

VALUE PRODUCT



2018 LARGE GROUP POS PLANS

All CoChoice plans have a \$300 copayment for emergency room services. Urgent care services have \$200 copayment in-network and members pay coinsurance after deductible out-of-network.

Plan Name	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit Copayment				Virtual Visits*
	In		Out		In	Out	In		Out		In		Out		In
	Single	Family	Single	Family	What Members Pay		Single	Family	Single	Family	PCP	SP	PCP	SP	
VP1000 COCHOICE	\$1,000	\$2,000	\$3,000	\$6,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP1500 COCHOICE	\$1,500	\$3,000	\$4,500	\$9,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP2000 COCHOICE	\$2,000	\$4,000	\$6,000	\$12,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP2500 COCHOICE	\$2,500	\$5,000	\$7,500	\$15,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP3000 COCHOICE	\$3,000	\$6,000	\$9,000	\$18,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP3500 COCHOICE	\$3,500	\$7,000	\$10,500	\$21,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60	50% AD	50% AD	\$15
VP4000 COCHOICE	\$4,000	\$8,000	\$12,000	\$24,000	20%	50%	\$7,350	\$14,700	\$16,000	\$32,000	\$30	\$60	50% AD	50% AD	\$15
VP4500 COCHOICE	\$4,500	\$9,000	\$13,500	\$27,000	20%	50%	\$7,350	\$14,700	\$17,500	\$35,000	\$30	\$60	50% AD	50% AD	\$15
VP5000 COCHOICE	\$5,000	\$10,000	\$15,000	\$30,000	20%	50%	\$7,350	\$14,700	\$19,000	\$38,000	\$30	\$60	50% AD	50% AD	\$15

All HSA 0% coinsurance plans have \$300 copayment after deductible for emergency room services. Urgent care services have \$100 copayment after deductible in-network and members pay coinsurance after deductible out-of-network. All HSA 20% coinsurance plans members pay coinsurance after deductible for emergency room services and urgent care services.

VHSAP1500 0%	\$1,500	\$3,000	\$2,500	\$5,000	0%	30%	\$2,500	\$5,000	\$5,000	\$10,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP1500 20%	\$1,500	\$3,000	\$3,000	\$6,000	20%	50%	\$3,000	\$6,000	\$6,000	\$12,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP2000 0%	\$2,000	\$4,000	\$4,000	\$8,000	0%	30%	\$3,000	\$6,000	\$7,000	\$14,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP2000 20%	\$2,000	\$4,000	\$4,500	\$9,000	20%	50%	\$3,500	\$7,000	\$8,000	\$16,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP2700 0%	\$2,700	\$5,400	\$5,000	\$10,600	0%	30%	\$6,650	\$13,300	\$9,000	\$18,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP2700 20%	\$2,700	\$5,400	\$5,500	\$11,000	20%	50%	\$6,650	\$13,300	\$10,000	\$20,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP3500 0%	\$3,500	\$7,000	\$6,000	\$12,000	0%	30%	\$6,650	\$13,300	\$11,000	\$22,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP3500 20%	\$3,500	\$7,000	\$6,500	\$13,000	20%	50%	\$6,650	\$13,300	\$12,000	\$24,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP4000 0%	\$4,000	\$8,000	\$7,000	\$14,000	0%	30%	\$6,650	\$13,300	\$13,000	\$26,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP4000 20%	\$4,000	\$8,000	\$7,500	\$15,000	20%	50%	\$6,650	\$13,300	\$14,000	\$28,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP5000 0%	\$5,000	\$10,000	\$8,000	\$16,000	0%	30%	\$6,650	\$13,300	\$15,000	\$30,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD
VHSAP5000 20%	\$5,000	\$10,000	\$8,500	\$17,000	20%	50%	\$6,650	\$13,300	\$16,000	\$32,000	20% AD	20% AD	50% AD	50% AD	\$10 CAD
VHSAP6500 0%	\$6,500	\$13,000	\$10,000	\$20,000	0%	30%	\$6,650	\$13,300	\$18,000	\$36,000	\$30 CAD	\$60 CAD	30% AD	30% AD	\$10 CAD

*Virtual visits not covered out-of-network

See reverse side for pharmacy options.

These summaries are only intended to highlight and give a general description of some of the benefits available. For a complete description of the benefits, limitations and exclusions, please refer to the Member Responsibility Tables and Certificate of Coverage.

AD = After Deductible
 CAD = Copayment After Deductible
 D = Deductible Only
 In = In-network
 Out = Out-of-network
 SP = Specialist

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All copayments (medical and pharmacy) are applied to the out-of-pocket maximum.
Deductibles are embedded for family coverage on plans with deductibles of \$2,700 or more.

Pharmacy Options	Tier 1 Generic	Tier 2 Brand Preferred	Tier 3 Brand Non-Preferred	Tier 4 Preferred Specialty	Tier 5 Non-Preferred Specialty
CoChoice Plans - Option 1	\$20	\$40	\$60	25% AD	40% AD
CoChoice Plans - Option 2	\$20	\$40	\$60	\$150 CAD	\$250 CAD
HSA Plans - Option 1	\$20 CAD	\$40 CAD	\$60 CAD	25% AD	40% AD
HSA Plans - Option 2	\$20 CAD	\$40 CAD	\$60 CAD	\$150 CAD	\$250 CAD

AD = After Deductible
CAD = Copayment After Deductible

All CoChoice plans are creditable for Part D Medicare coverage. Only the HSA plans with a deductible of \$2,700 or less are creditable for Part D Medicare coverage. HSA plans with a deductible of \$3,500 or higher are NOT creditable for Part D Medicare coverage.