

Medical Plans Summary and Comparison

Effective January 1 – December 31, 2012

Covered Service	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus		Independent Choice	Prime Care Connect ¹²	Out-of-Area Plan
	Network ¹	Network ¹	Network ¹	Non-Network ¹¹	Non-Network ¹¹	Network ¹³	Non-Network ²
Annual Deductible³	\$100 per person \$300 per family	\$300 per person \$900 per family	None	\$500 per person \$1,500 per family	\$600 per person \$1,800 per family	None	None
Annual Out-of-Pocket Maximum⁴	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$3,000 per person \$6,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person \$4,000 per family
Maximum Lifetime Benefit	None						
Acupuncture	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan year, subject to OSU Health Plan guidelines.						
	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Ambulance Services	Ambulance services are only covered when medically necessary						
	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	100% of UCR paid	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
Behavioral Health Services	Prior authorization ⁸ required for inpatient and facility-based behavioral health services; subject to OSU Health Plan guidelines;						
Mental Health and Substance Abuse: Inpatient	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$350 copay per admission	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay per admission	80% of UCR paid after deductible
Mental Health and Substance Abuse: Outpatient	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Chiropractic	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan year, subject to OSU Health Plan guidelines.						
	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Emergency Room Visit	If admitted to the hospital from the emergency room, notice to OSU Health Plan required within one business day; \$150 copay waived if admitted.						
	\$150 copay per visit	80% of network fee schedule paid after deductible	\$150 copay per visit	\$150 copay per visit	80% of UCR paid after deductible	\$50 copay per visit	\$150 copay per visit
Extended Care Facility Services⁸	Extended care facility services are covered for up to 60 days during a period of 36 consecutive months						
	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
GYN Examination	One exam per plan year paid at 100%; additional exams \$20 copay per visit	One exam per plan year paid at 100%; additional exams 80% of network fee schedule paid after deductible	One exam per plan year paid at 100%; additional exams \$20 copay per visit	70% of UCR paid after deductible	One exam per plan year paid at 100%; additional exams 80% of UCR paid after deductible	One exam per plan year paid at 100%; additional exams \$10 copay per visit	One exam per plan year paid at 100%; additional exams 80% of UCR paid

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Hearing Aids	Hearing aid benefits are limited to a maximum benefit of \$1,200 per person every four plan years; all plans may use any provider						
	80% paid after deductible	80% paid after deductible	80% paid	80% of UCR paid after deductible	80% of UCR paid after deductible	80% paid	80% of UCR paid
Home Health Care Services⁸	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
Hospice Care⁸	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
Hospitalization⁸	All non-emergency hospital admissions require prior authorization ⁸ . Covered hospitalization services include room/board in a semi-private room, meals, nursing services, and ancillary services (e.g., operating rooms, anesthesia, dressings, blood, diagnostic services, kidney dialysis, etc.)						
Facility Charges (includes lab, X-ray)	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$350 copay per admission	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay per admission	80% of UCR paid
Physician, Surgeon, Consultation Charges	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
Immunizations—per OSU Health Plan Guidelines	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	70% of UCR paid, after deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid
Infertility⁸	Infertility treatment begins upon diagnosis by an OB/Gyn. Subject to OSU Health Plan guidelines, balance billing ¹¹ , and a separate \$25,000 lifetime maximum benefit that includes provider services and prescription infertility medications.						
Provider services	Paid at 70% of UCR after separate \$400 annual deductible ¹¹ , may use any provider						
Medical Equipment, Supplies, and Prosthetics⁸	All costs over \$2000 for medical equipment, supplies or prosthetics requires prior authorization ⁸ from OSU Health Plan						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule	80% of UCR paid
Medical Massage	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan, subject to OSU Health Plan guidelines.						
	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Medications-Outpatient	Injectable/Oral/Intravenous (includes chemotherapy) medications dispensed on an outpatient (e.g., providers' office) basis						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
Medications-Specialty¹⁰	Specialty medications for certain conditions are not covered under the medical plans, but are covered under the Prescription Drug Program. ¹⁰						
Formulary	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
Non-Formulary	50% of network fee schedule paid after deductible	50% of network fee schedule paid after deductible	50% of network fee schedule paid	50% of UCR paid after deductible	50% of UCR paid after deductible	50% of network fee schedule paid	50% of UCR paid

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Nutritional Services	Nutritional services visits over three require prior authorization ⁸ .						
Visit 1 – 3	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	100% of UCR paid, no deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid
Visit 4 – 6 ⁸	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Occupational Therapy Outpatient	Occupational and Physical Therapy outpatient services are limited to a combined maximum total of 45 sessions per plan year.						
	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Office Visits							
General Practitioner, Pediatrician	\$20 copay per visit ⁶ (excludes lab and x-ray)	80% of network fee schedule paid after deductible	\$20 copay per visit ⁶	70% of UCR paid after deductible ⁶	80% of UCR paid after deductible ⁶	\$0 copay per visit	80% of UCR paid ⁶
Specialists ⁵	\$35 copay per visit (excludes lab and x-ray)	80% of network fee schedule paid after deductible	\$35 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Preventive Health Care (Physical Exams)⁹	100% of network fee schedule paid	100% of network fee schedule, no deductible	100% of network fee schedule paid	70% of UCR paid after deductible	100% of UCR, no deductible	100% of network fee schedule paid	100% of UCR, no deductible
Physical Therapy Outpatient	Occupational and Physical Therapy outpatient services are limited to a combined maximum total of 45 sessions per plan year.						
	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Prescription Drugs	Prescription drug coverage is provided under all the medical plans; refer online to hr.osu.edu/benefits/hb_prescription for details.						
Procedures, Outpatient	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$100 copay per visit; \$300 annual out-of-pocket maximum ⁷	70% of UCR paid after deductible	80% of UCR paid after deductible	\$35 copay per visit ⁷	80% of UCR paid
Radiation Therapy Outpatient	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
Smoking Cessation Program	Smoking Cessation program reimbursement maximum of \$240 per plan year: Up to \$120 annual reimbursement for consultation sessions; up to \$120 annual reimbursement for nicotine replacement products.						
Speech Therapy	Outpatient speech therapy treatment has a maximum benefit of \$2,000 per plan year						
Outpatient	\$20 copay per visit	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Surgery, Outpatient	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$300 copay	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay	80% of UCR paid

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Surgical Services, Second Opinion	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	100% of UCR paid, no deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid
Temporomandibular Dysfunction (TMD)	Lifetime maximum benefit of \$3,000 for all non-surgical TMJ covered services						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
Tests: Outpatient (includes diagnostic, lab, radiology, and X-ray)	90% of network fee schedule paid, no deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
Tests: Pre-Admission	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
Urgent Care in Ohio	\$35 copay per visit	80% of network fee schedule paid after deductible	\$35 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Urgent Care Outside Ohio	\$35 copay per visit	80% of network fee schedule paid after deductible	\$35 copay per visit	\$35 copay per visit	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
Weight Management Program	The Weight Management Program has a \$25,000 lifetime maximum benefit.						
	Hospital-based/Physician-directed programs and Weight Watchers [®] programs have a combined maximum benefit of \$1,000 per plan year.						
Hospital-based/Physician-directed Programs⁸	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement
Weight Watchers[®] Programs	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement
Weight Loss Surgery and Related Services⁸	Paid at 70% of UCR after separate \$400 annual deductible. Subject to OSU Health Plan guidelines, balance billing ¹¹ , Network plan enrollees must use network providers.						

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- ¹ With application, an additional out-of-area benefit is available for qualifying situations; the Out-of-Area Plan's non-network benefits apply, available online at hr.osu.edu/forms.
- ² Benefit is the same as Prime Care Advantage when services are received in Ohio and network providers are used.
- ³ A separate deductible applies for infertility treatment and weight-loss surgery.
- ⁴ All out-of-pocket costs you incur apply to both the network and non-network out-of-pocket maximum.
- ⁵ A listing of these specialists is available online at osuhealthplan.com. (Does not apply to Prime Care Connect)
- ⁶ This copay applies to family practitioners, internists, general practitioners, obstetricians and gynecologists, pediatricians, chiropractors, physical therapists, occupational therapists, speech therapists, acupuncturists, nutritionists, behavioral health providers, and licensed massage therapists. (Does not apply to Prime Care Connect)
- ⁷ Copay applies to all outpatient procedures. A listing of these procedures is available online at osuhealthplan.com/plan/overview.asp.
- ⁸ Prior Authorization from OSU Health Plan is required prior to receiving these services. Refer online at osuhealthplan.com for details.

- ⁹ Physical Examinations include related laboratory test and x-rays, per OSU Health Plan Guidelines for Pediatric Preventative Care and Health Maintenance Physical Exams.
- ¹⁰ To determine if your prescription drug is a specialty medication and for specialty medication definition and other helpful prescription information, refer online to hr.osu.edu/benefits/hb_prescription.
- ¹¹ Services are subject to balance billing. These charges can be reduced by choosing providers in the Medical Mutual of Ohio (MMO) Traditional Provider group of physicians and facilities when seeking medical care (costs not paid by the plan may be your responsibility). Contact MMO at 1-800-601-9208 for more information.
- ¹² Enrollment eligibility is based on income, special application required from OSU Health Plan, contact 614-292-4700, or 1-800-678-6269.
- ¹³ For faculty and staff who have applied and been approved for enrollment in this plan, the network restriction will be removed if your permanent home address is outside Ohio (or in select areas of Ohio without adequate network access). For a list of qualifying zip codes visit hr.osu.edu/benefits/hb_medical.

Note: A listing of network providers is available online at osuhealthplan.com/search.

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Additional information about these benefits is available online at hr.osu.edu/benefits/hb_medical.

This medical plan comparison chart should be used as a general guide only. Refer to the online Medical Plans – Specific Plan Details, available online at hr.osu.edu/benefits/hb_medical, for further information. If the information provided in this summary chart differs from the online document, the online document will govern.