

2018 MEDICAL PLAN COMPARISON CHART

Benefit Component	Prime Care Advantage ¹	Prime Care Choice ¹		Prime Care Connect ⁴	Out-of-Area Plan ⁵
	Network	Network	Out-of-Network ³	Network	Non-Network
Annual Deductible²	Individual: \$450 Family: \$900 for most services	Individual: \$950 Family: \$1,900 for most services	Individual: \$1,900 Family: \$3,800 for most services	Individual: \$150 Family: \$300 for most services	Individual: \$450 Family: \$900 for most services
Coinsurance	Plan pays 80% for most services after deductible	Plan pays 80% for most services after deductible	Plan pays 60% for most services after deductible	Plan pays 85% for most services after deductible	Plan pays 80% for most services after deductible
Annual Out-of-Pocket Maximum	Individual: \$2,600 Family: \$5,200	Individual: \$3,750 Family: \$7,500	Individual: \$7,500 Family: \$15,000	Individual: \$1,500 Family: \$3,000	Individual: \$2600 Family: \$5,200
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 100%
Office Visits	Primary Care Provider (PCP)⁶	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%
	Behavioral Health	Plan pays 80%, no deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 100%
	All Other	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	You pay \$20 copay
Immediate Care	Convenient Care	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%
	Urgent Care	Plan pays 80%, no deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	You pay \$35 copay
	AfterHours Care	Plan pays 80% after deductible ⁷	Plan pays 80% after deductible	Plan pays 60% after deductible	You pay \$20 copay ⁷
	Emergency Care	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	You pay \$100 copay
Inpatient Hosp.	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	You pay \$200 copay	Plan pays 80% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	You pay \$150 copay	Plan pays 80% after deductible
Lab and X-ray	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 85% no deductible	Plan pays 80% after deductible

¹ With application, an individual enrolled in this plan may qualify for the Out-of-Area Plan's non-network benefits.

² A separate deductible applies for infertility treatment and weight-loss surgery.

³ Out-of-pocket costs that you incur when receiving services from out-of-network providers will apply to the network out-of-pocket maximum.

⁴ Special application is required. See hr.osu.edu/oe for details. 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. Review eligibility by zip code online at hr.osu.edu/oe.

⁵ Must meet eligibility criteria. Review eligibility by zip code online at hr.osu.edu/oe.

⁶ A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine or general pediatrics provider. PCP services also can be provided by a Primary Care Nurse Practitioner who practices with a PCP. This benefit also applies to University Health Services and clinics in a retail setting (convenience care).

⁷ Utilization of services at Martha Morehouse and Gahanna AfterHours is a cost-effective alternative to the ER for more serious conditions than can be handled at convenient care or urgent care.

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