

Medical Benefits

Carrier: EBA

Administrator: OhioHealthy

This plan brings you the best benefits in Central Ohio by offering a three tiered network:

Tier 1: The Ohio Health Clinically Integrated Network facilities and doctors + COPCP

Tier 2: The Ohio Healthy Network of facilities and doctors

Tier 3: Out of Network

Deductible	Tier 1	Tier 2	Out of Network
Single	\$0	\$500	\$14,700
Family	\$0	\$1,000	\$29,400
Coinsurance			
Member %	0%	50%	50%
Out of Pocket Maximum			
Single	\$0	\$3,000	\$29,400
Family	\$0	\$6,000	\$58,800
Commonly Used Services			
Primary Care Physician Office Visit	\$0	\$0	50% after deductible
Specialist Office Visit	\$0	\$100	50% after deductible
Urgent Care	\$0	\$100	50% after deductible
Emergency Room (Facility)	\$0	0%	50% after deductible
Emergency Room (Physician)	\$0	50% after deductible	50% after deductible
Preventive Care			
Preventive Services	0%	0%	50% after deductible
Major Medical Expenses			
Outpatient (Facility)	0%	0%	50% after deductible
Outpatient (Physician)	0%	50% after deductible	50% after deductible
Inpatient (Facility)	0%	0%	50% after deductible
Inpatient (Physician)	0%	50% after deductible	50% after deductible
MRI, CT Scan, PT Scan, etc... (Facility)	0%	0%	50% after deductible
Prescription Drug Coverage			
Prescription Deductible	\$0	\$0	N/A
Generic (Tier 1)	\$0	\$0	N/A
Brand Name (Tier 2)	\$40	\$40	N/A
Non-Preferred (Tier 3)	\$70	\$70	N/A
Specialty (Tier 4)	\$250	\$250	N/A
Specialty (Tier 5)	N/A	N/A	N/A
Mail Order - 90 day Supply	2 X co-pays	2 X Co-pays	N/A
Plan Information			
Deductible Period	January 1st - December 31st		
Deductible Explanation	Embedded		
Network Name	Ohio Health CIN + COPCP / Ohio Healthy		

	Preferred	Preferred Plus	Standard	Standard Plus	Sub Standard
Employee Only	\$417.67	\$449.07	\$484.79	\$544.44	\$612.38
Employee + Spouse	\$803.11	\$865.92	\$937.34	\$1,056.64	\$1,192.53
Employee + Child(ren)	\$736.11	\$792.63	\$856.92	\$964.30	\$1,086.59
Family	\$1,188.59	\$1,282.80	\$1,389.94	\$1,568.91	\$1,772.73

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage