

COSE Benefit Plan

Health Savings Account (HSA) Plan Options

| HSA Plan Options | |
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| HSA 2500 w/MMRx (Aggregate) | |
| Deductible | \$2,500 Individual / \$5,000 Family |
| Coinsurance (member cost) | 0% after deductible |
| Copays (primary care/specialist/urgent care) | Coinsurance (0%) after deductible |
| Maximum Out of Pocket | \$2,500 Individual / \$5,000 Family |
| Retail Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |
| HSA 3500-30% w/PD Copay and Rx² | |
| Deductible | \$3,500 Individual / \$7,000 Family |
| Coinsurance (member cost) | 30% up to \$4,000 Individual / \$8,000 Family |
| Copays (primary care/specialist/urgent care) | \$25 / \$50 / \$50 (after deductible) |
| Maximum Out of Pocket | \$7,500 Individual / \$15,000 Family |
| Retail Drug Copays (generic/preferred/non-preferred) | \$0 / \$40 / \$75 (after deductible) |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | \$0 / \$120 / \$225 (after deductible) |
| HSA 3500 w/PD Rx¹ | |
| Deductible | \$3,500 Individual / \$7,000 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) | \$15 / \$45 / \$75 (after deductible) |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | \$45 / \$135 / \$225 (after deductible) |
| HSA 4000 w/PD Rx¹ | |
| Deductible | \$4,000 Individual / \$8,000 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) | \$15 / \$45 / \$75 (after deductible) |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | \$45 / \$135 / \$225 (after deductible) |
| HSA 4000-20% w/MMRx | |
| Deductible | \$4,000 Individual / \$8,000 Family |
| Coinsurance (member cost) | 20% up to \$3,000 Individual / \$6,000 Family |
| Copays (primary care/specialist/urgent care) | Coinsurance after deductible |
| Maximum Out of Pocket | \$7,000 Individual / \$14,000 Family |
| Retail Drug Copays (generic/preferred/non-preferred) | Coinsurance after deductible |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | Coinsurance after deductible |

See reverse side for additional plan options, disclaimers and footnotes.

HSA Plan Options

HSA 5000 w/PD Rx¹

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| 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) | \$15/\$45/\$75 (after deductible) |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | \$45/\$135/\$225 (after deductible) |

HSA 6550 w/MMRx

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| Deductible | \$6,550 Individual/\$13,100 Family |
| Coinsurance (member cost) | 0% after deductible |
| Copays (primary care/specialist/urgent care) | Coinsurance (0%) after deductible |
| Maximum Out of Pocket | \$6,550 Individual/\$13,100 Family |
| Retail Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |

HSA 7500 w/MMRx

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| Deductible | \$7,500 Individual/\$15,000 Family |
| Coinsurance (member cost) | 0% after deductible |
| Copays (primary care/specialist/urgent care) | Coinsurance (0%) after deductible |
| Maximum Out of Pocket | \$7,500 Individual/\$15,000 Family |
| Retail Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |
| Mail-Order Drug Copays (generic/preferred/non-preferred) | Coinsurance (0%) after deductible |

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

2 HSA plan has post-deductible office and drug copays. Copays only apply after deductible is met.

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.