

COSE Benefit Plan

MedFlex™ HMO Plan Options

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3020-250 w/Rx	
Deductible	\$250 Individual/\$500 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$5,250 Individual/\$10,500 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200
3020-1000 w/Rx	
Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,000 Individual/\$12,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200
3020-2000 w/Rx	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
Specialty Drug Coverage	50% up to \$200
HSA 5000 w/ PD Rx	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual/\$13,800 Family
Retail Drug Copays (generic/preferred/non-preferred) ¹	\$15/\$45/\$75 (after deductible)
Mail-Order Drug Copays (generic/preferred/non-preferred) ¹	\$45/\$135/\$225 (after deductible)
Specialty Drug Coverage	50% up to \$200 (after deductible)

The values above are for in-network services only. Services received outside the exclusive network are not covered (except for emergency services).

¹ HSA plan has post-deductible drug copays. Amounts only apply after deductible is met.

Generic Incentive

If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay PLUS the difference between the cost of the generic drug and the brand-name drug.

Mail-Order Requirement

Prescriptions must be filled by mail-order (when available) after the third fill within 180 days. Otherwise, the member pays the full cost of the drug.

Specialty Drugs

Prescriptions must be filled by Accredo or Gentry.

Specialty High-cost Drugs

Certain specialty drugs are part of SaveOnSP where they are considered non-essential for health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share if the member does not participate in SaveOnSP. Refer to plan documents for details.