

# 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 medical.

### Your Copayments

\$20 outpatient office visit in-network, \$30 outpatient office visit out-of-network (balance billing applies); \$20 intensive outpatient care in-network, \$30 intensive outpatient care out-of-network (balance billing applies).

### Coinsurance

- Outpatient in-network: 100% after office visit copay, 80% of other services;
- Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies);
- Inpatient in-network: 80% after deductible;
- Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized.

### Your Out-of-Pocket Maximum

\$1,500 single in-network, \$3,000 family in-network; \$3,000 single out-of-network, \$6,000 family out-of-network. This deductible is combined with medical.

### Other

No day, annual or lifetime limits. Some benefit limits may apply: For details, visit [das.ohio.gov/behavioralhealth](https://das.ohio.gov/behavioralhealth), click the Summary Plan Descriptions tab and select the current summary plan.