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SMALL GROUP

MEWA Benefits



AT-A-GLANCE MEWA BENEFITS

MEWA HMO

| BENEFITS | MEWA HMO 8020 500 | MEWA HMO 8020 1000 | MEWA HMO 8020 2500 | MEWA HMO 7030 4000 |
|--------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| HSA-eligible | No | No | No | No |
| Deductible | \$500/\$1000 | \$1000/\$2000 | \$2500/\$5000 | \$4000/\$8000 |
| Coinsurance Limit | \$2000/\$4000 | \$3000/\$6000 | \$2000/\$4000 | \$2600/\$5200 |
| OOP Max | \$2500/\$5000 | \$4000/\$8000 | \$4500/\$9000 | \$6600/\$13200 |
| Coinsurance | 20% | 20% | 20% | 30% |
| PCP Visit | \$15 | \$15 | \$15 | \$20 |
| Spec. Visit | \$35 | \$35 | \$35 | \$40 |
| ER | \$350 copay | \$350 copay | \$350 copay | \$350 copay |
| Urgent Care | \$50 | \$50 | \$50 | \$75 |
| PRESCRIPTION | Advanced Select Formulary | Advanced Select Formulary | Advanced Select Formulary | Advanced Select Formulary |
| PPACA Mandated - preventive | \$0 | \$0 | \$0 | \$0 |
| Value Generics (30 Day) | \$5 | \$5 | \$5 | \$5 |
| Generic Retail (30 Day) | \$10 | \$10 | \$10 | \$10 |
| Preferred Brand Retail (30 Day) | \$35 | \$35 | \$50 | \$50 |
| Non-Preferred Brand Retail (30 Day) | \$75 | \$75 | \$75 | \$75 |
| Tier 1 Specialty | 35% max \$300 | 35% max \$300 | 35% max \$300 | 35% max \$300 |
| Tier 2 Specialty | 35% max \$400 | 35% max \$400 | 35% max \$400 | 35% max \$400 |
| Tier 3 Specialty | 35% max \$500 | 35% max \$500 | 35% max \$500 | 35% max \$500 |
| Mail Order (Mandatory after 2x fill) | 2x/2x/3x/na | 2x/2x/3x/na | 2x/2x/3x/na | 2x/2x/3x/na |

MEWA CDHP/OOA

| BENEFITS | MEWA CDHP 100 3000 | | MEWA CDHP 8020 3500 | | MEWA CDHP 8020 4000 | | MEWA CDHP 7030 5000 | | MEWA OOA 8020 3500 | |
|--------------------------------------|---------------------------|----------------|---------------------------|----------------|-------------------------|-----------------|---------------------------|-----------------|---------------------------|----------------|
| HSA-eligible | YES | | YES | | YES | | YES | | YES | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible | \$3000/\$6000 | \$6000/\$12000 | \$3500/\$7000 | \$3500/\$7000 | \$4000/\$8000 | \$4000/\$8000 | \$5000/\$10000 | \$10000/\$20000 | \$3500/\$7000 | \$3500/\$7000 |
| Coinsurance Limit | \$1500/\$3000 | \$3000/\$6000 | \$2000/\$4000 | \$6000/\$12000 | \$2350/\$4700 | \$8000/\$16000 | \$1650/\$3300 | \$10000/\$20000 | \$2000/\$4000 | \$6000/\$12000 |
| OOP Max | \$4500/\$9000 | \$9000/\$18000 | \$5500/\$11000 | \$9500/\$19000 | \$6350/\$12700 | \$12000/\$24000 | \$6650/\$13300 | \$20000/\$40000 | \$5500/\$11000 | \$9500/\$19000 |
| Coinsurance | 0% | 50% | 20% | 50% | 20% | 50% | 30% | 40% | 20% | 50% |
| PCP Visit | 0% | 50% | 20% | 50% | 20% | 50% | 30% | 40% | 20% | 50% |
| Spec. Visit | 0% | 50% | 20% | 50% | 20% | 50% | 30% | 40% | 20% | 50% |
| ER | 0% | 0% | 20% | 20% | 20% | 20% | 30% | 30% | 20% | 20% |
| Urgent Care | 0% | 0% | 20% | 20% | 20% | 20% | 30% | 30% | 20% | 20% |
| PRESCRIPTION | Advanced Select Formulary | | Advanced Select Formulary | | Advanced Select Formula | | Advanced Select Formulary | | Advanced Select Formulary | |
| | After Ded | After Ded | After Ded | After Ded | After Ded | After Ded | After Ded | After Ded | After Ded | After Ded |
| PPACA Mandated - preventive | \$0 | 50% | \$0 | 50% | \$0 | 50% | \$0 | 50% | \$0 | 50% |
| Value Generic (30 Day) | \$10 | 50% | \$10 | 50% | 20%, max \$200 | 50% | 20%, max \$200 | 50% | \$10 | 50% |
| Generic Retail (30 Day) | \$20 | 50% | \$20 | 50% | 20%, max \$200 | 50% | 20%, max \$200 | 50% | \$20 | 50% |
| Preferred Brand Retail (30 Day) | \$55 | 50% | \$55 | 50% | 20%, max \$200 | 50% | 20%, max \$200 | 50% | \$55 | 50% |
| Non-Preferred Brand Retail (30 Day) | \$75 | 50% | \$75 | 50% | 35%, max \$200 | 50% | 35%, max \$200 | 50% | \$75 | 50% |
| Tier 1 Specialty | 35% max \$300 | 50% | 35% max \$300 | 50% | 35% max \$300 | 50% | 35% max \$300 | 50% | 35% max \$300 | 50% |
| Tier 2 Specialty | 35% max \$400 | 50% | 35% max \$400 | 50% | 35% max \$400 | 50% | 35% max \$400 | 50% | 35% max \$400 | 50% |
| Tier 3 Specialty | 35% max \$500 | 50% | 35% max \$500 | 50% | 35% max \$500 | 50% | 35% max \$500 | 50% | 35% max \$500 | 50% |
| Mail Order (Mandatory after 2x fill) | 2x/2x/3x/3x | n/a | 2x/2x/3x/3x | n/a | 2x/2x/2x/3x | n/a | 2x/2x/2x/3x | n/a | 2x/2x/3x/3x | n/a |