

# Standard POS Non-HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP		Specialist	
P500 COCHOICE_20	\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$20 per visit	40% after deductible	\$60 per visit	40% after deductible
P1000 COCHOICE_20	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$3,000	\$6,000	\$6,000	\$12,000				
P1500 COCHOICE_20	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000				
P2000 COCHOICE_20	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000				
P2500 COCHOICE_20	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000				
P3000 COCHOICE_20	\$3,000	\$6,000	\$6,000	\$12,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000				
P4000 COCHOICE_20	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000				
P5000 COCHOICE_20	\$5,000	\$10,000	\$10,000	\$20,000	20%	40%	\$7,000	\$14,000	\$14,000	\$28,000				

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

## Pharmacy Benefits

		All Standard POS Non-HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	SmartChoice (adherence generic drugs)	\$0 per prescription or refill	Not Covered
	Generic drugs	\$25 per prescription or refill	Not Covered
	Brand drugs	\$45 per prescription or refill	Not Covered
	Non-preferred drugs	\$80 per prescription or refill	Not Covered
	Preferred specialty drugs	25% after deductible	Not Covered
	Non-preferred specialty drugs	40% after deductible	Not Covered
Mail order 90-day supply	SmartChoice (adherence generic drugs)	\$0 per prescription or refill	Not Covered
	Generic drugs	\$65 per prescription or refill mail order	Not Covered
	Brand drugs	\$120 per prescription or refill mail order	Not Covered
	Non-preferred drugs	\$240 per prescription or refill mail order	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered

## Emergency/Urgent Care

	In-Network	Out-of-Network
Emergency Room	\$400 per visit	\$400 per visit
Urgent Care	\$150 per visit	40% after deductible

## Virtual Visits

\$0 per visit for all Value POS Non-HSA Plans. Benefits are only available through the Network Health virtual visit provider network.