



IHA HEALTH

Benefits Administered By OhioHealthy

Medical Plan Comparison

	1500 Classic	2500 Classic	3500 Classic	5000 Classic	7350 Value	5000 HSA
Deductible Tier 1: OhioHealth CIN/COPC Tier 2: OhioHealthy Network Tier 3: Out of Network	Tier 1: \$0 Inv /\$0 Family Tier 2: \$1,500 Inv/ \$3,000 Family Tier 3: \$3,000 Inv/\$6,000 Family	Tier 1: \$0 Inv /\$0 Family Tier 2: \$2,500 Inv/ \$5,000 Family Tier 3: \$5,000 Inv/\$10,000 Family	Tier 1: \$0 Inv /\$0 Family Tier 2: \$3,500 Inv/ \$7,000 Family Tier 3: \$7,000 Inv/\$14,000 Family	Tier 1: \$0 Inv /\$0 Family Tier 2: \$5,000 Inv/ \$10,000 Family Tier 3: \$10,000 Inv/\$20,000 Family	Tier 1: \$0 Inv /\$0 Family Tier 2: \$7,350 Inv/ \$14,700 Family Tier 3: \$14,700 Inv/\$29,400 Family	Tier 1: \$5,000 Inv /\$10,000 Family Tier 2: \$5,000 Inv/ \$10,000 Family Tier 3: \$10,000 Inv/\$20,000 Family
Max out of pocket Tier 1: OhioHealth CIN/COPC Tier 2: OhioHealthy Network Tier 3: Out of Network <i>*(Tier 3 Subject to % of U/C rates)**</i>	Tier 1: \$0 Inv/\$0 Family Tier 2: \$7,350 Inv/\$14,700 Family Tier 3: \$20,000 Inv/ \$40,000 Family	Tier 1: \$0 Inv/\$0 Family Tier 2: \$7,350 Inv/\$14,700 Family Tier 3: \$20,000 Inv/ \$40,000 Family	Tier 1: \$0 Inv/\$0 Family Tier 2: \$7,350 Inv/\$14,700 Family Tier 3: \$20,000 Inv/ \$40,000 Family	Tier 1: \$0 Inv/\$0 Family Tier 2: \$7,350 Inv/\$14,700 Family Tier 3: \$20,000 Inv/ \$40,000 Family	Tier 1: \$0 Inv/\$0 Family Tier 2: \$7,350 Inv/\$14,700 Family Tier 3: \$20,000 Inv/ \$40,000 Family	Tier 1: \$5,000 Inv/\$10,000 Family Tier 2: \$6,550 Inv/\$13,100 Family Tier 3: \$20,000 Inv/ \$40,000 Family
Primary Care & Specialist Copay:	Tier 1: \$0 PCP/\$0 Spec Tier 2: \$40 PCP/\$80 Spec Tier 3: 40% after deductible	Tier 1: \$0 PCP/\$0 Spec Tier 2: \$40 PCP/\$80 Spec Tier 3: 40% after deductible	Tier 1: \$0 PCP/\$0 Spec Tier 2: \$45 PCP/\$90 Spec Tier 3: 40% after deductible	Tier 1: \$0 PCP/\$0 Spec Tier 2: \$45 PCP/\$90 Spec Tier 3: 40% after deductible	Tier 1: \$0 PCP/\$0 Spec Tier 2: \$50 PCP/\$100 Spec Tier 3: 40% after deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Preventative Care	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 40% after Deductible	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 40% after Deductible	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 40% after Deductible	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 40% after Deductible	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 40% after Deductible	Tier 1: Covered at 100% Tier 2: Covered at 100% Tier 3: 50% after Deductible
Emergency Room (Facility)	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% Deductible Waived Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Emergency Room (Professional Fee)	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% After Deductible Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Inpatient (Physician)	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% After Deductible Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Inpatient (Facility)	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% Deductible Waived Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Outpatient (Facility)	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% Deductible Waived Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% Deductible Waived Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Outpatient (Physician)	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 20% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered at 100% Tier 2: 0% After Deductible Tier 3: 40% After Deductible	Tier 1: Covered 100% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Urgent Care	Tier 1: \$0 Copay Tier 2: \$80 Copay Tier 3: 40% After Deductible	Tier 1: \$0 Copay Tier 2: \$80 Copay Tier 3: 40% After Deductible	Tier 1: \$0 Copay Tier 2: \$90 Copay Tier 3: 40% After Deductible	Tier 1: \$0 Copay Tier 2: \$90 Copay Tier 3: 40% After Deductible	Tier 1: \$0 Copay Tier 2: \$100 Copay Tier 3: 40% After Deductible	Tier 1: 0% After Deductible Tier 2: 20% After Deductible Tier 3: 50% After Deductible
Pharmacy Benefit (Administered by Magellan Rx) *Non participating pharmacies are not covered*	Retail - 30 day supply Generic: \$15 Copay Preferred Brand: \$45 Copay Non-Preferred Brand: \$85 Copay Specialty Drugs *Not covered through Magellan: Subject to Calendar Year Deductible and Co-insurance*	Retail - 30 day supply Generic: \$15 Copay Preferred Brand: \$45 Copay Non-Preferred Brand: \$85 Copay Specialty Drugs *Not covered through Magellan: Subject to Calendar Year Deductible and Co-insurance*	Retail - 30 day supply Generic: \$15 Copay Preferred Brand: \$65 Copay Non-Preferred Brand: \$100 Copay Specialty Drugs *Not covered through Magellan: Subject to Calendar Year Deductible and Co-insurance*	Retail - 30 day supply Generic: \$15 Copay Preferred Brand: \$65 Copay Non-Preferred Brand: \$100 Copay Specialty Drugs *Not covered through Magellan: Subject to Calendar Year Deductible and Co-insurance*	Discount Card	Discount Card

PLEASE NOTE: This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions