

Medical Mutual of Ohio OHP Benefit Grid

(Effective 4/01/06)

Plan Name	Deductible IN (s/f)	Deductible OUT (s/f)	Out of Pocket Max (includes ded) (s/f) IN	Out of Pocket Max (includes ded) (s/f) OUT	Coinsurance IN/OUT	Office Visit	Urgent Care	ER	DEFAULT RX PLAN
Plus 10100	\$100/\$200	\$500/\$1,000	\$100/\$200	\$1,500/\$3,000	100%/90/10%	\$10	\$30	\$100	(1) \$10/\$20/\$40 \$25/\$50/\$100
Plus 1090	None	\$500/\$1,000	\$1,500/\$3,000	\$3,500/\$7,000	90/10%/70/30%	\$10	\$30	\$100, then 10%	(1) \$10/\$20/\$40 \$25/\$50/\$100
Plus 15100	\$100/\$200	\$500/\$1,000	\$100/\$200	\$1,500/\$3,000	100%/90/10%	\$15	\$35	\$100	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 1590	None	\$500/\$1,000	\$1,500/\$3,000	\$3,500/\$7,000	90/10%/70/30%	\$15	\$35	\$100, then 10%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 1580	\$250/\$500	\$500/\$1,000	\$1,750/\$3,500	\$3,500/\$7,000	80/20%/60/40%	\$15	\$35	\$100, then 20%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 1570	\$300/\$600	\$600/\$1,200	\$2,300/\$4,600	\$4,600/\$9,200	70/30%/50/50%	\$15	\$35	\$100, then 30%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 1560	\$500/\$1,000	\$1,000/\$2,000	\$3,500/\$7,000	\$7,000/\$14,000	60/40%/50/50%	\$15	\$35	\$100, then 40%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2080-250	\$250/\$500	\$500/\$1,000	\$2,250/\$4,500	\$4,500/\$9,000	80/20%/60/40%	\$20	\$40	\$100, then 20%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2080-500	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$6,000/\$12,000	80/20%/60/40%	\$20	\$40	\$100, then 20%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2080-750	\$750/\$1,500	\$1,500/\$3,000	\$3,250/\$6,500	\$6,500/\$13,000	80/20%/60/40%	\$20	\$40	100, then 20%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2080-1000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	80/20%/60/40%	\$20	\$40	\$100, then 20%	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2070	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000	\$8,000/\$16,000	70/30%/50/50%	\$20	\$40	\$100, then 30%	(4) \$20/\$40/\$60 \$50/\$120/\$130
Plus 2060	\$500/\$1,000	\$1,000/\$2,000	\$3,500/\$7,000	\$7,000/\$14,000	60/40%/50/50%	\$20	\$40	\$125, then 40%	(4) \$20/\$40/\$60 \$50/\$120/\$130
Plus 2000 (Agg)	\$2,000/\$4,000		\$3,000/\$5,500		80/20%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
Plus 2500	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$6,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
Plus 2560	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	60/40%/50/50%	\$25	\$45	\$125, then 40%	NO COVERAGE
Plus 5000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$11,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 1000-3000	\$1,000/\$3,000	\$2,000/\$6,000	\$1,000/\$3,000	\$6,000/\$18,000	100%/80/20%	\$20	\$40	\$100	(2) \$10/\$20/\$40 \$30/\$60/\$120
Plus 2000-6000	\$2,000/\$6,000	\$4,000/\$12,000	\$2,000/\$6,000	\$12,000/\$36,000	100%/80/20%	\$20	\$40	\$100	(2) \$10/\$20/\$40 \$30/\$60/\$120
HSA 2200	\$2,200/\$4,400	\$2,700/\$5,400	\$2,200/\$4,400	\$7,700/\$15,400	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
HSA 2500	\$2,500/\$5,000	\$3,000/\$6,000	\$2,500/\$5,000	\$7,500/\$15,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
HSA 3000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000	\$7,500/\$15,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
HSA 4000	\$4,000/\$8,000	\$4,500/\$9,000	\$4,000/\$8,000	\$7,500/\$15,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins
HSA 5000	\$5,000/\$10,000	\$5,500/\$11,000	\$5,000/\$10,000	\$7,500/\$15,000	100%/60/40%	Ded&Coins	Ded&Coins	Ded&Coins	Ded&Coins

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Rx Options: All plans have Generic Incentive; if member fills brand when generic is available, member pays brand copay, PLUS difference in cost between brand and generic price.

- (1) \$10 / \$20 / \$40 – with \$25 / \$50 / \$100
- (2) \$10 / \$20 / \$40 – with \$30 / \$60 / \$120; maintenance meds must use mail order or pay 2X applicable retail copay
- (3) \$15 / \$30 / \$60 – with \$45 / \$90 / \$180; maintenance meds must use mail order or pay 2X applicable retail copay
- (4) \$20 / \$40 / \$60 – with \$60 / \$120 / \$180; maintenance meds must use mail order or pay 2X applicable retail copay