



## Comparing the Cost of Your Health Plan Options

Plan Name		Annual Deductible	Your Copayments (Office Visits)	Coinsurance	Your Out-of-Pocket Maximum	Employee Contributions (You Pay)	State Contributions (State Pays)	Total Premium Cost
Ohio Med (PPO) <sup>1</sup>	Network	\$200 single \$400 family	\$20	You pay 20% plan pays 80%	\$1,500 single \$3,000 family	\$26.74 single \$73.14 family minus spouse	\$150.49 single \$413.44 family minus spouse	\$177.23 single \$486.58 family minus spouse
	Out-of-Network	\$400 single \$800 family	\$30	You pay 40% plan pays 60% <sup>2</sup>	\$3,000 single \$6,000 family <sup>3</sup>	\$78.91 family plus spouse <sup>4</sup>	\$413.44 family plus spouse	\$492.35 family plus spouse
Aetna (HMO) <sup>1</sup>	Network	\$200 single \$400 family	\$20	You pay 20% plan pays 80%	\$1,500 single \$3,000 family	\$30.50 single \$83.48 family minus spouse \$89.25 family plus spouse <sup>4</sup>	\$143.69 single \$394.74 family minus spouse \$394.74 family plus spouse	\$174.19 single \$478.22 family minus spouse \$483.99 family plus spouse
Paramount (HMO)	Network	\$200 single \$400 family	\$20	You pay 20% plan pays 80%	\$1,500 single \$3,000 family	\$26.81 single \$73.37 family minus spouse \$79.14 family plus spouse <sup>4</sup>	\$131.94 single \$362.40 family minus spouse \$362.40 family plus spouse	\$158.75 single \$435.77 family minus spouse \$441.54 family plus spouse
The Health Plan (HMO)	Network	\$200 single \$400 family	\$20	You pay 20% plan pays 80%	\$1,500 single \$3,000 family	\$27.88 single \$76.27 family minus spouse \$82.04 family plus spouse <sup>4</sup>	\$147.03 single \$403.96 family minus spouse \$403.96 family plus spouse	\$174.91 single \$480.23 family minus spouse \$486 family plus spouse
UnitedHealthcare (HMO) <sup>1</sup>	Network	\$200 single \$400 family	\$20	You pay 20% plan pays 80%	\$1,500 single \$3,000 family	\$29.70 single \$81.26 family minus spouse \$87.03 family plus spouse <sup>4</sup>	\$144.37 single \$396.61 family minus spouse \$396.61 family plus spouse	\$174.07 single \$477.87 family minus spouse \$483.64 family plus spouse

<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.

<sup>4</sup> Employees with a spouse will be charged an additional \$12.50 per month. Rates for employees with a spouse are \$5.77 more per biweekly pay than those employees without a spouse.

Differences in plan rates are the result of each health plan's design, claims history and administrative fees.

Note: The rates listed above are presented in biweekly totals. These amounts represent the amount that will be deducted from each paycheck.