



Missouri

Effective January 1, 2023

# CHAMBER BENEFIT MEDICAL PRODUCTS



## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 1000/0%/2500 Plan 1	MCF MEWA PPO 1500/0%/3000 Plan 2	MCF MEWA PPO 2000/0%/4000 Plan 3
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$300 copay per visit	\$300 copay per visit	\$300 copay per visit
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210	\$25/\$105/\$210	\$25/\$105/\$210
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

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Plan type	PPO		
Plan name	MCF MEWA PPO 2500/0%/4500 Plan 4	MCF MEWA PPO 1500/20%/4500 Plan 5	MCF MEWA PPO 2000/20%/5000 Plan 6
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,500/\$5,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$300 copay per visit	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210	\$25/\$105/\$210	\$25/\$105/\$210
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

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Plan type	PPO		
Plan name	MCF MEWA PPO 2500/20%/5500 Plan 7	MCF MEWA PPO 5000/0%/6500 Plan 8	MCF MEWA PPO 3500/20%/6500 Plan 9
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500/\$7,000
Coinsurance	20%	0%	20%
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$6,500/\$13,000	\$6,500/\$13,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$300 copay per visit	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210	\$25/\$105/\$210	\$25/\$105/\$210
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

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Plan type	PPO		
Plan name	MCF MEWA PPO 5000/20%/7150 Plan 10	MCF MEWA PPO 1500/20%/9100 Plan 11	MCF MEWA PPO 2000/20%/9100 Plan 12
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$5,000/\$10,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,150/\$14,300	\$9,100/\$18,200	\$9,100/\$18,200
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$15/\$50/\$90	\$15/\$50/\$90
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210	\$38/\$150/\$270	\$38/\$150/\$270
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

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Plan type	PPO		
Plan name	MCF MEWA PPO 2500/20%/9100 Plan 13	MCF MEWA PPO 3500/20%/9100 Plan 14	MCF MEWA PPO 5000/20%/9100 Plan 15
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$15/\$50/\$90	\$15/\$50/\$90	\$15/\$50/\$90
Home delivery pharmacy: 90-day supply	\$38/\$150/\$270	\$38/\$150/\$270	\$38/\$150/\$270
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

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The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

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Plan type	PPO	HSA	
Plan name	MCF MEWA PPO 6500/20%/9100 Plan 16	MCF MEWA HSA 3000/0%/4500 w/HSA Plan 1	MCF MEWA HSA 3500/0%/6550 w/HSA Plan 2
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$6,500/\$13,000	\$3,000/\$6,000	\$3,500/\$7,000
Coinsurance	20%	0%	0%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$4,500/\$9,000	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$30 SPC: \$60	PCP: Deductible, then \$15 SPC: Deductible, then \$45	PCP: Deductible, then \$15 SPC: Deductible, then \$45
Telehealth: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	Deductible, then \$75 copay per visit	Deductible, then \$75 copay per visit
Emergency room (facility)	\$350, then 20% coinsurance	Deductible, then \$300 copay per visit	Deductible, then \$300 copay per visit
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$15/\$50/\$90	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$38/\$150/\$270	\$25/\$105/\$210	\$25/\$105/\$210
Specialty drugs	25% up to \$350 per script	Deductible, then 25% up to \$350 per script	Deductible, then 25% up to \$350 per script

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Plan type	HSA	
Plan name	MCF MEWA HSA 3000/20%/5400 w/HSA Plan 3	MCF MEWA HSA 5000/20%/6550 w/HSA Plan 4
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	20%	20%
Out-of-pocket maximum (individual/family)	\$5,400/\$10,800	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Telehealth: Preferred	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office and facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210	\$25/\$105/\$210
Specialty drugs	Deductible, then 20%	Deductible, then 20%

<sup>1</sup> All plans have embedded deductibles.



# PARTNERED FOR POSSIBILITIES

## Helping to contain costs and improving access to quality care

We appreciate the opportunity to partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're working hard to build confidence, improve the member experience, and make care convenient and accessible.

**We care for the same things you do**, including finding simple solutions for your day-to-day challenges. We look forward to supporting you and your employees and are excited about our future **possibilities**.

For prospective sales, contact Jeff Williamson, Consoliplex, at [Jeff.Williamson@consoliplex.com](mailto:Jeff.Williamson@consoliplex.com) or **216-202-3499 ext. 705**. For sold and existing groups, contact Andrew Destifanes, The Health Plan, at [ADestifanes@healthplan.org](mailto:ADestifanes@healthplan.org) or **740-695-7608**.

