

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

Schedule of Benefits

<u>BENEFIT</u>	<u>BASIC</u>	<u>STANDARD</u>	<u>PPO IN-NETWORK</u>	<u>PPO OUT-NETWORK</u>
Calendar Year Individual Deductible	\$1,000	\$750	\$750	\$750
Family Limit on Deductible	NONE	NONE	NONE	NONE
Coinsurance	50/50	70/30	80/20	60/40
Emergency Room Deductible ^① Coinsurance	\$75 50/50	\$75 70/30	\$75 80/20	\$75 60/40
Individual Calendar Year Out of Pocket Maximum ^②	\$5,000	\$5,000	\$3,000 ^③	\$5,000 ^③
Family Calendar Year Out of Pocket Maximum	NONE	NONE	NONE	NONE
Maternity and Routine Nursery Care Benefits ^④	NONE	\$3,000	\$3,000	\$3,000
Calendar Year Maximum Benefits Per Insured:	\$50,000	\$1,000,000	\$1,000,000	\$1,000,000

- ① Emergency Room Deductible is waived if admitted to the hospital. This deductible is in addition to the Calendar Year Deductible.
- ② This maximum is in addition to the Calendar Year Deductible.
- ③ In Network and Out-Network coinsurance limits accumulate separately to the corresponding out-of-pocket maximum and are in addition to the Calendar Year Deductible.
- ④ Standard and PPO plan maternity and routine nursery care benefits for a normal delivery are limited to \$3,000 per occurrence. Complications in all plans are paid same as any other illness.

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

Covered Service and Benefit Limitations

ALL PLANS

Benefits for covered services are subject to applicable plan deductibles, coinsurance and calendar year benefit maximums as described in the Schedule of Benefits.

<p>Hospital Room and Board:</p> <ul style="list-style-type: none"> • Intensive Care Unit 	<p>Average semi-private rate. Three times average semi-private rate.</p>
<p>Emergency Room Services: For an emergency medical condition (prudent layperson standard) treated in any hospital emergency department without prior authorization.</p>	<p>\$75 deductible per visit in addition to Calendar Year Deductible.</p>
<p>Maternity and Routine Nursery Care Benefits:</p> <ul style="list-style-type: none"> • Includes coverage for dependent children • <u>Basic plan</u> • <u>Standard and PPO plans</u> • <u>Complications of Pregnancy</u> Complications of pregnancy is a condition that is distinct from pregnancy, but is adversely affected by pregnancy. Examples of such conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion, and conditions of comparable severity. It also includes conditions such as emergency non-elective cesarean section, ectopic pregnancy, hyperemesis gravidarum, and spontaneous abortion occurring when a viable birth is not possible. Complications of pregnancy does NOT include: false labor, occasional spotting, physician-prescribed rest during pregnancy, morning sickness, pre-eclampsia, or other conditions related to a difficult pregnancy. 	<p>Limited to complications of pregnancy. Maternity and routine nursery care benefits for a normal delivery limited to \$3,000 per occurrence. Covered the same as any other illness.</p>
<p>Mental/Nervous/Alcoholism and Drug Addiction</p> <ul style="list-style-type: none"> • Inpatient • Outpatient Eligible Outpatient Charge 	<p>Maximum benefit per insured, per calendar year</p> <p>\$2,000 \$550 \$50 per visit</p>

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

<p>Biologically Based Mental Illness: Schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.</p>	<p>Covered the same as any other illness.</p>
<p>Organ Transplant:</p> <p style="padding-left: 40px;">Covered transplants</p> <p style="padding-left: 40px;">Covered charges</p>	<p>Heart, Heart/Lung, Lung, Liver, Kidney, Bone Marrow, Pancreas and Cornea. No other organ transplants are covered.</p> <p>Initial testing and diagnosis; immunosuppressant drug therapy, before and after surgery; complications resulting from surgery, organ rejection/failure; and repeat transplants of same organ.</p>
<p>Outpatient Physical Therapy:</p> <p style="padding-left: 40px;">Maximum visits per year</p> <p style="padding-left: 40px;">Eligible charge</p>	<p>20 per insured</p> <p>\$40 per visit</p>
<p>Outpatient Prescription Drugs:</p> <p style="padding-left: 40px;">Maximum benefit per year</p>	<p>\$2,500 per insured</p>
<p>Nursing Home, Convalescent Home, Extended Care Facility, Home Health Care and Hospice:</p> <p style="padding-left: 40px;">Maximum benefit per year</p>	<p>Covered only if medically necessary.</p> <p>\$5,000</p>

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

Preventive Health Care:	
<p>Child Wellness Benefit</p> <p>Mammogram 130% of the Medicare reimbursement rate in this state for screening mammography. “Medicare Reimbursement” means the reimbursement rate paid in this state under the Medicare program for screening mammography that does not include digitization or computer aided-detection, regardless of whether the actual benefit includes digitization or computer-aided detection.</p> <p>Pap Smear</p>	<p>Calendar year maximum</p> <ul style="list-style-type: none"> • Birth to age one: \$500 (includes maximum benefit amount of \$75 for hearing screening) • Ages one through eight: \$150 <ul style="list-style-type: none"> • Age 35-39: One mammogram • Age 40-49: One mammogram every two years or annually if woman has risk factors for breast cancer • Age 50-64: One mammogram per year <p>Covered</p>
Skeletal Adjustment/Adjunctive Therapy/Vertebral Manipulation/Dislocation-Subluxation Services:	
<p>Maximum visits per year</p> <p>Eligible charge</p>	<p>10</p> <p>\$25 per visit</p>
Durable Medical Equipment:	
<p>Purchase or rental for up to six months (whichever costs less) of durable medical equipment.</p>	
Surgery:	
<ul style="list-style-type: none"> • Assistant Surgeon - Medically necessary assistance in performance of an operation • Two or more procedures performed in the same operative session 	<p>Maximum benefit shall not exceed 20% of all eligible charges made by the surgeon performing the operation.</p> <p>Maximum payment shall be limited to:</p> <ul style="list-style-type: none"> a. if two or more procedures are performed through the same incision, payment shall be limited the amount payable for the procedure having the greater payment. b. payment shall be limited to the amount payable for the procedure having the greater payment plus one-half of the amount that would have otherwise been payable for the procedure having the lesser benefit.
Reconstructive Surgery Following Mastectomy:	
<p>Coverage will be provided in a manner determined in consultation with the attending physician and the patient for any covered person who is receiving</p>	

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

benefits in connection with a mastectomy, who elects breast reconstruction for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

GENERAL EXCLUSIONS

No benefits will be paid for charges:

1. For transportation, except local, to or from a Hospital, by professional ground ambulance services.
2. For normal childbirth, normal pregnancy or routine nursery care (except as provided in the Schedule of Benefits), elective cesarean section or voluntarily induced abortion.
3. For fertility or infertility studies, diagnostic testing, advice, consultation, examination, medication, or for any treatment related to or connected in any way with the restoration or enhancement of fertility or the inability to conceive or conception by artificial means, including, but not limited to, in-vitro fertilization or embryo transfer.
4. For replacement of artificial limbs and artificial eyes.
5. For blood or blood plasma which has been replaced.
6. For donation of any body organ by an insured person.
7. For services performed by a person who ordinarily resides in the insured person's home or is a close relative of the insured person or by the insured person's employer or partner.
8. Except as stated in the plan, for any cosmetic surgery, unless required to restore a part of the body that has been altered as a result of an accidental bodily injury or illness.
9. For custodial care.
10. Applied to a deductible or coinsurance amount under any benefit of the policy.
11. For services or treatment not prescribed by a doctor or for services or treatment not shown as covered.
12. Due to an illness arising out of, or in the course of, employment for wages or profit.
13. For expenses incurred after the insurance terminates.
14. For treatment or services experimental or investigational in nature.
15. For eye surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring), including, but not limited to radial keratotomy; or for eye refractions, eye glasses or contact lens including fitting any examinations.
16. For treatment, services or supplies furnished by a department or agency of the United States Government. This exclusion will not apply to a non-service connected illness of a veteran of the United States armed forces who does not have a service-connected illness.
17. For services and supplies eligible for payment by a government or charitable program, except as required by law.

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

18. For hearing aids, including fitting and examinations.
19. Which are not necessary to the care or treatment of an illness.
20. Which would not be made if no insurance existed.
21. For recreational or educational therapy or vocational rehabilitation.
22. Except as allowed under covered charges subject to limitations, for speech or occupational therapy and related diagnostic testing if the therapy or testing is in connection with or related in any way to the treatment of a learning disability, speech impediment, or developmental delay even though therapy is recommended due to organic dysfunction, including, but not limited to, congenital deformity or birth trauma.
23. For which the insured person is not legally obliged to pay.
24. For treatment or services which are not generally accepted medical practices in the United States for a given illness.
25. For treatment of obesity, morbid obesity or for weight reduction purposes.
26. For illness that results from participation in any assault, unlawful act, strike, civil disorder or riot.
27. For the treatment of sexual dysfunction or inadequacies, including, but not limited to, impotence and the implantation of a penile prosthesis.
28. For routine physical or premarital examination except as may be covered under the child wellness benefit. Mammograms and pap smears are covered.
29. For a private room in excess of the average semi-private room and board rate.
30. Except for a federally eligible individual, no benefits will be paid for charges due to a pre-existing condition. This limitation relates only to conditions treated during the six months immediately preceding the effective date of coverage. Benefits will be paid for such charges incurred after the end of the period of twelve (12) consecutive months while insured under the policy.
31. In excess of reasonable and customary charges.
31. For services or supplies prohibited by law.
32. For sex changes.
33. For sterilization and reversal of sterilization.
34. Resulting from any suicide, attempted suicide or intentionally self-inflicted injury or sickness while sane or insane unless such act is the result of an underlying medical condition.

OHIO INDIVIDUAL INDEMNITY OHC PLANS

Affordable Care Act Compliant Grandfathered Health Plan Summary

35. For examination, treatment or surgery of the teeth, gums or direct supporting structure, except for-repair of injury to sound natural teeth, (including their replacement) as a result of an accidental bodily injury. Treatment must be given within ninety (90) days of the date of the accident.
36. For an illness caused by any act of war, whether or not declared.
37. For surrogate pregnancy.
38. For surgery of the jaw or for any treatment of temporomandibular joint (TMJ) disorder. Treatment of jaw fractures and removal of tumors of the jaw will not be subject to this exclusion.
39. For the treatment of complications arising from or connected in any way with a surgical or medical treatment or procedure that is not a covered expense under the terms of the policy, whether or not the insured person was insured under the policy at the time the non-covered treatment or procedure was performed.
40. For foot care due to:
 - a. treatment of weak, strained or flat feet or instability or imbalance of the foot.
 - b. treatment of corn, calluses or the free edge of toenails, except when necessitated for peripheral vascular disease or other illnesses of similar medical seriousness.
42. For contraceptives, infertility drugs and growth hormones.