



MEWA Ohio, 2-50 FTE Plan Grid New Business

Effective January 2026

This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.

Issued Date 9/19/2025



Health Plan Product Offering

MEWA Ohio – New Business
2-50 FTE Employees

Choice Plus Premier (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code
					Designated	Network	Designated	Network											
Premier	\$3,500	100%	\$5,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	EQ-ZB	G15S
Premier	\$5,000	100%	\$7,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	EQ-ZC	G15S
Premier	\$2,000	100%	\$4,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	EQ-ZH	G15S
Premier	\$1,000	80%	\$6,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	EQ-ZU	G15S
Premier	\$2,000	80%	\$7,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	EQ-ZV	G15S
Premier	\$3,000	80%	\$7,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	EQ-ZW	G15S
Premier	\$1,000	100%	\$3,000	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	EQ-ZX	G15S
Premier	\$6,000	80%	\$10,150	100%	\$15	\$15	\$50	\$100	\$25	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	EQ-ZY	G15S

Choice Plus Open Access Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code
					Designated	Network	Designated	Network											
Open Access HSA	\$3,400	80%	\$8,500	Ded + 100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	EQ-Y2*	G15S
Open Access HSA	\$5,000	80%	\$8,500	Ded + 100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	EQ-Y3*	G15S
Open Access HSA	\$6,000	80%	\$8,500	Ded + 100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	EQ-Y4*	G15S

* These plans do not have a \$0 PCP Copay for kids 19 and under.

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Unless identified above, the above member cost-shares show the richest level of network plan coverage. Please see benefit summaries for details at www.UHCeServices.com.



Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible Individual	Copays							
				Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible											
G15S	Essential w/ SMCS Drugs	National	N/A	\$10	\$10	\$50	\$50	\$125	\$125	\$300	\$500
Combined Medical/Rx Deductible											
G15S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$10	\$50	\$50	\$125	\$125	\$300	\$500



Plan Descriptions – Choice Plus

For all Choice Plans | [Click to see Plan Grids](#)

- National UnitedHealthcare network.
- In-network and out-of-network benefits.

Choice Plus Premier:

- No PCP selection or referrals required to see a network specialist.
- Members may receive lower Copay and/or lower member Coinsurance by seeking care from certain UnitedHealth Premium Tier 1/Designated Network Providers.

Choice Plus Open Access HSA:

- PCP selection is not required.
- No referrals required to see an In-Network Specialist.
- Combines a Qualified High-Deductible Health Plan (QHDHP) with a tax-advantaged account that employers or members may contribute to.
- Deductible must be met prior to other cost shares applying, with exception of preventive care.
- Federally Qualified Health Savings Account (HSA) with account administration through Optum Bank®.
- HSA cannot be sold with First-Dollar Health Reimbursement Arrangements (HRAs). Split-Deductible or Post-Deductible HRAs are allowed with HSAs.



- Unless otherwise noted, product availability is national/statewide.
- All plans are ACA compliant.
- The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. In 2026, maximum HSA contribution is \$4,400 single/\$8,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting www.UHCeServices.com.
- 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.
- All coinsurance listed reflects UnitedHealthcare coinsurance.

