

# Ohio Med PPO

## Out-of-Pocket Costs

<b>Annual Deductible</b>	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network. This deductible is combined with behavioral health
<b>Your Copayments (Office Visits)</b>	Primary care physician: \$20 in-network, \$30 out-of-network; Specialist: \$25 in-network: \$30 out-of-network
<b>Coinsurance</b>	You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% <sup>1</sup> out-of-network
<b>Your Out-of-Pocket Maximum<sup>2</sup></b>	\$1,500 single, \$3,000 family in-network; \$3,000 single, \$6,000 family <sup>3</sup> out-of-network. This deductible is combined with behavioral health.

## 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>
<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>
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Emergency Room</b>	<ul style="list-style-type: none"> <li>Covered at 80%; \$100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency</li> </ul>
<b>Hearing Loss<sup>4</sup> (Accidental, Injury or Illness)</b>	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network</li> <li>Hearing aids, exams and follow-ups are included in coverage</li> </ul>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network; limit of 180 days</li> </ul>
<b>Hospice Services</b>	<ul style="list-style-type: none"> <li>Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network</li> </ul>
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>Most are covered at 100% in-network; 60% out-of-network<sup>5</sup></li> </ul>
<b>Infertility Testing</b>	<ul style="list-style-type: none"> <li>Covered at 80% after applicable copay, for in-network; 60% after \$30 copay out-of-network</li> <li>Coverage includes testing only</li> </ul>
<b>Inpatient and Outpatient Services</b>	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Maternity - Delivery</b>	<ul style="list-style-type: none"> <li>Covered at 80% in-network; 60% out-of-network</li> </ul>
<b>Maternity-Prenatal/ Postpartum Care</b>	<ul style="list-style-type: none"> <li>Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%</li> </ul>
<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>
<b>Preventive Exams and Screenings<sup>6</sup></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>
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Covered at 80%; 180-day limit, additional days covered at 60% for both in- and out-of-network</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>\$30 copay in-network; \$35 copay out-of-network</li> <li>Covered at 80% in-network; 60% out-of-network</li> </ul>

<sup>1</sup> Plan pays 60% of Ohio Med PPO Plan's contracted allowable amount and you pay any remaining balance, known as balance billing.

<sup>2</sup> For prescription drug out-of-pocket cost information, see chart on Page 19.

<sup>3</sup> If your out-of-network charge is greater than the Ohio Med PPO Plan contracted allowable amount, your out-of-pocket costs will be more.

<sup>4</sup> Hearing aids for natural hearing loss are covered at 50%, up to \$1,000 per lifetime.

<sup>5</sup> For a list of immunizations paid at 100%, see Page 16.

<sup>6</sup> See Preventive Care chart on Page 16.