# **Medical and Rx Plans**

**MEWA** 



#### **Ohio Chamber Health Benefit Program**

2-50 FTE Employees
January 1, 2025

#### **Premier PROformance Plans with CORE UHC Rewards**

	Coinsurance		Deductibles			Out of Pocket Maximum				Copay / Copay+Coinsurance										
Plan		Out of Network	Network		Out of Network		Network		Out of Network		Virtual	Vista el PC		P <sup>1</sup> Spec				OP/IP	Deductible	RX
Code			Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Prem Designation Tier 1 <sup>2</sup>	Network <sup>3</sup>	Urgent Care	ER⁴	Surgery	Type⁵	Code
EB-SK	100%	50%	\$1,000	\$2,000	\$10,000	\$20,000	\$3,000	\$6,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded	Ded	Emb	G15S
EB-RX	100%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$4,000	\$8,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded	Ded	Emb	G15S
EB-RR	100%	50%	\$3,500	\$7,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded	Ded	Emb	G15S
EB-RS	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded	Ded	Emb	G15S
EB-SH	80%	50%	\$1,000	\$2,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Emb	G15S
EB-SI	80%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Emb	G15S
EB-SJ	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Emb	G15S
EB-RW	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,500	\$17,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Emb	G15S

#### Health Savings Account (HSA) with Premium UHC Rewards

	Coinsurance		Deductibles				Out of Pocket Maximum					Copay					
Plan Code	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual	PCP <sup>1</sup>	Cons	Urgent	ER	Deductible Type⁵	RX Code
			Single	Family	Single	Family	Single	Family	Single	Family	Visit	PCP	Spec	Care	En	. 3750	
EB-RI	80%	50%	\$3, <b>3</b> 00	\$6,600	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	Ded	80%	80%	80%	80%	Emb	G15S
EB-RJ	80%	50%	\$5,000	\$10,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	Ded	80%	80%	80%	80%	Emb	G15S
EB-RK	80%	50%	\$6,000	\$12,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	Ded	80%	80%	80%	80%	Emb	G15S

#### Pharmacy Plans with Specialty Medication Cost Sharing (SMCS)

Rx Code	Retail Network	Rx Ded		Retail (	Copays			Mail Order			
	netali Network	Ind/Fam	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	Ratio
Essential with SMCS Drugs											
G15S	National	N/A	\$10	\$50	\$125	\$300	\$10	\$50	\$125	\$500	2.5
HSA Pharmacy plans on Essential with SMCS Drugs											
G15S	National	Same as Medical	\$10	\$50	\$125	\$300	\$10	\$50	\$125	\$500	2.5





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## **MEWA**



#### **Ohio Chamber Health Benefits Program**

2-50 FTE Employees January 1, 2025

### **Finding Premium Designated Tier 1 Providers**

Members simply need to look for the indicator next to providers' names on myuhc.com® and the UnitedHealthcare® app.



To access the Premium Designated Tier 1 provider list without authenticating on myuhc.com, choose the Choice Plus Premier network to *Spot the Dot.* 

- 1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
- 2 This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.
- 3 This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.
- 4 Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.
- 5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

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