

TRADITIONAL PRODUCT

2019 LARGE GROUP HMO and EPO PLANS



These plans offer **rich benefits** with low out-of-pocket maximums and no copayments on 0% HSA plans.

Plan Name	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Virtual Visit
	Single	Family	Members Pay	Single	Family	PCP	Specialist	
All CoChoice plans have a \$250 copayment for emergency room services and \$150 copayment for urgent care.								
H1000 COCHOICE	\$1,000	\$2,000	20%	\$3,000	\$6,000	\$20	\$50	\$10
H1500 COCHOICE	\$1,500	\$3,000	20%	\$3,500	\$7,000	\$20	\$50	\$10
H2000 COCHOICE	\$2,000	\$4,000	20%	\$4,000	\$8,000	\$20	\$50	\$10
H2500 COCHOICE	\$2,500	\$5,000	20%	\$4,500	\$9,000	\$20	\$50	\$10
H3000 COCHOICE	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$20	\$50	\$10
H3500 COCHOICE	\$3,500	\$7,000	20%	\$5,500	\$11,000	\$20	\$50	\$10
H4000 COCHOICE	\$4,000	\$8,000	20%	\$6,000	\$12,000	\$20	\$50	\$10
H4500 COCHOICE	\$4,500	\$9,000	20%	\$6,350	\$12,700	\$20	\$50	\$10
H5000 COCHOICE	\$5,000	\$10,000	20%	\$6,350	\$12,700	\$20	\$50	\$10
All HSA 0% coinsurance plans have no charge after the deductible for emergency room services and urgent care. Members pay coinsurance after the deductible for HSA 20% coinsurance plans.								
HSAH1500 0%	\$1,500	\$3,000	0%	\$1,500	\$3,000	D	D	D
HSAH1500 20%	\$1,500	\$3,000	20%	\$2,500	\$5,000	20% AD	20% AD	20% AD
HSAH2000 0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	D	D	D
HSAH2000 20%	\$2,000	\$4,000	20%	\$3,000	\$6,000	20% AD	20% AD	20% AD
HSAH2500 0%	\$2,500	\$5,000	0%	\$2,500	\$5,000	D	D	D
HSAH2500 20%	\$2,500	\$5,000	20%	\$3,400	\$6,800	20% AD	20% AD	20% AD
HSAH3000 0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	D	D	D
HSAH3000 20%	\$3,000	\$6,000	20%	\$4,000	\$8,000	20% AD	20% AD	20% AD
HSAH3500 0%	\$3,500	\$7,000	0%	\$3,500	\$7,000	D	D	D
HSAH3500 20%	\$3,500	\$7,000	20%	\$4,500	\$9,000	20% AD	20% AD	20% AD
HSAH4000 0%	\$4,000	\$8,000	0%	\$4,000	\$8,000	D	D	D
HSAH4000 20%	\$4,000	\$8,000	20%	\$5,000	\$10,000	20% AD	20% AD	20% AD
HSAH4500 0%	\$4,500	\$9,000	0%	\$4,500	\$9,000	D	D	D
HSAH4500 20%	\$4,500	\$9,000	20%	\$5,500	\$11,000	20% AD	20% AD	20% AD
HSAH5000 0%	\$5,000	\$10,000	0%	\$5,000	\$10,000	D	D	D
HSAH5000 20%	\$5,000	\$10,000	20%	\$6,000	\$12,000	20% AD	20% AD	20% AD

RX options for Non-HSA plans (0% coinsurance HSA plans have no charge after the deductible is met. 20% coinsurance HSA plans have the same RX options as Non-HSA plans except copays are applied after the deductible has been met). **\$20/40/60/100/200, \$10/25/50/100/200.**

Deductibles are embedded for family coverage on all Non-HSA plans and HSA plans with deductibles of \$3,000 or more. All copays (medical and pharmacy) are applied to a common out-of-pocket maximum.

This summary is 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 Summary of Member Responsibility Tables and Certificate of Coverage.

AD = After Deductible
D = Deductible Only