

## IN-NETWORK AND OUT-OF-NETWORK COSTS FOR MEDICAL PLANS

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	Ohio Med PPO	Ohio Med HDHP
<b>Annual Deductible</b>	\$400 single, \$800 family in-network; \$800 single, \$1,600 family out-of-network.	\$2,000 single/\$4,000 family in-network \$4,000 single/\$8,000 family out-of-network
<b>Your Copayments (Office Visits)</b>	Primary care physician: \$30 in-network, \$50 out-of-network; Specialist: \$35 in-network; \$55 out-of-network. Outpatient office visit, intensive outpatient care: \$20 in network; \$30 out-of-network (balance billing applies).	80% after deductible in-network 60% after deductible out-of-network
<b>Coinsurance</b>	<b>Medical:</b> You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% out-of-network. <b>Behavioral Health:</b> Outpatient in-network: 100% after office visit copay; 80% of other services; <ul style="list-style-type: none"> <li>▪ Outpatient out-of-network: 60% of contracted allowable amount after copayment (balance billing applies)</li> <li>▪ Inpatient in-network: 80% after deductible</li> <li>▪ Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Your Out-of-Pocket Maximum</b>	\$2,500 single, \$5,000 family in-network; \$5,000 single, \$10,000 family out-of-network. This deductible is combined with behavioral health.	\$3,500 single/\$7,000 family in-network \$7,000 single/\$14,000 family out-of-network
<b>Behavioral Health</b>	No day, annual or lifetime limits. Some benefit limits may apply: for details, visit <a href="http://das.ohio.gov/behavioralhealth">das.ohio.gov/behavioralhealth</a> , click the Summary Plan Descriptions tab and select the current summary plan.	Same as PPO

### BENEFIT/SERVICE      COVERAGE LEVELS

<b>Chiropractic Care</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> <li>▪ Unlimited visits (review required after 25 visits)</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Diagnostic, X-Ray and Lab Services</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Emergency Room</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80%; \$150 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency</li> </ul>	80% after deductible; 60% after deductible out-of-network for non-emergency
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>▪ Most are covered at 100% in-network; 60% out-of-network</li> </ul>	Same as PPO
<b>Maternity – Delivery</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Physical, Occupational, and Speech Therapy</b>	<ul style="list-style-type: none"> <li>▪ Covered at 80% in-network; 60% out-of-network</li> <li>▪ Unlimited visits (review required after 25 visits)</li> <li>▪ Includes coverage for Autism Spectrum Disorder</li> </ul>	80% after deductible in-network 60% after deductible out-of-network
<b>Preventive Exams and Screenings</b>	<ul style="list-style-type: none"> <li>▪ Most preventive care covered at 100% in-network; 60% out-of-network</li> <li>▪ Age restrictions may apply</li> </ul>	Same as PPO
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>▪ \$40 copay in-network; \$60 copay out-of-network</li> <li>▪ Covered at 80% in-network; 60% out-of-network</li> </ul>	80% after deductible in-network 60% after deductible out-of-network

Non-network services: Plan pays 60% of Ohio Med PPO and Ohio Med HDHP contracted allowable amount and you pay any remaining balance (subject to balance billing).

If your out-of-network charge is greater than the contracted allowable amount, your out-of-pocket costs will be more.

For a list of immunizations paid at 100%, see Page 17.