2027 Medical Plan Comparison

OhioHealth

In-network only *Shared cost*	**Enhanced PPO**		**Core PPO**		**HDHP + HSA**		**PPO Assist + HRA** *For lower income households*	
	Tier 1	**Tier 2**	**Tier 1**	**Tier 2**	**Tier 1**	**Tier 2**	**Tier 1**	**Tier 2**
ANNUAL DEDUCTIBLE — The amount you pay BEFORE the plan pays.								
Associate only	$450	$1,500	$950	$2,000	$1,750	$3,000	$950	$2,000
Associate + 1	$675	$2,250	$1,425	$2,500	$3,500	$4,500	$1,425	$2,500
Associate + 2 or more	$900	$3,000	$1,900	$4,000	$4,000	$6,000	$1,900	$4,000
EMPLOYER CONTRIBUTIONS — The amount OhioHealth contributes to help offset the plan deductible and other out-of-pocket costs. HRA contribution amounts are prorated based on your start date.								
Associate only	None		None		Match up to $500		Up to $700	
Associate + 1					Match up to $750		Up to $1,050	
Associate + 2 or more					Match up to $1,000		Up to $1,400	
COINSURANCE — What you pay for most services AFTER you meet the deductible.								
	10%	30%	20%	30%	10%	30%	20%	30%
ANNUAL OUT-OF-POCKET MAXIMUM — The most you'll pay out-of-pocket in a plan year.								
Associate only	$2,500	$5,000	$3,000	$5,000	$3,500	$6,500	$3,000	$5,000
Associate + 1	$3,750	$7,500	$4,500	$7,500	$6,750	$9,750	$4,500	$7,500
Associate + 2 or more	$5,000	$10,000	$6,000	$10,000	$9,000	$13,000	$6,000	$10,000
COVERED SERVICES — What you pay for in-network services. When you use Tier 1 providers, you will have the lowest costs and get the highest level of benefits when you receive care. You'll pay more for covered care from Tier 2 or 3 providers. [1]								
Preventive Care [1] *Annual physicals, screenings, vaccines, well-baby/child visits*	$0		$0		$0		$0	
Primary Care Visits	$10 [2]	$35 [2]	$20 [2]	$35 [3]	10% [3]	30% [3]	$20 [2]	$35 [3]
Specialty Care Visits	$25 [2]	$50 [2]	$35 [2]	$75 [3]	10% [3]	30% [3]	$35 [2]	$75 [3]
Urgent Care	$35 [2]	$55 [2]	$35 [2]	$75 [2]	10% [3]	30% [3]	$35 [2]	$75 [2]
Emergency Medical Care	10% + $300 [3]		10% + $300 [3]		10% [3]		10% + $300 [3]	
Behavioral Health & Substance Use Disorder	$10 [2]		$10 [2]		10% [3]		$10 [2]	
Prescription Drug	Included in your medical plan premiums. The amount you pay for prescription medications depends on the medical plan you choose.							

You and your dependents are eligible to enroll in our benefits plans if you are regularly scheduled to work at least 48 hours per pay period, and not subject to Bargaining Unit restrictions. Associates working 32 or more hours per week are considered Full-Time. Associates working 24-31.99 hours per week are considered Part-Time.

(1) Tier 1 Network (in-network preferred) includes OhioHealth Physician Group (OPG), Clinically Integrated Network (CIN), Columbus Ohio Primary Care (COPC), Nationwide Children's Hospital, Cleveland Clinic, and emergency services at any location. (2) No deductible; (3) After deductible