# Ohio Med PPO

| Out-of-Pocket Costs | |
|---|---|
| **Annual Deductible** | $250 single, $500 family in-network; $500 single, $1,000 family out-of-network. This deductible is combined with behavioral health |
| **Your Copayments (Office Visits)** | Primary care physician: $20 in-network, $30 out-of-network; Specialist: $25 in-network: $30 out-of-network |
| **Coinsurance** | You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60%[1] out-of-network |
| **Your Out-of-Pocket Maximum [2]** | $1,500 single, $3,000 family in-network; $3,000 single, $6,000 family[3] out-of-network. This deductible is combined with behavioral health. |
| **Benefit/Service** | **Coverage Levels** |
| **Chiropractic Care** | ▪ Covered at 80% in-network; 60% out-of-network<br>▪ Unlimited visits (review required after 25 visits) |
| **Diagnostic, X-Ray and Lab Services** | ▪ Covered at 80% in-network; 60% out-of-network |
| **Durable Medical Equipment** | ▪ Covered at 80% in-network; 60% out-of-network |
| **Emergency Room** | ▪ Covered at 80%; $100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency |
| **Hearing Loss[4] (Accidental, Injury or Illness)** | ▪ Covered at 80% in-network; 60% out-of-network<br>▪ Hearing aids, exams and follow-ups are included in coverage |
| **Home Health Care** | ▪ Covered at 80% in-network; 60% out-of-network; limit of 180 days |
| **Hospice Services** | ▪ Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network |
| **Immunizations** | ▪ Most are covered at 100% in-network; 60% out-of-network[5] |
| **Infertility Testing** | ▪ Covered at 80% after applicable copay, for in-network; 60% after $30 copay out-of-network<br>▪ Coverage includes testing only |
| **Inpatient and Outpatient Services** | ▪ Covered at 80% in-network; 60% out-of-network |
| **Maternity - Delivery** | ▪ Covered at 80% in-network; 60% out-of-network |
| **Maternity-Prenatal/ Postpartum Care** | ▪ Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100% |
| **Physical, Occupational and Speech Therapy** | ▪ Covered at 80% in-network; 60% out-of-network<br>▪ Unlimited visits (review required after 25 visits)<br>▪ Includes coverage for Autism Spectrum Disorder |
| **Preventive Exams and Screenings[6]** | ▪ Most preventive care covered at 100% in-network; 60% out-of-network<br>▪ Age restrictions may apply |
| **Skilled Nursing Facility** | ▪ Covered at 80%; 180-day limit, additional days covered at 60% for both in- and out-of-network |
| **Urgent Care** | ▪ $30 copay in-network; $35 copay out-of-network<br>▪ Covered at 80% in-network; 60% out-of-network |

[1] Plan pays 60% of Ohio Med PPO Plan's contracted allowable amount and you pay any remaining balance, known as balance billing.
[2] For prescription drug out-of-pocket cost information, see chart on Page 19.
[3] If your out-of-network charge is greater than the Ohio Med PPO Plan contracted allowable amount, your out-of-pocket costs will be more.
[4] Hearing aids for natural hearing loss are covered at 50%, up to $1,000 per lifetime.
[5] For a list of immunizations paid at 100%, see Page 16.
[6] See Preventive Care chart on Page 16.