

# State of Ohio 2020 Health Benefits

## Plan Options

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**Effective July 1, 2020, the State of Ohio offers a choice between the OhioMed PPO and the OhioMed high-deductible health plan, or HDHP. The HDHP is paired with a health savings account (HSA) administered by Optum Bank.**

### 2020 Plan Options

#### OhioMed PPO

With this PPO, you pay a higher monthly contribution, but have a lower deductible. After meeting your deductible, medical services will either be covered in full, or with coinsurance, depending on your plan design.

#### OhioMed HDHP

The HDHP requires a lower monthly contribution but has a higher deductible. This means you pay more out-of-pocket before the health plan begins to cover costs, except for certain preventive services.

With the HDHP, you pay 100% of the discounted charges for services, prescription drugs and other qualified health expenses until you meet your deductible.

To help you plan for and pay the higher deductible, the HDHP allows you to open an HSA. With an HSA, you can put money in a special bank account through pre-tax payroll deductions. You can then use this money to pay for qualified healthcare expenses as defined by the IRS. These expenses include deductibles and any coinsurance amounts. In addition, you don't pay any taxes on money you use to pay for qualified health expenses.

To help you get started, the State of Ohio will make a contribution to your HSA of \$1,000 for a single plan and \$2,000 for a family plan\*.

The State of Ohio makes opening an HSA easy. When you elect the HDHP during your open enrollment, you will be prompted to enroll in the HSA.

### More Information

Please see the back of this flier for detailed information about your plan options. If you have questions, call Medical Mutual Customer Care at 1-800-822-1152 or visit [StateOfOhio.MedMutual.com](http://StateOfOhio.MedMutual.com).

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\*Contribution for plan year July 1, 2020 to June 30, 2021. For questions regarding your contribution, see your payroll officer or call Employee Benefits Customer Service at 1-800-409-1205, option 2.

## PPO vs HDHP In-network Services Comparison

Effective July 1, 2020

|  | OhioMed PPO   | OhioMed HDHP                                       |
|--|---|--|
| <b>Plan Features</b>   |   |  |
| Deductible (single/family)   | \$400/\$800   | \$2,000/\$4,000                                    |
| Out-of-Pocket Maximum <sup>1</sup> (includes deductible) (single/family) | \$2,500/\$5,000   | \$3,500/\$7,000                                    |
| <b>Office Visits (illness/injury)</b>                                    |   |  |
| PCP Consultations <sup>2</sup>   | \$30 copay, then 100%   | 80% after deductible                               |
| Specialist Consultations <sup>2</sup>                                    | \$35 copay, then 100%   | 80% after deductible                               |
| Urgent Care Office Visits  | \$40 copay, then 100%   | 80% after deductible                               |
| Emergency Room Visits  | \$150 copay, then 90% after deductible (copay waived if admitted) | 80% after deductible                               |
| <b>Outpatient Therapy</b>  |   |  |
| Chiropractic <sup>3</sup>  | 80% after deductible  | 80% after deductible                               |
| Occupational, Physical and Speech Therapy <sup>3</sup>                   | 80% after deductible  | 80% after deductible                               |
| <b>Preventive Care</b>   |   |  |
| Physical Exam (including labs) <sup>4</sup>                              | 100%  | 100%   |
| Immunizations <sup>4</sup>   | 100%  | 100%   |
| Endoscopic Services (ages 50 and over)                                   | 100%  | 100%   |
| Mammogram (ages 35 and over)   | 100%  | 100%   |
| Pap Test and Associated Office Visit (ages 21–65)                        | 100%  | 100%   |
| Contraceptive Counseling and Methods                                     | 100%  | 100%   |
| <b>Well Child Care (to age 21)</b>                                       |   |  |
| Exams  | 100%  | 100%   |
| Immunizations and Labs   | 100%  | 100%   |
| <b>Maternity and Newborn Services</b>                                    |   |  |
| Inpatient Services   | 80% after deductible  | 80% after deductible                               |
| Initial Newborn Care   | 100%  | 100% after deductible                              |
| Prenatal Care Office Visits  | 100%  | 100%   |
| <b>Additional Services</b>   |   |  |
| Inpatient Hospital Services  | 80% after deductible  | 80% after deductible                               |
| Durable Medical Equipment  | 80% after deductible  | 80% after deductible                               |
| Hospice  | 100%  | 80% after deductible                               |
| Organ Transplant   | 80% after deductible  | 80% after deductible                               |
| Skilled Nursing Facility (SNF)   | 80% for the first 180 days per admission, then 60%                | 80% for the first 180 days per admission, then 60% |
| Diagnostic Imaging, Lab, Medical Tests                                   | 80% after deductible  | 80% after deductible                               |
| Home Health Care (180-day limit)   | 80% after deductible  | 80% after deductible                               |
| Telehealth Services  | \$10 copay  | 80% after deductible                               |

This is only a partial listing of benefits. For a complete list of benefits, please refer to your plan documents or visit [StateOfOhio.MedMutual.com](http://StateOfOhio.MedMutual.com).

- 1 Out of pocket includes behavioral health services.
- 2 Includes coverage for telemedicine visits (computer, tablet or smartphone) with your established healthcare providers for follow-up or care for chronic or general conditions.
- 3 25 visits, then subject to medical necessity and requires prior authorization.
- 4 Some restrictions may apply, verify with your plan administrator.