

OHIO HEALTHCARE REFORM INITIATIVE

Modeled Plan Designs

Benefit Type		Catastrophic	Preventative	Limited Catastrophic
Annual Deductible		\$1,000	\$250	\$2,500
Max Coinsurance OOP		\$5,000	\$1,000	\$10,000
Coinsurance		30%	40%	40%
Annual Maximum Benefit		\$250,000	\$3,000,000	\$3,000,000
Hospital Services				
	Inpatient Services	\$250 copay (in addition to ded&coins)	5 Day Max	\$250 copay (in addition to ded&coins); \$2,500 Daily Max
	Pregnancy/Maternity	SAOI	SAOI	Not Covered
	OP Surgery	\$250 copay (in addition to ded&coins)	2 Surgery Max	\$250 copay (in addition to ded&coins)
	OP Radiology/Diagnostic Tests	Ded & Coins	D&C; 2 MRI/CAT/PET Max	D&C; 2 MRI/CAT/PET Max
	Outpatient Pathology	Ded & Coins	Ded & Coins	Ded & Coins
	IP MNSA	Ded & Coins	D&C; 30 Days MNSA	D&C; 30 Days MNSA
	OP MNSA	Ded & Coins	D&C; 30 Days MNSA	D&C; 30 Days MNSA
	ER	D&C with \$100 copay (in addition to ded&coins); 2 Visits	D&C with \$100 copay (in addition to ded&coins); 2 Visits	D&C with \$100 copay (in addition to ded&coins); 2 Visits
Physician Services				
	Office Visits	\$25 copay for 1st 2 Visits; Ded & Coins thereafter; No Visit Max	\$25 copay for 1st 2 Visits; Ded & Coins thereafter; 4 Visit Max	\$25 copay for 1st 2 Visits; Ded & Coins thereafter; No Visit Max
	Well-baby/child			
	Child Immunizations			
	Adult Physicals			
	Mammogram, PSA			
	Other Services	Ded & Coins	Ded & Coins	Ded & Coins
Other Medical Services				
	Skilled Nursing Facility	Ded & Coins	D&C; 30 Day Max	Not Covered
	Home Health Care	Ded & Coins	D&C; 30 Day Max	Ded & Coins
	DME	Ded & Coins	Ded & Coins	Ded & Coins
	Ambulance	Ded & Coins	Ded & Coins; \$1,000 Max	Ded & Coins
	PT/OT/ST	Ded & Coins	10 Visits; \$25 Copay per Visit	30 Visits; \$25 Copay per Visit
	Transplants	D&C; \$1 mil lifetime max	D&C; \$1 mil lifetime max	D&C; \$1 mil lifetime max
	Dental	D&C; 1 Visit; \$50 Max	D&C; 1 Visit; \$50 Max	D&C; 1 Visit; \$50 Max
	Podiatrist	Ded & Coins	Ded & Coins	Ded & Coins
	Private Duty Nursing	Ded & Coins	D&C; 30 Day Max	Ded & Coins
	Prosthetics	Ded & Coins	Ded & Coins	Ded & Coins
	Chiropractor	Ded & Coins	Ded & Coins	Ded & Coins
	Vision Exams	Not Covered	Not Covered	Not Covered
	Hearing Exams	Ded & Coins; 1 Exam \$0 Copay	Ded & Coins; 1 Exam \$0 Copay	Ded & Coins; 1 Exam \$0 Copay
	Chronic Conditions			
	Preventative Services e.g. Diabetes, Asthma, Congestive Heart Failure, etc.	24 Visit Max	24 Visit Max	24 Visit Max
		Limited to certified chronic care program providers	Limited to certified chronic care program providers	Limited to certified chronic care program providers
Prescription Drug				
	Deductible	\$500	\$0	\$500
	Generic	90% after Ded	\$5 copay	\$10 copay
	Formulary	70% after Ded	\$30 copay	50% after Ded
	Non-Formulary	50% after Ded	\$60 copay	50% after Ded
	Mail Order	Same	90 Days for 2xCopay	Same
	Maximum Annual Benefit	None	\$2,500	\$2,500