



Join your cause.

COSE  
P-HMO Health Ohio



Health Ohio

Benefits	
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	26
Over Aged Child	28
	Removal upon the end of month
Overall Annual Benefit Period Maximum	Unlimited
Benefit Period Deductible	None
Coinsurance	None
Coinsurance Out-of-Pocket Maximum (Excluding Deductible)	None
Physician/Office Services	
Office Visit (Illness/Injury)	\$15 copay
Urgent Care Office Visit	\$15 copay
Eye Exam (One per benefit period) <sup>1</sup>	\$15 copay
Hearing Exams	\$15 copay
Ambulatory Surgery (In office)	\$15 copay
All Immunizations	Covered in full
Allergy Treatments	\$15 copay
Allergy Testing	\$25 copay
Preventive Services	
Preventive Services, in accordance with state and federal law <sup>2</sup>	Covered in full
Physical Exam	Covered in full
Well Child Care	Covered in full
Routine Mammogram (One per benefit period)	Covered in full
Routine Pap Test	Covered in full
Routine Diagnostic Services	Covered in full
Outpatient Services	
Surgical Services	Covered in full
Diagnostic Services	Covered in full
Physical, Chiropractic and Occupational Therapies (20 visits per benefit period)	\$15 copay
Speech Therapy (10 visits per benefit period)	\$15 copay
Cardiac Rehabilitation	Covered in full
Emergency Services in an Emergency Room	\$75 copay per visit
Non Emergency Services in an Emergency Room	\$75 copay per visit
Inpatient Facility	
Semi-Private Room and Board	\$100 copay per admission per person
Medical/Surgical	Covered in full
Maternity	\$100 copay per admission per person
Skilled Nursing Facility (100 days per benefit period)	\$100 copay per admission per person
Additional Services	
Ambulance	\$50 copay
Durable Medical Equipment	Not Covered
Home Healthcare	Covered in full
Hospice	Covered in full
Organ Transplants	\$100 copay per admission per person
Mental Health and Substance Abuse	



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Benefits	
Inpatient Mental Health and Substance Abuse Services (30 days per admission, limited to two admissions per benefit period)	\$100 copay per admission per person
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	\$15 copay
<b>Prescription Drug – There are several different freestanding drug options available.</b>	

*Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of healthcare benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.*

Copayments on any single covered basic health care service will not exceed 40% of the average cost to Medical Health Insuring Corporation of Ohio of providing the service.

All services must be authorized by your HMO Health Ohio primary care physician. However, obstetrical/gynecological services may be obtained from any of the network HMO obstetrical/gynecological physicians without a referral from the primary care physician.

The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Medical Mutual case manager (except for corneal transplants.) Failure to contact the case manager prior to the proposed course of treatment (including the evaluation) will result in a significant monetary penalty. Refer to your certificate for details.

HMO Health Ohio is made available through Medical Health Insuring Corporation of Ohio, a health insuring corporation that is a wholly owned subsidiary of Medical Mutual of Ohio.

<sup>1</sup>A SuperMed Vision provider must be used for a routine vision exam.

<sup>2</sup>Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.