

MEDICAL

The State of Ohio is committed to offering quality comprehensive medical coverage for you and your family. The state offers one medical plan: Ohio Med. To provide you with medical coverage that best meets your needs, there are three medical plan options from which to choose. The following chart lists the differences between the medical plan options. To help you decide which plan is right for your family, go to DAS.Ohio.gov/Medical and click the **Compare the Medical Plan Options** tile.

Medical Plan Ohio Med is the one plan for those who enroll in medical benefits.	<h1>Ohio Med</h1>		
Medical Plan Administrators Your administrator is determined by your home ZIP code.	<h2>Anthem and Medical Mutual of Ohio</h2>		
Medical Plan Options There are three options available to you.	Ohio Med PPO Preferred Provider Organization	Ohio Med NN Narrow Network	Ohio Med HDHP High Deductible Health Plan
Medical Plan Option Definitions	<p>A preferred provider organization (PPO) is a medical plan that offers benefits at both in-network and out-of-network levels with set copay amounts for certain services. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the coverage amount is greater when you use in-network providers.</p>	<p>A narrow network plan is a medical plan that offers benefits only at in-network levels with set copay amounts for certain services. When you enroll in the Ohio Med NN, you may only visit providers within the network.</p> <p>IMPORTANT: If you go to a provider that is out of network for non-emergency services, there is no coverage, and you will be responsible for the entire cost.</p>	<p>A high deductible health plan (HDHP) is a medical plan that offers benefits at both in-network and out-of-network levels typically with a higher deductible and out-of-pocket maximums than the PPO plan. The contribution is usually lower, but you pay more health care costs before the medical third-party administrator starts to pay its share. The HDHP includes a health savings account (HSA), which allows you to pay for certain medical expenses with money free from federal taxes. With the HSA, the state offers \$1,000 or \$2,000 for you to apply to your health care costs.</p>
Medical Plan Option Details	<ul style="list-style-type: none"> • This plan has a higher employee contribution, but a lower deductible; members must pay the full amount until the deductible is met. • Each person covered in a family plan must meet the individual deductible or the combined family deductible, whichever occurs first, before the plan begins to pay. • Copay amounts are set for medical services such as a visit to the doctor and for prescriptions. • There is a separate \$3,500 single or \$7,000 family out-of-pocket maximum that must be met before prescription costs may be paid at 100%. • Prescription costs are not combined with medical to meet your out-of-pocket maximum. 	<ul style="list-style-type: none"> • In most instances, the narrow network plan has a lower contribution amount than the Ohio Med PPO and HDHP. • Covered services will be the same as the PPO. • Network-level copays, coinsurance, deductibles, and out-of-pocket amounts will also be the same as the Ohio Med PPO. • The narrow network has a smaller network of primary care providers, specialists, and hospitals committed to providing a higher quality of care with improved care coordination at a more affordable price. • There is no out-of-network benefit, except for emergencies. • Third-party administrator plan names: <ul style="list-style-type: none"> • Medical Mutual of Ohio refers to this plan as "MedFlex." • Anthem refers to this plan as "BlueHPN." 	<ul style="list-style-type: none"> • Has a lower employee contribution than the PPO, but a higher deductible; members must pay the full amount until the deductible is met. • The HDHP includes an HSA with a state contribution of \$1,000 (single coverage) or \$2,000 (family coverage) to your account. • If you are in a family plan, the plan will begin to pay only after the entire family deductible has been met. • Initial expenses can be paid by you using the HSA, or you could be reimbursed after a claim has been submitted. • Prescription costs are combined with medical to meet your out-of-pocket maximum. • Neither you nor your spouse can currently be enrolled in or have a carryover balance from the previous calendar year in any Health Care Spending Account. • You can enroll in a Limited Purpose Spending Account.