

Plan Year 2019 Anthem Ohio MEWA Portfolio

FACETS Plan Names	Plan Type	Level 1 In-Network										Level 2 In-Network					Out-of-Network (Accumulators standardized to 3X In-Network)							
		Office Visit PCP	Office Visit SCP	Deductible Single	Deductible Family	Inpatient Facility	Outpatient Surgery	Outpatient Other	IP/OP Professional	Urgent Care	Emergency Room Services	Office Visit PCP	Office Visit SCP	Deductible Single	Deductible Family	Covered Services Co-Ins.	In-nwtk Out of Pocket Limit Single	In-nwtk Out of Pocket Limit Family	Pharmacy (See chart below)	Deductible Single	Deductible Family	Covered Services Co-Ins.	Out of Pocket Limit Single	Out of Pocket Limit Family
Blue Access SOCA MEWA Option 1	PPO	\$20	\$40	\$500	\$1,500	30%	30%	30%	30%	\$75	\$350/30%	n/a	n/a	n/a	n/a	n/a	\$3,000	\$6,000	E80	\$2,000	\$4,500	50%	\$9,000	\$18,000
Blue Access SOCA MEWA Option 2	PPO	\$30	\$60	\$1,000	\$2,000	20%	20%	20%	20%	\$75	\$350/20%	n/a	n/a	n/a	n/a	n/a	\$3,200	\$6,400	E80	\$3,000	\$6,000	40%	\$9,600	\$19,200
Blue Access SOCA MEWA Option 5	PPO	\$30	\$60	\$1,500	\$3,000	20%	20%	20%	20%	\$75	\$400/20%	n/a	n/a	n/a	n/a	n/a	\$4,000	\$8,000	E80	\$4,500	\$9,000	50%	\$12,000	\$24,000
Blue Access SOCA MEWA Option 3	PPO	\$30	\$60	\$2,500	\$5,000	0%	0%	0%	0%	\$75	\$400/0%	n/a	n/a	n/a	n/a	n/a	\$5,000	\$10,000	E80	\$7,500	\$15,000	30%	\$15,000	\$30,000
Blue Access SOCA MEWA Option 6	PPO	\$30	\$60	\$3,000	\$6,000	20%	20%	20%	20%	\$75	\$400/20%	n/a	n/a	n/a	n/a	n/a	\$6,000	\$12,000	E80	\$9,000	\$18,000	50%	\$18,000	\$36,000
Blue Access SOCA MEWA Option 7	PPO	\$30	\$60	\$3,500	\$7,000	0%	0%	0%	0%	\$75	\$400/0%	n/a	n/a	n/a	n/a	n/a	\$5,500	\$11,000	E80	\$10,500	\$21,000	30%	\$16,500	\$33,000
Blue Access SOCA MEWA Option 4	PPO	\$30	\$60	\$5,000	\$10,000	0%	0%	0%	0%	\$75	\$400/0%	n/a	n/a	n/a	n/a	n/a	\$6,850	\$13,700	E80	\$15,000	\$30,000	30%	\$20,550	\$41,100
Blue Access Options SOCA MEWA Option 1	Tiered PPO	\$20	\$40	\$500	\$1,000	10%	10%	10%	10%	\$75	\$350/10%	\$30	\$60	\$2,000	\$4,000	30%	\$3,000	\$6,000	E80	\$6,000	\$12,000	50%	\$9,000	\$18,000
Blue Access Options SOCA MEWA Option 2	Tiered PPO	\$20	\$40	\$1,000	\$2,000	10%	10%	10%	10%	\$75	\$350/10%	\$35	\$70	\$2,000	\$4,000	30%	\$6,000	\$12,000	E80	\$6,000	\$12,000	50%	\$18,000	\$36,000
Blue Access Options SOCA MEWA Option 3	Tiered PPO	\$20	\$40	\$3,000	\$6,000	0%	0%	0%	0%	\$75	\$400	\$35	\$70	\$6,000	\$12,000	20%	\$6,600	\$13,200	E80	\$18,000	\$36,000	50%	\$19,800	\$39,600
Lumenos HSA SOCA MEWA Option 7	PPO HSA	0%	0%	\$2,500	\$5,000	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$3,500	\$7,000	E81	\$7,500	\$15,000	30%	\$10,500	\$21,000
Lumenos HSA SOCA MEWA Option E6	PPO HSA	0%	0%	\$2,700	\$5,400	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$4,000	\$8,000	E81	\$8,100	\$16,200	30%	\$12,000	\$24,000
Lumenos HSA SOCA MEWA Option E8	PPO HSA	0%	0%	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$5,000	\$10,000	E81	\$9,000	\$18,000	30%	\$15,000	\$30,000
Lumenos HSA SOCA MEWA Option E3	PPO HSA	20%	20%	\$3,500	\$7,000	20%	20%	20%	20%	20%	20%	n/a	n/a	n/a	n/a	n/a	\$6,350	\$12,700	E81	\$10,500	\$21,000	50%	\$19,050	\$38,100
Lumenos HSA SOCA MEWA Option E2	PPO HSA	0%	0%	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$5,000	\$10,000	E81	\$12,000	\$24,000	30%	\$15,000	\$30,000
Lumenos HSA SOCA MEWA Option E4	PPO HSA	0%	0%	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$6,550	\$13,100	E81	\$15,000	\$30,000	30%	\$19,650	\$39,300
Lumenos HSA SOCA MEWA Option E5	PPO HSA	0%	0%	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%	n/a	n/a	n/a	n/a	n/a	\$6,550	\$13,100	0%/30%	\$19,650	\$39,300	30%	\$22,000	\$44,000

Pharmacy (Rx)	E80	IN: \$15/\$45/\$80/25% up to \$350 per script. OON: 50% co-ins. (\$70 minimum)
	E81	IN: Deductible then \$15/\$45/\$80/25% up to \$350 per script. OON: Deductible then 50% coins (\$70 min)
	0%/30%	IN: Deductible then 0%. OON: Deductible then 30%

**Plan Year 2019 Anthem Ohio MEWA Prescription Drug Plans**

Options	Network/Participating Retail Pharmacy			Home Delivery			Preferred Specialty/ Non-Preferred Specialty		Non-Network/ Non-Participating Pharmacy	Deductible	Modified Retail Supply
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 3 or Tier 4	Tier 5			
E80	\$ 15.00	\$ 45.00	\$ 80.00	\$ 38.00	\$ 135.00	\$ 240.00	25% w \$350 Max	-	50% (Min \$70)	n/a	90 day retail supply
E81	\$ 15.00	\$ 45.00	\$ 80.00	\$ 38.00	\$ 135.00	\$ 240.00	25% w \$350 Max	-	50% (Min \$70)	Medical deductible applies before copayments	90 day retail supply