

# State of Ohio 2019 Health Benefits

## Plan Options

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**Effective July 1, 2019, the State of Ohio will offer 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.**

### 2019 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 percent 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).

For questions about the HSA, contact Optum Bank at 1-800-791-9361.

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\*Contribution for plan year July 1, 2019, to June 30, 2020. 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, 2019

	OhioMed PPO	OhioMed HDHP
<b>Plan Features</b>		
Deductible (single/family)	\$250/\$500	\$2,000/\$4,000
Out-of-Pocket Maximum (includes deductible) (single/family)	\$1,500/\$3,000	\$3,500/\$7,000
<b>Office Visits (illness/injury)</b>		
PCP Consultations	\$20 copay, then 100%	80% after deductible
Specialist Consultations	\$25 copay, then 100%	80% after deductible
Urgent Care Office Visits	\$30 copay, then 100%	80% after deductible
Emergency Room Visits	\$100 copay, then 80% after deductible (copay waived if admitted)	80% after deductible
<b>Outpatient Therapy</b>		
Chiropractic <sup>1</sup>	80% after deductible	80% after deductible
Occupational, Physical and Speech Therapy <sup>1</sup>	80% after deductible	80% after deductible
<b>Preventive Care</b>		
Physical Exam (including labs) <sup>2</sup>	100%	100%
Immunizations <sup>2</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).

<sup>1</sup> Subject to medical necessity and requires prior authorization.

<sup>2</sup> Some restrictions may apply, verify with your plan administrator.