



Small Group

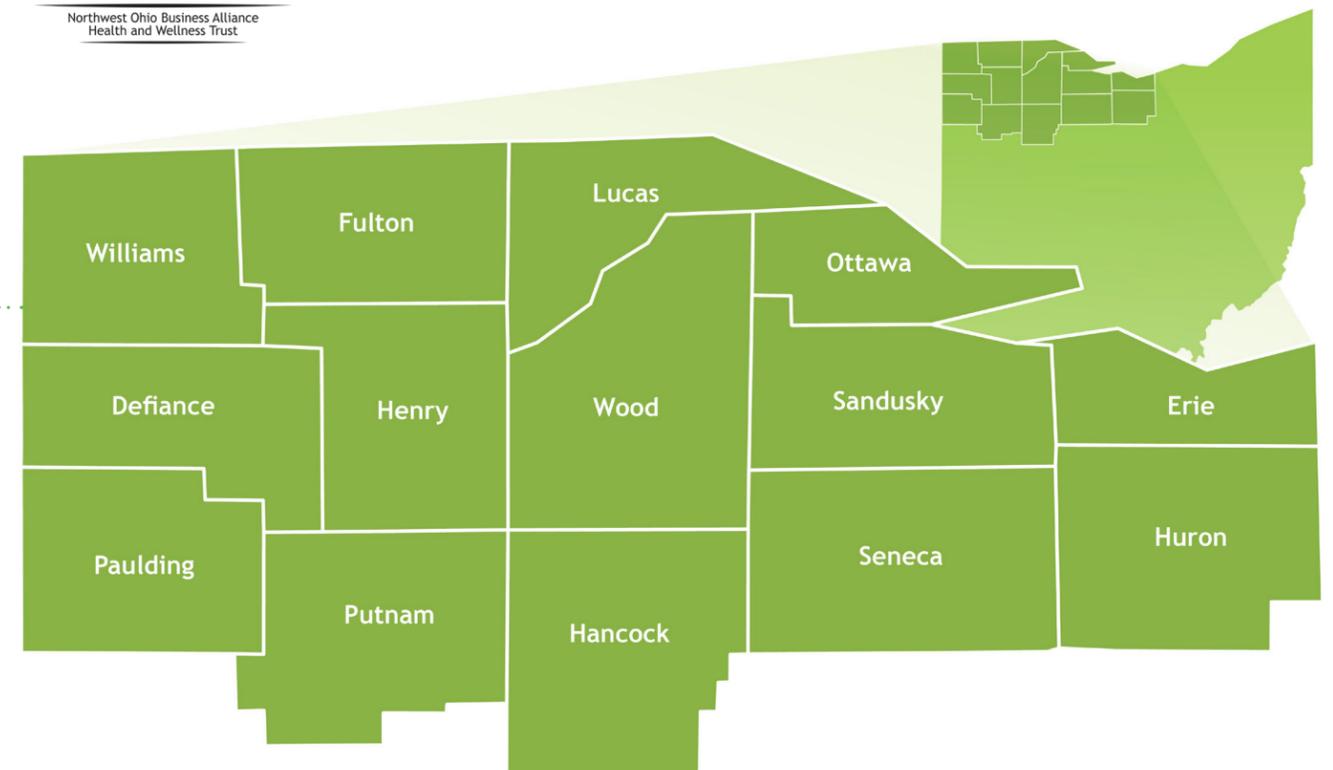
Sponsored by **NW**  **BA**
Northwest Ohio Business Alliance
Health and Wellness Trust

MEWA BENEFITS

PARAMOUNT HEALTHCARE MEWA OHIO PLANS

Northwest Ohio Business Alliance (NWOBA) has partnered with Paramount Health Care to create a self-funded Multiple Employer Welfare Arrangement (MEWA) for businesses with 50 or fewer employees, including sole proprietorships.

Look at all the products that we have available to Ohio groups within our service area. If you have questions, call our team at **419-887-2500**.



MEDICAL BENEFITS

Multiple plan offerings including:

- HMO Plans.
- Consumer Driven Health Plans (CDHP), including Health Savings Accounts (HSA).

PRESCRIPTION DRUG BENEFITS

The MEWA has partnered with RxBenefits and CVS Caremark to administer your prescription benefits. Benefits include:

- Effective formulary management.
- Affordability for both the member and employer.
- Many convenient locations nationally to pick up prescriptions.
- Mail order options.

PARAMOUNT HEALTHCARE

NWOBA (NORTHWEST OHIO BUSINESS ALLIANCE) – MEWA BENEFITS

MEDICAL BENEFITS	NWOBA MEWA HMO 8020 (750)	NWOBA MEWA HMO 8020 (500)	NWOBA MEWA HMO 8020 (1500)	NWOBA MEWA HMO 8020 (1000)	NWOBA MEWA HMO 100 (3200) HSA	NWOBA MEWA HMO 8020 (2500)	NWOBA MEWA HMO 8020 (3500) HSA	NWOBA MEWA HMO 7030 (4000)	NWOBA MEWA HMO 100 (5000) HSA	NWOBA MEWA HMO 8020 (4000) HSA
HSA Eligible	No	No	No	No	Yes	No	Yes	No	Yes	Yes
Deductible	\$750 Single/ \$1,500 Family	\$500 Single/ \$1,000 Family	\$1,500 Single/ \$3,000 Family	\$1,000 Single/ \$2,000 Family	\$3,200 Single/ \$6,400 Family	\$2,500 Single/ \$5,000 Family	\$3,500 Single/ \$7,000 Family	\$4,000 Single/ \$8,000 Family	\$5,000 Single/ \$10,000 Family	\$4,000 Single/ \$8,000 Family
Coinsurance	\$2,250 Single/ \$4,500 Family	\$4,500 Single/ \$9,000 Family	\$3,000 Single/ \$6,000 Family	\$5,000 Single/ \$10,000 Family	\$1,800 Single/ \$3,600 Family	\$3,000 Single/ \$6,000 Family	\$2,000 Single/ \$4,000 Family	\$2,750 Single/ \$5,500 Family	\$2,000 Single/ \$4,000 Family	\$2,500 Single/ \$5,000 Family
Maximum Out-of-Pocket	\$3,000 Single/ \$6,000 Family	\$5,000 Single/ \$10,000 Family	\$4,500 Single/ \$9,000 Family	\$6,000 Single/ \$12,000 Family	\$5,000 Single/ \$10,000 Family	\$5,500 Single/ \$11,000 Family	\$5,500 Single/ \$11,000 Family	\$6,750 Single/ \$13,500 Family	\$7,000 Single/ \$14,000 Family	\$6,500 Single/ \$13,000 Family
Primary Care Provider Office Visit	\$15	\$15	\$15	\$15	0% after deductible	\$15	20% after deductible	\$20	0% after deductible	20% after deductible
Specialist Office Visit	\$45	\$30	\$45	\$30	0% after deductible	\$45	20% after deductible	\$50	0% after deductible	20% after deductible
Urgent Care Copay	\$60	\$45	\$60	\$45	0% after deductible	\$60	20% after deductible	\$75	0% after deductible	20% after deductible
Emergency Room Copay	\$400	\$300	\$400	\$400	0% after deductible	\$400	20% after deductible	\$400	0% after deductible	20% after deductible
Inpatient/Outpatient Hospital	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible

PRESCRIPTION DRUGS	NWOBA MEWA HMO 8020 (750)	NWOBA MEWA HMO 8020 (500)	NWOBA MEWA HMO 8020 (1500)	NWOBA MEWA HMO 8020 (1000)	NWOBA MEWA HMO 100 (3200) HSA	NWOBA MEWA HMO 8020 (2500)	NWOBA MEWA HMO 8020 (3500) HSA	NWOBA MEWA HMO 7030 (4000)	NWOBA MEWA HMO 100 (5000) HSA	NWOBA MEWA HMO 8020 (4000) HSA
Non Preferred Generic (30-day supply)	Retail: \$5 Mail Order: \$10	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$5 Mail Order: \$10	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$5 Mail Order: \$10	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$10 after deductible Mail Order: \$20 after deductible			
Preferred Brand (30-day supply)	Retail: \$45 Mail Order: \$135	Retail: \$60 Mail Order: \$180	Retail: \$45 Mail Order: \$135	Retail: \$60 Mail Order: \$180	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 Mail Order: \$180	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 Mail Order: \$180	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 after deductible Mail Order: \$180 after deductible
Non-Preferred Brand (30-day supply)	Retail: \$75 Mail Order: \$225	Retail: \$90 Mail Order: \$270	Retail: \$75 Mail Order: \$225	Retail: \$90 Mail Order: \$270	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$90 Mail Order: \$270	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$90 Mail Order: \$270	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$80 after deductible Mail Order: \$240 after deductible

PARAMOUNT HEALTHCARE

NWOBA (NORTHWEST OHIO BUSINESS ALLIANCE) – MEWA BENEFITS

MEDICAL BENEFITS	NWOBA MEWA HMO 7030 (5000) HSA	NWOBA MEWA HMO 100 (6350) HSA	NWOBA MEWA CDHP 100 (3200) HSA		NWOBA MEWA CDHP 8020 (3500) HSA		NWOBA MEWA CDHP 8020 (4000) HSA		NWOBA MEWA CDHP 7030 (5000) HSA	
			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HSA Eligible	Yes	Yes	Yes		Yes		Yes		Yes	
Deductible	\$5,000 Single/ \$10,000 Family	\$6,350 Single/ \$12,700 Family	\$3,200 Single/ \$6,400 Family	\$6,400 Single/ \$12,800 Family	\$3,500 Single/ \$7,000 Family	\$7,000 Single/ \$14,000 Family	\$4,000 Single/ \$8,000 Family	\$8,000 Single/ \$16,000 Family	\$5,000 Single/ \$10,000 Family	\$10,000 Single/ \$20,000 Family
Coinsurance	\$2,000 Single/ \$4,000 Family	\$1,150 Single/ \$2,300 Family	\$1,800 Single/ \$3,600 Family	\$3,600 Single/ \$7,200 Family	\$2,000 Single/ \$4,000 Family	\$4,000 Single/ \$8,000 Family	\$2,500 Single/ \$5,000 Family	\$5,000 Single/ \$10,000 Family	\$2,000 Single/ \$4,000 Family	\$10,000 Single/ \$20,000 Family
Maximum Out-of-Pocket	\$7,000 Single/ \$14,000 Family	\$7,500 Single/ \$15,000 Family	\$5,000 Single/ \$10,000 Family	\$10,000 Single/ \$20,000 Family	\$5,500 Single/ \$11,000 Family	\$11,000 Single/ \$22,000 Family	\$6,500 Single/ \$13,000 Family	\$13,000 Single/ \$26,000 Family	\$7,000 Single/ \$14,000 Family	\$20,000 Single/ \$40,000 Family
Primary Care Provider Office Visit	30% after deductible	0% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist Office Visit	30% after deductible	0% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent Care Copay	30% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Emergency Room Copay	30% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Inpatient/Outpatient Hospital	30% after deductible	0% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible

PRESCRIPTION DRUGS						
Non Preferred Generic (30-day supply)	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: \$10 after deductible Mail Order: \$20 after deductible	Retail: 20% maximum \$200 Mail Order: 2x after deductible	Retail: 20% maximum \$200 Mail Order: 2x after deductible
Preferred Brand (30-day supply)	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: \$60 after deductible Mail Order: \$180 after deductible	Retail: 20% maximum \$200 Mail Order: 3x after deductible	Retail: 20% maximum \$200 Mail Order: 3x after deductible
Non-Preferred Brand (30-day supply)	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: \$80 after deductible Mail Order: \$240 after deductible	Retail: 35% maximum Mail Order: 3x after deductible	Retail: 35% maximum Mail Order: 3x after deductible

Administered by



PARAMOUNT

Affiliate of ProMedica

300 Madison Ave., Suite 270
Toledo, Ohio 43604

800-462-3589

paramounthealthcare.com

Sponsored by



Northwest Ohio Business Alliance
Health and Wellness Trust

5632 N. Main St.
Sylvania, Ohio 43560

This policy is not a medicare supplement policy. If you are eligible for medicare, review the "Guide to Health Insurance for People with Medicare" available from Paramount.