



MIAMI UNIVERSITY

Network Hospital Tiering

2017

Tier 1: In-Network

PPO: Deductible: \$350/\$700
Medical Out-of-Pocket: \$2,100/\$4,200*
Plan Out-of-Pocket: \$6,350/\$12,700*
Coinsurance: 90%/10%

HDHP: Deductible: \$2,000/\$4,000
Plan Out-of-Pocket: \$3,000/\$6,000
Coinsurance: 90%/10%

Mercy Health

Anderson, Clermont, Fairfield,
West and Jewish Hospital

TriHealth

Bethesda North, Butler &
Arrow Springs, Good Samaritan,
TriHealth Evendale,
McCullough-Hyde

Kettering Health Network

Ft. Hamilton, Grandview,
Greene, Kettering, Soin,
Southview, Sycamore

Christ Hospital

St. Elizabeth Hospitals

All other UHC Designated
facilities**

Tier 2: In-Network

PPO: Deductible: \$350/\$700
Medical Out-of-Pocket: \$2,100/\$4,200*
Plan Out-of-Pocket: \$6,350/\$12,700*
Coinsurance: 80%/20%

HDHP: Deductible: \$2,000/\$4,000
Plan Out-of-Pocket: \$3,000/\$6,000
Coinsurance: 80%/20%

Cincinnati Children's

Dayton Children's

Tier 3: In-Network

PPO: Deductible: \$350/\$700
Medical Out-of-Pocket: \$2,100/\$4,200*
Plan Out-of-Pocket: \$6,350/\$12,700*
Coinsurance: 80%/20% + \$500 per occurrence co-pay

HDHP: Deductible: \$2,000/\$4,000
Plan Out-of-Pocket: \$3,000/\$6,000
80%/20% Coinsurance + \$500 per occurrence co-pay

UC Health

UC Medical Center,
West Chester Hospital,
Drake Center

Reid Memorial Hospital

All other **UHC in-network**
hospital facilities

Tier 4: Out-of-Network

PPO: Deductible: \$5,000/\$10,000
Plan Out-of-Pocket: \$6,350/\$12,700
Coinsurance: 50%/50%

HDHP: Deductible: \$5,000/\$10,000
Plan Out-of-Pocket: \$6,350/\$12,700
Coinsurance: 50%/50%

Premier Health (effective 4/29/17)

Atrium, Good Samaritan Dayton, Miami Valley Hospitals, Upper Valley Medical Center

Any out-of-network facilities

* PPO medical out-of-pocket maximum includes deductible and co-insurance only. The plan out-of-pocket maximum includes deductible, co-insurance and co-payments.

** Complete list of UHC Designated facilities on the Benefits & Wellness website at miamioh.edu/hr/