

Medical and Rx Plans

MEWA

Ohio Chamber Health Benefits Program

2-50 ATNE Employees

January 1, 2024

Premier PROformance Plans with CORE UHC Rewards

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance							Deductible Type ⁵	RX Code	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹		Spec		Urgent Care	ER ⁴			OP/IP Surgery
			Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Prem Designation Tier 1 ²	Network ³					
DD-R6	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
CX-YY	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
CX-YZ	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
DI-6C	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
DI-6D	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
DI-6E	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
CX-Y5	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

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copay/ Copay+Coinsurance					Deductible Type ⁵	RX Code
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹	Spec	Urgent Care	ER		
			Single	Family	Single	Family	Single	Family	Single	Family							
DI-52	80%	50%	\$3,200	\$6,400	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	\$0	80%	80%	80%	80%	Emb	G15S
DI-53	80%	50%	\$5,000	\$10,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	\$0	80%	80%	80%	80%	Emb	G15S
DI-54	80%	50%	\$6,000	\$12,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	\$0	80%	80%	80%	80%	Emb	G15S

Pharmacy Plans with Specialty Medication Cost Sharing (SMCS)

Rx Code	Retail Network	Rx Ded Ind/Fam	Retail Copays				Specialty Copays				Mail Order Ratio
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
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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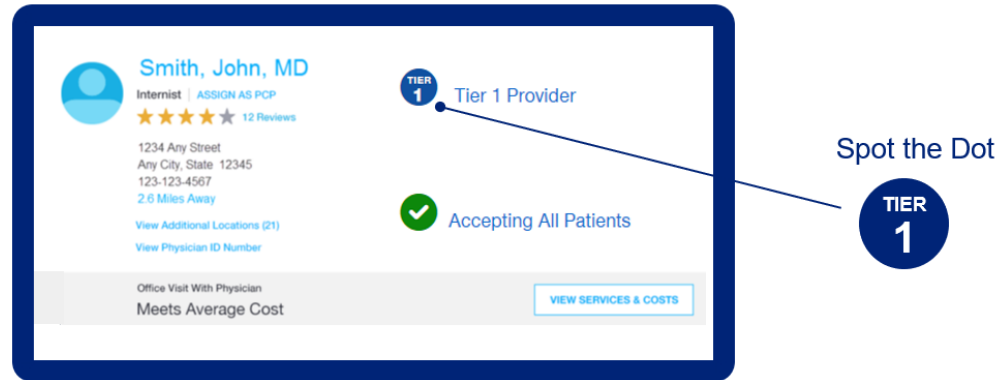
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Finding Premium Designated Tier 1 Providers

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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