

# COSE Health and Wellness Trust

## Copay Plan Options

Copay Plans		
<b>2520-250 w/Rx<sup>1,3</sup></b>	In-Network	Non-Network
Deductible	\$250 Individual/\$500 Family	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$1,750 Individual/\$3,500 Family	\$5,000 Individual/\$10,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$6,600 Individual/\$13,200 Family	Unlimited
<b>2520-500 w/Rx<sup>1,3</sup></b>	In-Network	Non-Network
Deductible	\$500 Individual/\$1,000 Family	\$2,500 Individual/\$5,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$2,500 Individual/\$5,000 Family	\$7,000 Individual/\$14,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$6,600 Individual/\$13,200 Family	Unlimited
<b>2020-1000 w/Rx<sup>1,3</sup></b>	In-Network	Non-Network
Deductible	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$3,000 Individual/\$6,000 Family	\$5,000 Individual/\$10,000 Family
Copay primary care	\$20	Coinsurance after deductible
Copay specialist	\$40	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$5,000 Individual/\$10,000 Family	Unlimited
<b>2520-2000 w/Rx<sup>2,3</sup></b>	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$1,000 Individual/\$2,000 Family	\$7,000 Individual/\$14,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$5,000 Individual/\$10,000 Family	Unlimited
<b>3020-1500 w/Rx<sup>2,3</sup></b>	In-Network	Non-Network
Deductible	\$1,500 Individual/\$3,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$3,500 Individual/\$7,000 Family	\$9,000 Individual/\$18,000 Family
Copay primary care	\$30	Coinsurance after deductible
Copay specialist	\$60	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$6,600 Individual/\$13,200 Family	Unlimited

**Copay Plans (continued)**

<b>3020-3000 w/Rx<sup>2,3</sup></b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible	\$3,000 Individual/\$6,000 Family	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	20%	40%
Coinsurance maximum out of pocket (excludes deductible)	\$3,600 Individual/\$7,200 Family	\$9,000 Individual/\$18,000 Family
Copay primary care	\$30	Coinsurance after deductible
Copay specialist	\$60	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$6,600 Individual/\$13,200 Family	Unlimited

<b>30-5000 w/Rx<sup>2,3</sup></b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	\$30	Coinsurance after deductible
Copay specialist	\$60	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$6,600 Individual/\$13,200 Family	Unlimited

<b>25-1000 w/Rx<sup>2,3</sup></b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible	\$1,000 Individual/\$3,000 Family	\$2,000 Individual/\$6,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$4,000 Individual/\$8,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$2,500 Individual/\$7,500 Family	Unlimited

<b>25-2000 w/Rx<sup>2,3</sup></b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible	\$2,000 Individual/\$6,000 Family	\$4,000 Individual/\$12,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$8,000 Individual/\$16,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$3,500 Individual/\$10,500 Family	Unlimited

<b>25-3000 w/Rx<sup>2,3</sup></b>	<b>In-Network</b>	<b>Non-Network</b>
Deductible	\$3,000 Individual/\$9,000 Family	\$6,000 Individual/\$18,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$12,000 Individual/\$24,000 Family
Copay primary care	\$25	Coinsurance after deductible
Copay specialist	\$50	Coinsurance after deductible
Copay urgent care	\$75	Coinsurance after deductible
Maximum out of pocket	\$4,500 Individual/\$13,500 Family	Unlimited

**Drug Benefits**

1. **Retail:** \$10 generic, \$20 preferred brand, \$40 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

**Mail Order:** \$30 generic, \$60 preferred brand, \$120 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

2. **Retail:** \$10 generic, \$30 preferred brand, \$60 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

**Mail Order:** \$30 generic, \$90 preferred brand, \$180 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

3. **Home Delivery Incentive:** On the fourth fill within 180 days, member will pay double the applicable copay or coinsurance.

**Generic Incentive:** If member or provider requests a brand-name drug 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.