

Medical and Rx Plans

MEWA



Ohio Chamber Health Benefits Program

2-50 ATNE Employees

May 1, 2021

Health Savings Account (HSA) with Motion Plans

OH Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copay ² / Copay+Coinsurance					Deductible Type ⁴	Motion	RX Codes
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹	Spec	Urgent Care	ER ³			
			Single	Family	Single	Family	Single	Family	Single	Family								
CF-5W	100%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$5,000	\$10,000	\$15,000	\$30,000	Ded	\$25	\$50	\$75	\$250+ Ded	Emb	Yes	G15
CM-EA	100%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded	\$25	\$50	\$75	\$250+ Ded	Emb	Yes	G15
CM-D6	100%	50%	\$4,000	\$8,000	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded	\$25	\$50	\$75	\$250+ Ded	Emb	Yes	G15
CF-5X	100%	50%	\$5,000	\$10,000	\$7,500	\$15,000	\$6,650	\$13,300	\$15,000	\$30,000	Ded	\$25	\$50	\$75	\$250+ Ded	Emb	Yes	G15
CF-5Y	100%	50%	\$6,250	\$12,500	\$7,500	\$15,000	\$6,250	\$12,500	\$15,000	\$30,000	Ded	Ded	Ded	Ded	Ded	Emb	Yes	G16
CF-5V	80%	50%	\$2,800	\$5,600	\$7,500	\$15,000	\$5,000	\$10,000	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15
CM-D9	80%	50%	\$2,800	\$5,600	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15
CM-D7	80%	50%	\$3,500	\$7,000	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15
CF-5Z	80%	50%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,550	\$13,100	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15
CM-D8	80%	50%	\$5,000	\$10,000	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15
CM-EB	80%	50%	\$6,250	\$12,500	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	Yes	G15

Premier Plans

OH Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance								Deductible Type ⁴	RX Code		
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹		Spec		Urgent Care	ER ³	Lab/XRay			MRI, CT, etc.	OP/IP Surgery
			Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Prem Designation Tier 1 ⁵	Network ⁶							
CF-G3	100%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$0	\$50	\$100	\$75	\$300+Ded	Ded	Ded	Ded	Emb	G15
CF-G4	100%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$0	\$50	\$100	\$75	\$300+Ded	Ded	Ded	Ded	Emb	G15
CF-G5	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$25	\$0	\$50	\$100	\$75	\$300+Ded	Ded	Ded	Ded	Emb	G15
CF-52	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$10	\$25	\$0	\$25	\$50	\$75	\$250+80% (no Ded)	\$0	Ded+20%	Ded+20%	Emb	G15
CM-EC	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	\$10	\$25	\$0	\$25	\$50	\$75	\$250+80% (no Ded)	\$0	Ded+20%	Ded+20%	Emb	G15
CF-53	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$10	\$30	\$0	\$30	\$60	\$75	\$250+80% (no Ded)	\$0	Ded+20%	Ded+20%	Emb	G15
CF-54	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$10	\$30	\$0	\$30	\$60	\$75	\$250+80% (no Ded)	\$0	Ded+20%	Ded+20%	Emb	G15

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Premier PROformance Plans

OH Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance									Deductible Type ⁴	RX Code	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹		Spec		Urgent Care	ER ³	Lab/XRay	MRI, CT, etc.			OP/IP Surgery
			Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Prem Designation Tier 1 ⁵	Network ⁶							
CF-55	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	G15
CF-56	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	G15
CF-57	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	G15
CF-58	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	G15

Pharmacy Plans on Essential PDL

Rx Code	Number of Tiers	PDL	Copays				Mail Order Ratio
			Tier 1	Tier 2	Tier 3	Tier 4	
G15	4	Essential PDL	\$10	\$50	\$125	\$300	2.5

H.S.A Pharmacy Plans on Essential PDL

Rx Code	Number of Tiers	PDL	Copays				Mail Order Ratio
			Tier 1	Tier 2	Tier 3	Tier 4	
G16	N/A	Essential PDL	No Copay	No Copay	No Copay	No Copay	No Copay
G15	4	Essential PDL	\$10	\$50	\$125	\$300	2.5

1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.

2 Copayments will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

3 Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.

4 "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.

5 This tier of benefits applies to UnitedHealthcare Premium Tier 1 Designated Providers. Please visit myuhc.com for details

6 This tier of benefit applies to Physicians that are not UnitedHealthcare Premium Tier 1 Designated

The UnitedHealthcare plan with Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account through Optum Bank, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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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