doctor and/or therapist.
- Help you get the most out of your doctor and/or therapist visits.

Your health coach can only teach and guide you. It is important that you actively participate in the program. By learning all you can about your condition and following the recommendations of your treatment plan, you can live a productive and satisfying life.

Enroll Now

There are several ways to enroll in the *SuperWell Disease and Maternity Management Program*:

- **Online**
Visit our Web site at MedMutual.com:
 - Sign in to *My Health Plan*.
 - Click the *Health and Wellness* tab.
 - Select *Disease and Maternity Management*.
 - Complete and submit the form.
- **Mail**
Complete the attached form and mail to:
Medical Mutual
Mail Zone: 22-3S-0511
2060 East Ninth Street
Cleveland, OH 44115
- **Fax**
Complete the attached form and fax to Medical Mutual at 800/524-9817.
- **Phone**
Call 800/861-4826 to enroll or ask questions about the *SuperWell Disease and Maternity Management Program*.

Note:

The information provided, including the Web sites and any links, is for your knowledge only. It does not take the place of, nor is intended to substitute for, professional medical advice, diagnosis or treatment from your doctor. The information does not establish or imply coverage for any particular treatment or service. Services recommended or provided by your doctor may not be covered. Eligibility and coverage depend upon the specific terms and conditions of your benefit plan.



Disease and Maternity Management Program

You must be a Medical Mutual member to participate in this program.

Member Information (Please print)

Name _____

Address _____

City _____ State _____ ZIP _____

Date of birth _____

Home phone _____ Work phone _____

E-mail address _____

Insurance Information (From insurance card)

Identification number _____ Group number _____

Insurance plan _____

Physician Information

Name _____

Address _____

City _____ State _____ ZIP _____

Phone number _____ Date [_____]