

## Out-of-Pocket Costs of Your Medical Plan Options

| Plan Name                   |                | Annual Deductible            | Your Copayments (Office Visits) | Coinsurance                               | Your Out-of-Pocket Maximum                    |
|-----------------------------|----------------|------------------------------|---------------------------------|---|---|
| Ohio Med (PPO) <sup>1</sup> | Network        | \$200 single<br>\$400 family | \$20                            | You pay 20%<br>plan pays 80%              | \$1,500 single<br>\$3,000 family              |
|                             | Out-of-Network | \$400 single<br>\$800 family | \$30                            | You pay 40%<br>plan pays 60% <sup>2</sup> | \$3,000 single<br>\$6,000 family <sup>3</sup> |
| Aetna (HMO)                 | Network        | \$200 single<br>\$400 family | \$20                            | You pay 20%<br>plan pays 80%              | \$1,500 single<br>\$3,000 family              |
| Paramount (HMO)             | Network        | \$200 single<br>\$400 family | \$20                            | You pay 20%<br>plan pays 80%              | \$1,500 single<br>\$3,000 family              |
| The Health Plan (HMO)       | Network        | \$200 single<br>\$400 family | \$20                            | You pay 20%<br>plan pays 80%              | \$1,500 single<br>\$3,000 family              |
| UnitedHealthcare (HMO)      | Network        | \$200 single<br>\$400 family | \$20                            | You pay 20%<br>plan pays 80%              | \$1,500 single<br>\$3,000 family              |

<sup>1</sup> For employees stationed outside Ohio, please refer to the health plan for more information.

<sup>2</sup> Plan pays 60% of Ohio Med's benefit allowance and you pay any remaining balance.

<sup>3</sup> Applies to non-network providers or a mix of network and non-network providers. If your non-network provider charge is greater than the Ohio Med allowance, your out-of-pocket costs will be more.