2017 MEDICAL PLAN COMPARISON CHART

Benefit Component		Prime Care Advantage[1]	Prime Care Choice[1]		Prime Care Connect[6]	Out-of-Area Plan[7]
		Network	Network	Out-of-Network[3]	Network	Non-Network
Annual Deductible[2]		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: $100 Family: $200 for most services	Individual: $450 Family: $900 for most services
Coinsurance		Plan pays 80% for most services[5]	Plan pays 80% for most services[5]	Plan pays 60% for most services[5]	Plan pays 90% for most services[5]	Plan pays 80% for most services[5]
Annual Out-of-Pocket Maximum		Individual: $2,500 Family: $5,000	Individual: $3,750 Family: $7,500	Individual: $7,500 Family: $15,000	Individual: $1,000 Family: $2,000	Individual: $2500 Family: $5,000
Preventive Care		Plan pays 100%	Plan pays 100%	Plan pays 60%[5]	Plan pays 100%	Plan pays 100%
Office Visits	**Primary Care Provider (PCP)[8]**	Plan pays 100%	Plan pays 100%	Plan pays 60%[5]	Plan pays 100%	Plan pays 100%
	Behavioral Health	Plan pays 80%[4]	Plan pays 80%[5]	Plan pays 60%[5]	Plan pays 100%	Plan pays 80%[5]
	All Other	Plan pays 80%[5]	Plan pays 80%[5]	Plan pays 60%[5]	You pay $20 copay	Plan pays 80%[5]
Immediate Care	**Convenient Care**	Plan pays 100%	Plan pays 100%	Plan pays 60%[5]	Plan pays 100%	Plan pays 100%
	Urgent Care	Plan pays 80%[4]	Plan pays 80%[5]	Plan pays 60%[5]	You pay $20 copay	Plan pays 80%[5]
	AfterHours Care	Plan pays 80%[5, 9]	Plan pays 80%[5]	Plan pays 60%[5]	You pay $20 copay	Plan pays 80%[5]
	Emergency Care	Plan pays 80%[5]	Plan pays 80%[5]	Plan pays 80%[5]	You pay $75 copay	Plan pays 80%[5]
Inpatient Hosp.		Plan pays 80%[5]	Plan pays 80%[5]	Plan pays 60%[5]	You pay $200 copay	Plan pays 80%[5]
Outpatient Surgery		Plan pays 80%[5]	Plan pays 80%[5]	Plan pays 60%[5]	You pay $125 copay	Plan pays 80%[5]
Lab and X-ray		Plan pays 80%[5]	Plan pays 80%[5]	Plan pays 60%[5]	Plan pays 90%[4]	Plan pays 80%[5]

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** Annual deductible does not apply. **5** After you meet your annual deductible. **6** 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.** **7** Must meet eligibility criteria. Review eligibility by zip code online at **hr.osu.edu/benefits/medical**. **8** 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). **9** 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/benefits/medical**, for further information. If the information provided in this summary chart differs from the online document, the online document will govern.