

# Health Plan Product Offering

The Ohio Chamber Health Benefit Program (OCHBP), administered by UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.



**OHIO CHAMBER**  
HEALTH BENEFIT PROGRAM

## Ohio Chamber Health Benefit Program

2-50 ATNE Employees  
Effective 08/2019

### Primary Advantage Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay or Per Occurrence Deductible				Ded <sup>5</sup> Type	Primary Advantage Pharmacy Plan Codes	Primary Advantage Pharmacy Plan *
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Specialist	Urgent Care	ER <sup>10</sup>			
			Single	Family	Single	Family	Single	Family	Single	Family								
BO-UY	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Emb	A81	5/50/100/250; 250/500 Rx ded
BO-UZ	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Emb	A81	5/50/100/250; 250/500 Rx ded

### Premier PROformance Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay or Per Occurrence Deductible				Ded <sup>5</sup> Type	PROformance Pharmacy Plan Codes	PROformance Pharmacy Plan		
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>		Specialist					Urgent Care	ER <sup>10</sup>
			Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Designated (Tier 1) <sup>2</sup>	Network <sup>3</sup>					
BO-VB	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Emb	A79	15/40/75
BO-VC	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Emb	A79	15/40/75
BO-VD	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Emb	A79	15/40/75
BO-VE	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Emb	A79	15/40/75

### Health Savings Account (HSA) Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay <sup>9</sup>					Ded <sup>5</sup> Type	HSA Pharmacy Plan Codes	HSA Pharmacy Plan <sup>9</sup>
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Specialist	Urgent Care	ER			
			Single	Family	Single	Family	Single	Family	Single	Family								
BO-U2	100%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$5,000	\$10,000	\$15,000	\$30,000	100%	\$25	\$50	\$75	\$250	Emb	A82	10/35/70
BO-U3	100%	50%	\$5,000	\$10,000	\$7,500	\$15,000	\$6,650	\$13,300	\$15,000	\$30,000	100%	\$25	\$50	\$75	\$250	Emb	A82	10/35/70
BO-U5	80%	50%	\$2,700	\$5,400	\$7,500	\$15,000	\$5,000	\$10,000	\$15,000	\$30,000	80%	80%	80%	80%	80%	Emb	A82	10/35/70
BO-U6	80%	50%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,550	\$13,100	\$15,000	\$30,000	80%	80%	80%	80%	80%	Emb	A82	10/35/70
BO-U4	100%	50%	\$6,250	\$12,500	\$7,500	\$15,000	\$6,250	\$12,500	\$15,000	\$30,000	100%	100%	100%	100%	100%	Emb	A83	Same as Medical

### Premier Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay				Ded <sup>5</sup> Type	Premier Pharmacy Plan Codes	Premier Pharmacy Plan		
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>		Specialist					Urgent Care	ER <sup>4</sup>
			Single	Family	Single	Family	Single	Family	Ages 19+	Ages <19		Designated (Tier 1) <sup>2</sup>	Network <sup>3</sup>							
BO-U7	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$10	\$25	\$0	\$25	\$50	\$75	\$250+80%	Emb	A79	15/40/75
BO-U8	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$10	\$30	\$0	\$30	\$60	\$75	\$250+80%	Emb	A79	15/40/75
BO-U9	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$10	\$30	\$0	\$30	\$60	\$75	\$250+80%	Emb	A79	15/40/75
BO-VA	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$10	\$35	\$0	\$35	\$70	\$75	\$250+80%	Emb	A79	15/40/75

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## Ohio Chamber Health Benefit Program

2-50 ATNE  
Employees Effective  
08/2019

All deductible, copays, coinsurances and Rx copays apply toward the out-of-pocket maximum.

- 1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
- 2 This tier of benefits applies to UnitedHealth Premium Designated Tier 1 quality and efficiency designated providers. Please visit myuhc.com for details.
- 3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium Program(R) designation program and for physicians that are not quality and efficiency designated.
- 4 Plan deductible is waived for Emergency Room visits on plans where copay or copay + coinsurance are listed.
- 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.  
"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
- 9 Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.
- 10 Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.

\* Pharmacy deductible only applies to the 3<sup>rd</sup> and 4<sup>th</sup> tiers.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

**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 affect the benefits. Different plans may have varying OCHBP approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.**

The plan with Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account through Optum Bank, Member FDIC. The "HSA" refers generally to the HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. The plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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