

2020 MEDICAL PLAN COMPARISON CHART

PROVISIONS	Prime Care Advantage ¹		Prime Care Choice ¹			Prime Care Connect ⁴		Out-of-Area Plan ⁵	
	Premier Network	Standard Network	Premier Network	Standard Network	Out-of-Network ³	Premier Network	Standard Network	Non-Network	
Annual Deductible	Individual: \$450 Family: \$900		Individual: \$950 Family: \$1,900		Individual: \$1,900 Family: \$3,800	Individual: \$150 Family: \$300		Individual: \$450 Family: \$900	
Annual Out-of-Pocket Maximum (including deductible)²	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	
Coinsurance	Plan pays 80% for most services after deductible	Plan pays 70% for most services after deductible	Plan pays 80% for most services after deductible	Plan pays 70% for most services after deductible	Plan pays 60% for most services after deductible	Plan pays 85% for most services after deductible	Plan pays 75% for most services after deductible	Plan pays 80% for most services after deductible	
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 70% after deductible	Plan pays 100%	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 100%	You pay \$20 copay	Plan pays 100%
	Behavioral Health Provider	Plan pays 80%, no deductible		Plan pays 80%, after deductible		Plan pays 60% after deductible	Plan pays 100%		Plan pays 80% after deductible
	Specialist	Plan pays 80% no deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	You pay \$20 copay	You pay \$30 copay	Plan pays 80% after deductible
	Other Practitioners⁷	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	You pay \$20 copay	You pay \$30 copay	Plan pays 80% after deductible
Immediate Care	Convenient Care Clinic	Plan pays 100%		Plan pays 100%		Plan pays 60% after deductible	Plan pays 100%		Plan pays 100%
	Urgent Center	Plan pays 80% no deductible		Plan pays 80% after deductible		Plan pays 60% after deductible	You pay \$35 copay		Plan pays 80% after deductible
	Emergency Care	Plan pays 80% after deductible		Plan pays 80% after deductible			You pay \$100 copay		Plan pays 80% after deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	You pay \$200 copay ⁸	You pay \$300 copay ⁸	Plan pays 80% after deductible	
Outpatient Surgery and Procedures	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	You pay \$100 copay ⁸	You pay \$150 copay ⁸	Plan pays 80% after deductible	
Outpatient Lab and X-ray	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 85% no deductible	Plan pays 75% 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.

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/benefits/medical/ 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/benefits/medical/.

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

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 Connection and clinics in a retail setting (convenience care).

7 Includes acupuncture, chiropractic, occupational therapy, speech therapy and physical therapy.

8 Your copay is applied to the facility claim.

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/benefits/medical/, for further information. If the information provided in this summary chart differs from the online document, the online document will govern.