

When comparing the Ohio Med PPO and Ohio Med NN medical plan options, the Ohio Med NN only covers in-network providers **for non-emergency events**. Regardless of the plan you choose, you can access cost-comparison tools found on your medical and prescription drug third-party administrator websites. Use these tools to determine how you can save on expenses for services such as nurse lines, telehealth, doctor visits, retail clinics, and urgent care clinics.

Comparing Medical Plan Options					
		Ohio Med PPO and Ohio Med NN		Ohio Med HDHP	
		In-Network Providers <i>(PPO and Narrow Network)</i>	Out-of-Network Providers <i>(PPO Only)</i>	In-Network Providers	Out-of-Network Providers
Deductible	Single	\$400	\$800	\$2,000	\$4,000
	Family	\$800	\$1,600	\$4,000	\$8,000
Office Visits	Doctor	\$30	\$50	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
	Specialist	\$35	\$55	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
Out-of-Pocket Maximum	Single	\$2,500 Medical/ Behavioral Health Combined	\$5,000 Medical/ Behavioral Health Combined	\$3,500 Medical/ Behavioral Health/ Pharmacy Combined	\$7,000 Medical/Pharmacy/ Behavioral Health Combined
	Family	\$5,000 Medical/ Behavioral Health Combined	\$10,000 Medical/ Behavioral Health Combined	\$7,000 Medical/ Behavioral Health/ Pharmacy Combined	\$14,000 Medical/Pharmacy/ Behavioral Health Combined
Prescription Drugs	Retail (30-day supply)	\$10 / \$40 / \$75	N/A	Deductible/ 20% Coinsurance	N/A
	Home Delivery (90-day supply)	\$25 / \$100 / \$187.50	N/A	Deductible/ 20% Coinsurance	N/A
	Pharmacy Out-of-pocket Limit	\$3,500 / \$7,000	N/A	Included in Medical	Included in Medical

Medical Care Comparison - Where To Go For Care			
	Ohio Med PPO and Ohio Med NN	Ohio Med HDHP	
	Doctors in Your Plan	Doctors in Your Plan	Average Cost
Preventive Care	100%	100%	\$0
Telehealth Services	\$15	Deductible/Coinsurance	\$59
Doctor Visits	\$30	Deductible/Coinsurance	\$127
Specialist Visits	\$35	Deductible/Coinsurance	\$152
Retail Health Clinics	\$30	Deductible/Coinsurance	\$55
Urgent Care Clinic	\$40	Deductible/Coinsurance	\$107
Free Standing or Hospital Emergency Room	\$150 / 80%	Deductible/Coinsurance	\$1,540