

COSE Benefit Plan

Copay Plan Options

Copay Plan Options	
020-3000 w/ Rx	
Deductible	\$3,000 Individual / \$6,000 Family
Coinsurance (member cost)	20% up to \$4,000 Individual / \$8,000 Family
Copays (primary care/specialist/urgent care) ¹	\$0 / \$0 / \$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
020-5000 w/ Rx	
Deductible	\$5,000 Individual / \$10,000 Family
Coinsurance (member cost)	20% up to \$3,000 Individual / \$6,000 Family
Copays (primary care/specialist/urgent care) ¹	\$0 / \$0 / \$75
Maximum Out of Pocket	\$8,000 Individual / \$16,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225
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	\$5,500 Individual / \$11,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225
3020-500 w/Rx	
Deductible	\$500 Individual / \$1,000 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	\$5,500 Individual / \$11,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225
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
3020-1500 w/Rx	
Deductible	\$1,500 Individual / \$3,000 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	\$6,500 Individual / \$13,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

See next page for additional plan options.

Copay Plan Options**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

3020-3000 w/Rx

Deductible	\$3,000 Individual / \$6,000 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	\$8,000 Individual / \$16,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

3020-6000 w/Rx

Deductible	\$6,000 Individual / \$12,000 Family
Coinsurance (member cost)	20% up to \$2,500 Individual / \$5,000 Family
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$8,500 Individual / \$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

30-1000 w/Rx

Deductible	\$1,000 Individual / \$3,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

30-2000 w/Rx

Deductible	\$2,000 Individual / \$6,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

30-3500 w/Rx

Deductible	\$3,500 Individual / \$10,500 Family
Coinsurance (member cost)	0% after deductible
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

30-5000 w/Rx

Deductible	\$5,000 Individual / \$10,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

30-8000 w/Rx

Deductible	\$8,000 Individual / \$16,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$8,500 Individual / \$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225

See next page for additional plan options, disclaimers and footnotes.

Copay Plan Options

8700 MMRx

Deductible	\$8,700 Individual/\$17,400 Family
Coinsurance (member cost)	0%
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$8,700 Individual/\$17,400 Family
Retail Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible
Mail-Order Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible

2530-3000 w/Rx

Deductible	\$3,000 Individual/\$6,000 Family
Coinsurance (member cost)	30% up to \$5,500 Individual/\$11,000 Family
Copays (primary care/specialist/urgent care) ²	\$25/\$50/\$50
Maximum Out of Pocket	\$8,500 Individual/\$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$0/\$40/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$0/\$120/\$225

2530-4000 w/Rx

Deductible	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	30% up to \$4,500 Individual/\$9,000 Family
Copays (primary care/specialist/urgent care) ²	\$25/\$50/\$50
Maximum Out of Pocket	\$8,500 Individual/\$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$0/\$40/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$0/\$120/\$225

The values above are for in-network services only. Services received outside the network are covered at a different benefit level. Please review your plan documents for specific details.

1 Physician Office Services

- Physician & Specialist office visit = first 4 visits combined (per member) are \$0 copay, additional visits are 20% coinsurance after deductible.

2 Physician Office Services

- Physician office visit = first 3 visits (per member) are \$25 copay, additional visits are 30% coinsurance after deductible
- Specialty office visit = first 2 visits (per member) are \$50 copay, additional visits are 30% coinsurance after deductible
- Urgent care office visit = first 2 visits (per member) are \$50 copay, additional visits are 30% coinsurance after deductible

Generic Drug 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 Drug Incentive

Retail drug copays apply for the first three fills in 180 days. Starting on the fourth fill, copay amount doubles unless mail-order is used.

Specialty Drugs

\$275 copay.

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.

Oral Chemotherapy Drugs

\$100 for 30-day supply.