

Medical Plan Options 2022

SHP

Scioto Health Plan
SE Division of OHI

In-Network Plan Options			
Current network: Anthem	SHP 1 (PPO)	SHP 2 (HDHP)	SHP 3 (HDHP-MVP)
Preventive Care	Preventive services covered 100% for all plans		
Annual Deductible (Excludes copays)	\$ 700 /person \$2,100 /family	\$2,800 /person \$5,600 /family	\$ 7,000 /person \$14,000 /family
Office Copay	\$35 for primary care \$65 for specialist	Ded, then 10%	\$0 after deductible
Urgent Care	\$75 copay	Ded, then 10%	\$0 after deductible
Emergency Room	\$200+ 20% coinsurance	Ded, then 10%	\$0 after deductible
Coinsurance	Ded, then 20%	Ded, then 10%	\$0 after deductible
Prescription Drugs	Deductible does not apply	After the deductible is reached	After the deductible is reached
Retail (34 day supply)	\$15 Generic	Ded, then 10%	\$0 after deductible
	\$45 Brand Formulary		
	\$70 Brand Non-Formulary		
Mail Order (90 day supply)	\$30 Generic	Ded, then 10%	\$0 after deductible
	\$90 Brand Formulary		
	\$140 Brand Non-Formulary		
Specialty (34 day supply) (90 day, if allowable)	\$80 \$160	Ded, then 10%	\$0 after deductible
Annual Maximum Out-of-Pocket (Includes medical and rx deductibles, coinsurance, and copays)	\$2,800 /person \$6,200 /family	\$4,200 /person \$8,400 /family	\$ 7,000 /person \$14,000 /family