

Beginning **January 1, 2026**, your OhioHealthy network will transition to a **new 3-tiered structure**. You'll continue to enjoy all the same great OhioHealthy benefits—just in a new format designed to give you more choice and flexibility in your care. If you are unfamiliar with how a tiered network operates, we have included an FAQ below to provide more insight. Please note that prior to January 1, 2026, your coverage will remain the same as it is now.

**Your 2026 plan is designed around a tiered network of providers. Depending on which doctor, provider or facility you use, your out of pocket costs may be different.**

## FREQUENTLY ASKED QUESTIONS

### Q: What is a tiered network?

Your plan has a three-tier provider network (Tier 1, Tier 2 and Tier 3). You and your covered family members choose which tier to use each time you seek care.

- **About tier 1:** You will have the lowest cost and get the highest level of benefits when you receive care or services from tier 1 providers that include OhioHealth providers and facilities. Some of these features include lower copays for physician/specialist office visits (when applicable), lower deductibles, lower coinsurance and lower out-of-pocket maximums as compared to tiers 2 or 3.
- **About tier 2:** The tier 2 network of providers and facilities have agreed to negotiated rates for our plan members. Your deductible, coinsurance, and copays are lower than when using an out-of-network provider, however they will be higher than services received from tier 1 network providers and facilities.
- **About tier 3:** Out-of-network. If you receive care from a provider who is not a part of the networks described above, your services may not be discounted, and you could be billed the difference between what the OhioHealthy Plan pays and what the provider chooses to charge. Seeing providers outside of the tier 1 and tier 2 networks will cost you the most out-of-pocket.

### Q: How do I know what tier my provider or facility is in?

The provider search tool on [OhioHealthyPlans.com](https://OhioHealthyPlans.com) ("Find Care") details each in-network provider and facility tier designation. **Beginning on January 1, 2026 the provider search tool will show the updated provider tiers for the Van Wert area.** Tier 3 providers are out-of-network and those providers and facilities DO NOT populate in the provider search tool. If you need additional assistance finding an in-network provider/facility, or determining what tier your provider/facility is in, please contact an OhioHealthy Member Advocate at the phone number on the back of your ID card.

**Q: What if I need a service that is not provided by a tier 1 provider in my network?**

Tier 1 providers include a comprehensive group of providers that are able to treat a wide variety of conditions. In addition to OhioHealth providers and facilities, Nationwide Children’s Hospital, Cleveland Clinic, (plus more) are in the tier 1 network. Any provider outside of the tier 1 network will be paid according to that provider’s tier designation. (Unless it is an emergency. See answer below.) All tier 2 behavioral health and Durable Medical Equipment (prosthetics, orthotics, plus more) services will be paid at the tier 1 benefit level.

**Q: What if I am currently receiving care from a non-tier 1 provider and would like to switch?**

If you see or are in active treatment with a tier 2 or a tier 3 out-of-network provider, you may want to transfer your care to a tier 1 provider for the lowest cost. We understand this kind of change can cause stress, but our Care Management team will be with you every step of the way. They will work with you on a transition plan for your care, as well as help with finding and scheduling new providers. Any tier 2 provider that is being seen currently, if you apply for transition of care support, it will apply to the tier 1 benefit under the transition of care and continuity of care policy. You can contact the Care Management team at: (614)-485-7941 or [CareManagement@OhioHealthyPlans.com](mailto:CareManagement@OhioHealthyPlans.com).

**Q: What if I have an emergency and am taken to a facility outside of tier 1?**

If you or a covered dependent has an emergency medical condition and receive emergency services, at any emergency facility, the services will be paid according to the tier 1 benefit.

**Q: What is considered an emergency medical condition?**

Emergency Medical Condition means a medical condition, including a mental health condition or substance use disorder, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of Section 1867(e)(1)(A) of the Social Security Act. In that section, such clauses refer to (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in the serious jeopardy, (ii) serious impairment to body functions, or (iii) serious dysfunction of any body organ or part. Final determination as to whether services were rendered in connection with an emergency will rest solely with the Plan. The Plan will not limit what constitutes an Emergency Medical Condition solely on the basis of diagnosis codes, as required by the No Surprises Act.

**Q: What if my provider does not recognize OhioHealthy?**

OhioHealth facilities and physicians will recognize OhioHealthy. Outside of the OhioHealth health system, the network is covered by Aetna, but providers should verify eligibility and submit claims to OhioHealthy.