



1901 Indian Wood Circle  
Maumee, Ohio 43537  
**800-462-3589**  
paramounthealthcare.com



## SMALL GROUP

2021 MEWA Benefits



# AT-A-GLANCE MEWA BENEFITS

## MEWA HMO

BENEFITS	MEWA HMO 8020 750	MEWA HMO 8020 1500	MEWA HMO 8020 2500	MEWA HMO 7030 4000
HSA-eligible	No	No	No	No
Deductible	\$750 Single/\$1500 Family	\$1500 Single/\$3000 Family	\$2500 Single/\$5000 Family	\$4000 Single/\$8000 Family
Coinsurance Limit	\$2250 Single/\$4500 Family	\$3000 Single/\$6000 Family	\$3000 Single/\$6000 Family	\$2750 Single/\$5500 Family
OOP Max	\$3000 Single/\$6000 Family	\$4500 Single/\$9000 Family	\$5500 Single/\$11000 Family	\$6750 Single/\$13500 Family
Coinsurance	20%	20%	20%	30%
PCP Visit	\$15	\$15	\$15	\$20
Spec. Visit	\$45	\$45	\$45	\$50
ER	\$400	\$400	\$400	\$400
Urgent Care	\$60	\$60	\$60	\$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)	\$45	\$45	\$60	\$60
Non-Preferred Brand Retail (30 Day)	\$75	\$75	\$90	\$90
Tier 1 Specialty	35% max \$350	35% max \$350	35% max \$350	35% max \$350
Tier 2 Specialty	35% max \$450	35% max \$450	35% max \$450	35% max \$450
Tier 3 Specialty	50% to unlimited	50% to unlimited	50% to unlimited	50% to unlimited
Mail Order (Mandatory after 2x fill)	2x/2x/3x/na	2x/2x/3x/na	2x/2x/3x/na	2x/2x/3x/na

## MEWA CDHP

BENEFITS	MEWA CDHP 100 3000		MEWA CDHP 8020 3500		MEWA CDHP 8020 4000		MEWA CDHP 7030 5000	
HSA-eligible	YES		YES		YES		YES	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3000 Single/\$6000 Family	\$6000 Single/\$12000 Family	\$3500 Single/\$7000 Family	\$7000 Single/\$14000 Family	\$4000 Single/\$8000 Family	\$8000 Single/\$16000 Family	\$5000 Single/\$10000 Family	\$10000 Single/\$20000 Family
Coinsurance Limit	\$2000 Single/\$4000 Family	\$4000 Single/\$8000 Family	\$2000 Single/\$4000 Family	\$4000 Single/\$8000 Family	\$2500 Single/\$5000 Family	\$5000 Single/\$10000 Family	\$2000 Single/\$4000 Family	\$10000 Single/\$20000 Family
OOP Max	\$5000 Single/\$10000 Family	\$10000 Single/\$20000 Family	\$5500 Single/\$11000 Family	\$11000 Single/\$22000 Family	\$6500 Single/\$13000 Family	\$13000 Single/\$26000 Family	\$7000 Single/\$14000 Family	\$20000 Single/\$40000 Family
Coinsurance	0%	50%	20%	50%	20%	50%	30%	50%
PCP Visit	0%	50%	20%	50%	20%	50%	30%	50%
Spec. Visit	0%	50%	20%	50%	20%	50%	30%	50%
ER	0%	0%	20%	20%	20%	20%	30%	30%
Urgent Care	0%	0%	20%	20%	20%	20%	30%	30%
PRESCRIPTION	Advanced Select Formulary		Advanced Select Formulary		Advanced Select Formula		Advanced Select Formulary	
	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%
Value Generic (30 Day)	\$10	50%	\$10	50%	20%, max \$200	50%	20%, max \$200	50%
Generic Retail (30 Day)	\$20	50%	\$20	50%	20%, max \$200	50%	20%, max \$200	50%
Preferred Brand Retail (30 Day)	\$60	50%	\$60	50%	20%, max \$200	50%	20%, max \$200	50%
Non-Preferred Brand Retail (30 Day)	\$80	50%	\$80	50%	35%, max \$250	50%	35%, max \$250	50%
Tier 1 Specialty	35% max \$350	50%	35% max \$350	50%	35% max \$350	50%	35% max \$350	50%
Tier 2 Specialty	35% max \$450	50%	35% max \$450	50%	35% max \$450	50%	35% max \$450	50%
Tier 3 Specialty	50% to unlimited	50%	50% to unlimited	50%	50% to unlimited	50%	50% to unlimited	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