

# Medical Plans Summary and Comparison

Effective January 1 – December 31, 2013

Covered Service	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus <sup>1</sup>		Independent Choice	Prime Care Connect <sup>12</sup>	Out-of-Area Plan <sup>2, 11</sup>
	Network <sup>1</sup>	Network <sup>1</sup>	Network	Non-Network	Non-Network	Network <sup>13</sup>	Non-Network
<b>Annual Deductible<sup>3</sup></b>	\$100 per person \$300 per family	\$300 per person \$900 per family	None	\$500 per person \$1,500 per family	\$600 per person \$1,800 per family	None	None
<b>Annual Out-of-Pocket Maximum</b>	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person <sup>4</sup> \$6,000 per family <sup>4</sup>	\$3,000 per person \$6,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person \$4,000 per family
<b>Maximum Lifetime Benefit</b>	None						
<b>Acupuncture</b>	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan year, subject to OSU Health Plan guidelines.						
	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Ambulance Services</b>	Ambulance services are only covered when medically necessary						
	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	100% of UCR paid	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Behavioral Health Services</b>	Prior authorization <sup>8</sup> required for inpatient and facility-based behavioral health services; subject to OSU Health Plan guidelines;						
<b>Mental Health and Substance Abuse: Inpatient</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$350 copay per admission	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay per admission	80% of UCR paid
<b>Mental Health and Substance Abuse: Outpatient</b>	90% of network fee schedule paid, no deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Chiropractic</b>	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan year, subject to OSU Health Plan guidelines.						
	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Emergency Room Visit</b>	\$150 copay per visit (waived if admitted) , no deductible	80% of network fee schedule paid after deductible	\$150 copay per visit (waived if admitted)	\$150 copay per visit (waived if admitted)	80% of UCR paid after deductible	\$50 copay per visit (waived if admitted)	\$150 copay per visit (waived if admitted)
<b>Extended Care Facility Services</b>	Prior authorization <sup>8</sup> required; Extended care facility services are covered for up to 60 days during a period of 36 consecutive months						
	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>GYN Examination</b>	One exam per plan year paid at 100%; additional exams \$20 copay per visit	One exam per plan year paid at 100%; additional exams 80% of network fee schedule paid after deductible	One exam per plan year paid at 100%; additional exams \$20 copay per visit	70% of UCR paid after deductible	One exam per plan year paid at 100% of UCR; additional exams 80% of UCR paid after deductible	One exam per plan year paid at 100%; additional exams \$10 copay per visit	One exam per plan year paid at 100% of UCR; additional exams 80% of UCR paid

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	Network <sup>1</sup>	Network <sup>1</sup>	Network	Non-Network	Non-Network	Network <sup>13</sup>	Non-Network
<b>Hearing Aids</b>	Hearing aid benefits are limited to a maximum benefit of \$1,200 per person every four plan years; all plans may use any provider						
	80% paid after deductible	80% paid after deductible	80% paid	80% of UCR paid after deductible	80% of UCR paid after deductible	80% paid	80% of UCR paid
<b>Home Health Care Services<sup>8</sup></b>	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
<b>Hospice Care<sup>8</sup></b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Hospitalization</b>	All non-emergency hospital admissions require prior authorization <sup>8</sup> . Covered hospitalization services include room/board in a semi-private room, meals, nursing services, and ancillary services (e.g., operating rooms, anesthesia, dressings, blood, diagnostic services, kidney dialysis, etc.)						
<b>Facility Charges (includes lab, X-ray)</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$350 copay per admission	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay per admission	80% of UCR paid
<b>Physician, Surgeon, Consultation Charges</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Immunizations—per OSU Health Plan Guidelines</b>	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	70% of UCR paid, after deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid
<b>Infertility<sup>3,8</sup></b>	Infertility treatment begins upon diagnosis by an OB/Gyn. Subject to OSU Health Plan guidelines, balance billing, and a separate \$25,000 lifetime maximum benefit that includes provider services and prescription infertility medications.						
<b>Provider services</b>	Paid at 70% of UCR after separate \$400 annual deductible, may use any provider						
<b>Medical Equipment, Supplies, and Prosthetics</b>	All costs over \$2000 for medical equipment, supplies or prosthetics requires prior authorization <sup>8</sup> from OSU Health Plan						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule	80% of UCR paid
<b>Medical Massage</b>	Acupuncture, Chiropractic, and Medical Massage treatments have a combined maximum benefit of \$2,000 per plan year, subject to OSU Health Plan guidelines.						
	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Medications-Outpatient</b>	Injectable/oral/intravenous (includes chemotherapy) medications dispensed on an outpatient (e.g., providers' office) basis						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
<b>Medications-Specialty</b>	Specialty medications for certain conditions are not covered under the medical plans, but are covered under the Prescription Drug Program. <sup>10</sup>						
<b>Formulary</b>	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
<b>Non-Formulary</b>	50% of network fee schedule paid after deductible	50% of network fee schedule paid after deductible	50% of network fee schedule paid	50% of UCR paid after deductible	50% of UCR paid after deductible	50% of network fee schedule paid	50% of UCR paid

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	Network <sup>1</sup>	Network <sup>1</sup>	Network	Non-Network	Non-Network	Network <sup>13</sup>	Non-Network
<b>Nutritional Services</b>							
Visit 1 – 3	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	100% of UCR paid, no deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid
Visit 4 – 6	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Occupational Therapy Outpatient</b>	Occupational and Physical Therapy outpatient services are limited to a combined maximum total of 45 sessions per plan year.						
	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Office Visits</b>	Office visits excludes lab tests sent out and includes surgical procedures that are performed in the provider's office						
Primary Care Physician (PCP) <sup>14</sup>	\$0 copay per visit, no deductible	100% of network fee schedule paid no deductible	\$0 copay per visit	70% of UCR paid after deductible	100% of UCR paid no deductible	\$0 copay per visit	100% of UCR paid
Other Practitioners	\$20 copay per visit, no deductible <sup>6</sup>	80% of network fee schedule paid after deductible	\$20 copay per visit <sup>6</sup>	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit <sup>6</sup>	80% of UCR paid
Specialists	\$35 copay per visit, no deductible <sup>5</sup>	80% of network fee schedule paid after deductible	\$35 copay per visit <sup>5</sup>	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit <sup>5</sup>	80% of UCR paid
Behavioral Health	90% of network fee schedule paid, no deductible	80% of network fee schedule paid after deductible	\$0 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$0 copay per visit	80% of UCR paid
Preventive Health Care (Physical Exams) <sup>9</sup>	100% of network fee schedule paid, no deductible	100% of network fee schedule, no deductible	100% of network fee schedule paid	70% of UCR paid after deductible	100% of UCR, no deductible	100% of network fee schedule paid	100% of UCR
<b>Physical Therapy Outpatient</b>	Occupational and Physical Therapy outpatient services are limited to a combined maximum total of 45 sessions per plan year.						
	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Prescription Drugs</b>	Prescription drug coverage is provided under all the medical plans; refer online to <a href="http://hr.osu.edu/benefits/hb_prescription">hr.osu.edu/benefits/hb_prescription</a> for details.						
<b>Procedures, Outpatient</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$100 copay per visit; \$300 annual out-of-pocket maximum <sup>7</sup>	70% of UCR paid after deductible	80% of UCR paid after deductible	\$35 copay per visit <sup>7</sup>	80% of UCR paid
<b>Speech Therapy</b>	Outpatient speech therapy treatment has a maximum benefit of \$2,000 per plan year						
Outpatient	\$20 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$20 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Surgery, Outpatient</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	\$300 copay	70% of UCR paid after deductible	80% of UCR paid after deductible	\$100 copay	80% of UCR paid
<b>Surgical Services, Second Opinion</b>	100% of network fee schedule paid, no deductible	100% of network fee schedule paid, no deductible	100% of network fee schedule paid	100% of UCR paid, no deductible	100% of UCR paid, no deductible	100% of network fee schedule paid	100% of UCR paid

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	Network <sup>1</sup>	Network <sup>1</sup>	Network <sup>1</sup>	Non-Network	Non-Network	Network <sup>13</sup>	Non-Network <sup>2</sup>
<b>Temporomandibular Dysfunction (TMD)</b>	Lifetime maximum benefit of \$3,000 for all non-surgical TMD covered services						
	80% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	80% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	80% of network fee schedule paid	80% of UCR paid
<b>Tests: Outpatient</b> (includes diagnostic, lab, radiology, and X-ray)	90% of network fee schedule paid, no deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Tests: Pre-Admission</b>	90% of network fee schedule paid after deductible	80% of network fee schedule paid after deductible	100% of network fee schedule paid	70% of UCR paid after deductible	80% of UCR paid after deductible	100% of network fee schedule paid	80% of UCR paid
<b>Tobacco Cessation Program</b>	Tobacco cessation services are covered through the university medical plans. You will pay the applicable out-of-pocket expenses based on the service received. Network restrictions apply. Over-the-counter nicotine supplements (patches, gums, and lozenges) when used in conjunction with an approved tobacco cessation program are available but require that you pay for them and submit a <a href="#">Tobacco Cessation Claim Form</a> for a refund. Free cessation services can be obtained through Health Coaching at OSU Health Plan.						
<b>Urgent Care in Ohio</b>	\$35 copay per visit, no deductible	80% of network fee schedule paid after deductible	\$35 copay per visit	70% of UCR paid after deductible	80% of UCR paid after deductible	\$10 copay per visit	80% of UCR paid
<b>Urgent Care Outside Ohio</b>	\$35 copay per visit, no deductible (no network restriction)	80% of network fee schedule paid after deductible	\$35 copay per visit (no network restriction)	\$35 copay per visit, no deductible	80% of UCR paid after deductible	\$10 copay per visit (no network restriction)	80% of UCR paid
<b>Weight Management Program</b>	The Weight Management Program has a \$25,000 lifetime maximum benefit.						
	Hospital-based/Physician-directed programs and Weight Watchers <sup>®</sup> programs have a combined maximum benefit of \$1,000 per plan year.						
<b>Hospital-based/Physician-directed Programs<sup>8</sup></b>	50% reimbursement of network fee schedule, no deductible	50% reimbursement of network fee schedule, no deductible	50% reimbursement of network fee schedule	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement
<b>Weight Watchers<sup>®</sup> Programs</b>	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement, no deductible	50% reimbursement, no deductible	50% reimbursement	50% reimbursement
<b>Weight Loss Surgery and Related Services<sup>8</sup></b>	Paid at 70% of UCR after separate \$400 annual deductible. Subject to OSU Health Plan guidelines; Network plan enrollees must use network providers.						

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- <sup>1</sup> With application, an additional out-of-area benefit is available for qualifying situations; the Out-of-Area Plan's non-network benefits apply, available online at [hr.osu.edu/forms](http://hr.osu.edu/forms).
- <sup>2</sup> Benefit is the same as Prime Care Advantage when services are received in Ohio from network providers.
- <sup>3</sup> A separate deductible applies for infertility treatment and weight-loss surgery.
- <sup>4</sup> All out-of-pocket costs you incur apply to both the network and non-network out-of-pocket maximum.
- <sup>5</sup> This copay applies to providers who are not a PCP (see footnote #14) and who are not "other practitioners" (see footnote #6).
- <sup>6</sup> This copay applies to obstetricians and gynecologists, chiropractors, physical therapists, occupational therapists, speech therapists, acupuncturists, nutritionists, and licensed massage therapists.
- <sup>7</sup> Copay applies to all outpatient procedures. A listing of these procedures is available online at [osuhealthplan.com/plan/overview.asp](http://osuhealthplan.com/plan/overview.asp).
- <sup>8</sup> Prior Authorization from OSU Health Plan is required prior to receiving these services. Refer online at [osuhealthplan.com](http://osuhealthplan.com) for details.
- <sup>9</sup> Physical Examinations include related laboratory test and x-rays, per OSU Health Plan Guidelines for Pediatric Preventative Care and Health Maintenance Physical Exams.

- <sup>10</sup> To determine if your prescription drug is a specialty medication and for specialty medication definition and other helpful prescription information, refer online to [hr.osu.edu/benefits/hb\\_prescription](http://hr.osu.edu/benefits/hb_prescription).
- <sup>11</sup> Must meet eligibility criteria. Review eligibility online at [hr.osu.edu/benefits/hb\\_medical](http://hr.osu.edu/benefits/hb_medical).
- <sup>12</sup> Enrollment eligibility is based on income, special application required from OSU Health Plan, contact 614-292-4700, or 1-800-678-6269.
- <sup>13</sup> 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). For a list of qualifying zip codes visit [hr.osu.edu/benefits/hb\\_medical](http://hr.osu.edu/benefits/hb_medical).
- <sup>14</sup> A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine, or general pediatrics provider. Primary care services also can be provided by a Primary Care Nurse Practitioner who practices with a primary care physician.

**Note:** A listing of network providers is available online at [osuhealthplan.com/search](http://osuhealthplan.com/search).

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Additional information about these benefits is online at [hr.osu.edu/benefits/hb\\_medical](http://hr.osu.edu/benefits/hb_medical).

This medical plan comparison chart should be used as a general guide only. Refer to the online Medical Plans – Specific Plan Details, online at [hr.osu.edu/benefits/hb\\_medical](http://hr.osu.edu/benefits/hb_medical), for further information. If the information provided in this summary chart differs from the online document, the online document will govern.