



The Ohio Med Plan benefits at a glance

The chart below shows highlights of the Ohio Med Plan offered to State of Ohio employees. It's a summary chart, so it doesn't provide the full details of your plan. You can access complete benefits and coverage information after July 1, 2018 on your secure member website at aetnastateohioemployee.com.

Plan feature/service	In-network benefit/cost	Out-of-network benefit/cost
Deductible (per calendar year) • Single • Family	You pay: \$250 \$500	You pay: \$500 \$1,000
Coinsurance	You pay 20% after deductible for many covered services	You pay 40% after deductible for many covered services
Out-of-pocket maximum • Single • Family	You pay: \$1,500 \$3,000	You pay: \$3,000 \$6,000
Medical		
Preventive exams and screenings	You pay \$0	You pay \$30 copay; all office services subject to deductible and coinsurance
Doctor's office visit	You pay \$20 copay; all other office services subject to deductible and coinsurance	You pay \$30 copay; all office services subject to deductible and coinsurance
Doctor's specialist office visit	You pay \$25 copay; all other office services subject to deductible and coinsurance	You pay \$30 copay; all office services subject to deductible and coinsurance
Diagnostic, X-ray and lab services	You pay 20% after deductible	You pay 40% after deductible
Inpatient and outpatient services	You pay 20% after deductible	You pay 40% after deductible
Physical, occupational and speech therapy (unlimited visits; review required)	You pay 20% after deductible	You pay 40% after deductible
Chiropractic care (unlimited visits; review required)	You pay 20% after deductible	You pay 40% after deductible
Durable medical equipment	You pay 20% after deductible	You pay 40% after deductible
Urgent care facility	You pay \$30 copay	You pay \$35 copay, then 40%
Emergency room	You pay \$100, then 20% after deductible (per visit)*	You pay \$100 copay, then 20% after deductible (per visit)*

*Waived if you are admitted to the hospital as an inpatient.

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Para acceder a los servicios de idiomas sin costo, llame al 1-800-949-3104 (Spanish)

如欲使用免費語言服務，請致電 1-800-949-3104 。（Chinese）