

The chart below highlights the major differences between the medical plan options.

Medical Plan Coverage Differences						
Plan Feature	Ohio Med PPO ¹		Aetna HMO	Paramount HMO	The Health Plan HMO	UnitedHealthcare HMO
	In-Network	Out-of-Network				
Out-of-Network Services Covered	Not Applicable	Yes	No ²	No ²	No ²	No ²
Allergy Testing & Treatment	<ul style="list-style-type: none"> \$20 copay per office visit. Plan pays 80% for injections after deductible. 	<ul style="list-style-type: none"> \$30 copay per office visit. Plan pays 60% for injections after deductible. 	<ul style="list-style-type: none"> \$20 copay for office visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$20 copay for office visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$20 copay for office visit. 	<ul style="list-style-type: none"> \$20 copay for office visit. Plan pays 80% after deductible.
Chiropractic Care	<ul style="list-style-type: none"> Plan pays 80% after deductible. Unlimited visits. 	<ul style="list-style-type: none"> Plan pays 60% after deductible. Unlimited visits. 	<ul style="list-style-type: none"> \$20 copay per visit. Plan pays 80% after deductible. 20-visit limit per benefit year for spinal manipulation. 	<ul style="list-style-type: none"> \$20 copay per visit. 40-visit limit per year or \$750 maximum benefits. 	<ul style="list-style-type: none"> \$20 copay per visit. 20-visit limit per year. 	<ul style="list-style-type: none"> \$20 copay per visit. Plan pays 80% after deductible. 20-visit limit per year.
Hearing Loss (Accidental, Injury or Illness)	<ul style="list-style-type: none"> Plan pays 80% after deductible for hearing aids at a network provider; 60% after deductible at an out-of-network provider. No lifetime maximum. Exams and follow-up services included in coverage. 		<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 50% after deductible for hearing aids up to \$1,000 lifetime maximum. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 80% after deductible for hearing aids. No lifetime maximum. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services Plan pays 80% after deductible for hearing aids. Unlimited lifetime maximum for office visits and testing. Hearing aids limited to one per lifetime. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 80% after deductible for hearing aids. No lifetime maximum.
Hearing Loss (Natural)	<ul style="list-style-type: none"> Plan pays 50% after deductible for hearing aids up to \$1,000 lifetime maximum. Exams and follow-up services included in coverage. 		<ul style="list-style-type: none"> \$20 copay for exams. Plan pays 50% after deductible for hearing aids up to \$1,000 lifetime maximum. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 50% after deductible for hearing aids up to \$1,000 lifetime maximum. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 80% after deductible for hearing aids. Unlimited lifetime maximum for office visits and testing. Hearing aids limited to one per lifetime. 	<ul style="list-style-type: none"> \$20 copay for exams and follow-up services. Plan pays 50% after deductible for hearing aids up to \$1,000 lifetime maximum.
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> Plan pays 80% after deductible. Unlimited visits. 	<ul style="list-style-type: none"> Plan pays 60% after deductible. Unlimited visits. 	<ul style="list-style-type: none"> \$20 copay per visit. Plan pays 80% after deductible for up to 30 visits, per condition, per year. 30 visit limit per year for speech therapy. 	<ul style="list-style-type: none"> Plan pays 80% after deductible for up to 30 visits per condition year. 30 visit limit per year for speech therapy. 	<ul style="list-style-type: none"> Inpatient: Plan pays 80% after deductible. Outpatient: \$20 copay per visit. 20-visit limit per occurrence. 	<ul style="list-style-type: none"> Plan pays 80% after deductible. 30-visit limit per year physical and occupational therapy combined.
Urgent Care	<ul style="list-style-type: none"> \$25 copay per visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$30 copay per visit. Plan pays 60% after deductible. 	<ul style="list-style-type: none"> \$25 copay per visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$25 copay per visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$25 copay per visit. Plan pays 80% after deductible. 	<ul style="list-style-type: none"> \$25 copay per visit. Plan pays 80% after deductible.

¹ For employees stationed outside Ohio, please refer to the health plan for more benefits information.

² HMOs do not have an out-of-network benefit except for emergencies.