

Ohio Individual Open Enrollment Plans

BENEFIT	BASIC	STANDARD	PPO	
			In-Network	Out-of-Network
Calendar Year Deductible (per insured person)	\$1,000	\$750	\$750	\$750
Family Limit on Deductible	None	None	None	None
Coinsurance ^{(1) (2)} (Plan/Insured)	50/50	70/30	80/20	60/40
Emergency Room Deductible (In addition to and does not count toward the Calendar Year Deductible.)	\$75 per visit, waived if admitted to the hospital	\$75 per visit, waived if admitted to the hospital	\$75 per visit, waived if admitted to the hospital	\$75 per visit, waived if admitted to the hospital
Prescription Drugs (Brand w/ generic substitute: Not Covered)	Generic: \$15 Brand : 20% for drugs costing over \$75	Generic: \$15 Brand : 20% for drugs costing over \$75	Generic: \$15 Brand : 20% for drugs costing over \$75	Generic: \$15 Brand : 20% for drugs costing over \$75
Individual Out-of-Pocket Maximum (This is in addition to the Calendar Year Deductible)	\$5,000 per calendar year	\$5,000 per calendar year	\$3,000 per calendar year	\$5,000 per calendar year
Family Out of Pocket	None	None	None	None
Maternity/Routine Nursery Care Benefits (includes coverage for dependent children)	Limited to complications of pregnancy	\$3,000 per occurrence. Complications of pregnancy paid as any illness	\$3,000 per occurrence Complications of pregnancy paid as any illness	\$3,000 per occurrence Complications of pregnancy paid as any illness
Calendar Year Maximums (Per Insured Person):				
For a plan year beginning on or after September 23, 2010, but before September 23, 2011	\$750,000	\$1,000,000	\$1,000,000	\$1,000,000
For a plan year beginning on or after September 23, 2011, but before September 23, 2012	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
For a plan year beginning on or after September 23, 2012, but before January 1, 2014	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
For a plan year beginning on or after January 1, 2014	No Maximum	No Maximum	No Maximum	No Maximum

¹ Covered preventive health care services are provided without a copayment, coinsurance, or deductible, except when an out of network provider is used to provide these services under the PPO plan.

² In Network and Out of Network coinsurance limits accumulate separately to the out of pocket maximum and are in addition to the Calendar Year Deductible.

Important Note: The information shown above is not intended to provide full details of the health benefit plans. Complete terms of coverage are outlined in the applicable insurance policy.

CELTIC