



Chamber Health Benefits Plan



Supporting the local business community in cooperation
with leading area Chambers of Commerce.

in partnership with



Effective September 1, 2025



Overview

The Greater Akron Chamber and SummaCare have partnered with local Chambers of Commerce to offer Northeast Ohio small businesses an option to provide health benefits to their employees. The Chamber Health Benefits Plan is a multiple employer welfare arrangement (MEWA) that allows employers with 50 employees or fewer to join together to share in the healthcare costs of their employees. Being part of a larger, self-funded pool, employers can receive potential savings and have financial protection against unexpected claims costs.

Benefits of the Chamber Health Benefits Plan:

- Competitive rates
- A variety of SummaCare PPO plan designs including HSA-compatible plans
- Multiple provider network options, which include access to many of the region's finest hospital systems
- Comprehensive health and wellness services

Networks

Employers can choose between several SummaCare provider networks that meet the needs of their employees. All networks include access to emergency and urgent care services outside of Ohio through SummaCare's affiliation with First Health.

The Preferred Choice Network features more than 20 hospitals, including Cleveland Clinic, Summa Health and Akron Children's Hospital. The Preferred Choice Network also features access to providers statewide through SummaCare's affiliation with Ohio Health Choice.

SCPremier is SummaCare's PPO network consisting of more than 50 of the area's finest hospitals, including Summa Health System, University Hospitals and Cleveland Clinic. SCPremier also features access to providers statewide through SummaCare's affiliation with Ohio Health Choice.

SCSelect is a specialized PPO network that includes access to thousands of providers and some of the area's finest hospitals, including Summa Health System and University Hospitals. SCSelect also features access to providers statewide through SummaCare's affiliation with Ohio Health Choice.

Added Benefits

Telehealth services through Teladoc® Health
The Chamber Health Benefits Plan has partnered with Teladoc Health. Members can request a phone or video visit with a provider 24 hours a day, 365 days a year for general medicine, behavioral health and dermatology.

Pharmacy Overview (In-Network)
All SummaCare plans include comprehensive prescription drug benefits, but your prescription drug coverage varies by the plan in which you are enrolled. SummaCare pharmacy services can be accessed through a large retail pharmacy network and also include mail-order services and specialty pharmacy access.

In-network 30-day Retail Benefit	MOF	MOFD Q Plans
Formulary	Open SummaCare	Open SummaCare
Preferred Generic	\$15	\$15 STD
Non-Preferred Generic/ Preferred Brand	\$35	\$35 STD
Non-Preferred Brand	\$75	\$75 STD
Specialty High-Cost	25%	25% STD
Maximum on Specialty RX Coinsurance Payment	\$250	\$250

STD= Subject to Deductible
90-day retail and 90-day mail-order benefits are also available.

Formulary Option
Open SummaCare (MOF / MOFD) is a more open formulary, with almost all drugs covered (both brand and generic).

Health and Wellness

Health and Wellness programs and services are included as part of your plan benefits in an effort to improve the health of the employee pool and to attract and retain the talent necessary to keep your competitive advantage. SummaCare’s health and wellness benefits, value-added services, programs and discounts are offered at no additional cost to you or your employees and include the following:

- **WebMD® Health Manager** provides online tools designed to make it easy to get started on a journey to improved health
- **Condition Management Programs** are provided to members who have been diagnosed with conditions such as asthma, depression, diabetes, heart failure and high-risk pregnancy

- **Health Coaching** is a one-on-one service that covers lifestyle modifications to prevent the future diagnosis of chronic diseases such as high blood pressure, diabetes, high cholesterol and heart disease
- **QuitCare** is a program that helps members stop smoking by offering free smoking cessation counseling and nicotine replacement therapy
- **24-Hour Nurse Line** is a service that assists members with answers to specific medical questions, guidance on where to seek treatment and advice on self-care options
- **Gym Membership Discounts** give members affordable options for exercise while helping them meet their health and wellness goals
- **Vision Discounts** are available on nearly all vision care purchases at EyeMed’s participating providers

Chamber Health Benefits Quoting Requirements

Rating/Quoting Requirements

- The employer’s group must be domiciled within the Chamber Health Benefits Plan’s 21-county proprietary service area, which includes Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Ottawa, Portage, Sandusky, Stark, Summit, Trumbull, Tuscarawas and Wayne.
- Out-of-area rules apply as follows:
 - Groups with four or fewer enrolled employees – all must reside within the Chamber Health Benefits Plan’s 21-county proprietary service area
 - Groups with five to 50 enrolled employees – at least 80% of enrolled employees must reside within the Chamber Health Benefits Plan’s 21-county proprietary service area.
- COBRA-eligible groups must be comprised of 20 or more employees. COBRA participants must be comprised of fewer than 10% of the covered contract holders.
- An eligible employee is defined as one who works 30 or more hours in a normal workweek.
- Rates include all applicable regulatory fees and state and federal taxes.
- Rates do not include the Chamber Health Benefits Plan’s \$6 per employee per month (PEPM) program dues, which will be included in the monthly bills.



Participation Requirements

The minimum acceptable participation requirements are as follows:

Overall Group Size	Minimum Requirement Participation
1	Must meet sole proprietor requirement
2	1*
3-5	2
6 or more	75% of net eligible**

*With valid waiver on the other employee
**Net eligible is the difference between total eligible minus all valid waivers

If 25% of total eligible does not apply, a full application is required on all waivers. A valid waiver may include other spousal coverage or coverage through a government-sponsored program such as

Medicaid, Medicare or Individual coverage obtained either on or off the Marketplace.

Contribution Requirements

The employer must contribute at least 50% of the cost of a single contract and at least 25% of the cost of the applicable dependent coverage contract.

Waiting Period Options

- Only one waiting period is allowed
- First of the month following the date of hire
- First of the month following 30 days after date of hire
- Date of hire
- First of the month following 60 days after date of hire
- 30, 60 or 90 days after date of hire

Plan and network options can include a combination of all SummaCare networks (SCPremier, SCSelect and The Preferred Choice Network), the maximum plan and network choices are as follows:

Number of Enrolled Employees	Maximum Benefit Choices	Maximum Network Choices
Sole-Proprietor	1	1
2-9*	2	2
*Limited to 2 choices: 2 benefit plans and 1 network OR 1 benefit plan choice and 2 networks		
10-24	2	2
25-50	3	2

- 2-9 enrolled employees: each plan choice must have at least 1 enrolled employee.
- 10+ enrolled employees: at least 2 enrolled employees per plan chosen

Rate Changes

- All rate adjustments for age changes will occur as follows:
 - For groups with nine or fewer enrolled employees, changes will occur throughout the course of the year
 - For groups with 10 to 50 enrolled employees, rate adjustments will occur on the annual renewal date of September 1
- New hires will be rated at the age attained as of the employee's effective date of coverage (for age-banded groups).

Existing Clients

An existing SummaCare client changing from an ACA or transitional relief product to the Chamber Health Benefits Plan product, whether at renewal or outside of its renew period, will receive a new policy. Policy length varies based on the group's effective date and will renewal on September 1st of each year.

Frequently Asked Questions

What is a MEWA?

A multiple employer welfare arrangement (MEWA), also described as a multiple employer trust, is when a group of employers pool their contributions in a self-funded benefits plan for their employees. It is governed by a board of trustees that works on behalf of the members.

What is stop loss insurance?

A stop loss insurance policy is purchased by a MEWA to protect against large claims losses. Stop loss insurance for the Chamber Health Benefits Plan is provided by the Summa Insurance Company and additional stop loss providers.

How will the premium equivalent rate be determined?

The monthly premium equivalent is based on a variety of underwriting factors including but not limited to health history, gender and age.

What are the benefits of a MEWA compared to an Affordable Care Act plan?

This self-funded health benefits plan could be a good fit for you for many reasons including:

- Competitive rates
- Predictable, fixed monthly payments
- Protection with stop loss insurance

Do I need to be a member of the Greater Akron Chamber to participate?

Yes. In order to be eligible for membership, you must be a member in good standing of the Greater Akron Chamber, an affiliate chamber, or join at time of enrollment for the duration of coverage. Talk to your local Chamber of Commerce about regional membership with the Greater Akron Chamber.





To learn more about the Chamber Health Benefits Plan, scan this QR code, contact your broker, call the Greater Akron Chamber at **330.376.5550** or visit **greaterakronchamber.org/chamber-health-plans**



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