

# Value EPO Non-HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
EV1000 COCHOICE_25	\$1,000	\$2,000	25%	\$8,150	\$16,300	\$45 per visit	\$70 per visit	\$525 per visit	\$225 per visit	\$0 per visit
EV2000 COCHOICE_25	\$2,000	\$4,000	25%	\$8,150	\$16,300					
EV3000 COCHOICE_25	\$3,000	\$6,000	25%	\$8,150	\$16,300					
EV4000 COCHOICE_25	\$4,000	\$8,000	25%	\$8,150	\$16,300					

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 Value EPO Non-HSA Plans		
Retail 30-day supply	Generic drugs	\$35 per prescription or refill
	Preferred drugs	\$55 per prescription or refill
	Non-preferred drugs	\$90 per prescription or refill
	Preferred specialty drugs	35% after deductible
	Non-preferred specialty drugs	50% after deductible
Mail order 90-day supply	Generic drugs	\$95 per prescription or refill
	Preferred drugs	\$150 per prescription or refill
	Non-preferred drugs	\$270 per prescription or refill
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order