

# TRADITIONAL PRODUCT



## 2019 LARGE GROUP POS 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 Visits*
	In		Out		In	Out	In		Out		In		Out		In
	Single	Family	Single	Family	Members Pay		Single	Family	Single	Family	PCP	SP	PCP	SP	
<b>All CoChoice plans have a \$250 copayment for emergency room services.</b>															
<b>Urgent care services have \$150 copayment in-network and members pay coinsurance after the deductible out-of-network.</b>															
P1000 COCHOICE	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$3,000	\$6,000	\$6,000	\$12,000	\$20	\$50	40% AD	40% AD	\$10
P1500 COCHOICE	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$50	40% AD	40% AD	\$10
P2000 COCHOICE	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000	\$20	\$50	40% AD	40% AD	\$10
P2500 COCHOICE	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$20	\$50	40% AD	40% AD	\$10
P3000 COCHOICE	\$3,000	\$6,000	\$6,000	\$12,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$50	40% AD	40% AD	\$10
P3500 COCHOICE	\$3,500	\$7,000	\$7,000	\$14,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	\$20	\$50	40% AD	40% AD	\$10
P4000 COCHOICE	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$20	\$50	40% AD	40% AD	\$10
P4500 COCHOICE	\$4,500	\$9,000	\$9,000	\$18,000	20%	40%	\$6,350	\$12,700	\$13,000	\$26,000	\$20	\$50	40% AD	40% AD	\$10
P5000 COCHOICE	\$5,000	\$10,000	\$10,000	\$20,000	20%	40%	\$6,350	\$12,700	\$14,000	\$28,000	\$20	\$50	40% AD	40% AD	\$10
<b>All HSA 0% coinsurance plans have no charge after the deductible for emergency room services.</b>															
<b>Urgent care services have no charge after the deductible in-network and members pay coinsurance after the deductible out-of-network.</b>															
<b>Members pay coinsurance after the deductible for all HSA 20% coinsurance plans.</b>															
HSAP1500 0%	\$1,500	\$3,000	\$2,500	\$5,000	0%	20%	\$1,500	\$3,000	\$4,500	\$9,000	D	D	20% AD	20% AD	D
HSAP1500 20%	\$1,500	\$3,000	\$2,500	\$5,000	20%	40%	\$2,500	\$5,000	\$6,500	\$13,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP2000 0%	\$2,000	\$4,000	\$3,000	\$6,000	0%	20%	\$2,000	\$4,000	\$5,000	\$10,000	D	D	20% AD	20% AD	D
HSAP2000 20%	\$2,000	\$4,000	\$3,000	\$6,000	20%	40%	\$3,000	\$6,000	\$7,000	\$14,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP2500 0%	\$2,500	\$5,000	\$3,500	\$7,000	0%	20%	\$2,500	\$5,000	\$5,500	\$11,000	D	D	20% AD	20% AD	D
HSAP2500 20%	\$2,500	\$5,000	\$3,500	\$7,000	20%	40%	\$3,400	\$6,800	\$7,500	\$15,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP3000 0%	\$3,000	\$6,000	\$4,000	\$8,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	D	D	20% AD	20% AD	D
HSAP3000 20%	\$3,000	\$6,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP3500 0%	\$3,500	\$7,000	\$4,500	\$9,000	0%	20%	\$3,500	\$7,000	\$6,500	\$13,000	D	D	20% AD	20% AD	D
HSAP3500 20%	\$3,500	\$7,000	\$4,500	\$9,000	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP4000 0%	\$4,000	\$8,000	\$5,000	\$10,000	0%	20%	\$4,000	\$8,000	\$7,000	\$14,000	D	D	20% AD	20% AD	D
HSAP4000 20%	\$4,000	\$8,000	\$5,000	\$10,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP4500 0%	\$4,500	\$9,000	\$5,500	\$11,000	0%	20%	\$4,500	\$9,000	\$7,500	\$15,000	D	D	20% AD	20% AD	D
HSAP4500 20%	\$4,500	\$9,000	\$5,500	\$11,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	20% AD	20% AD	40% AD	40% AD	20% AD
HSAP5000 0%	\$5,000	\$10,000	\$6,000	\$12,000	0%	20%	\$5,000	\$10,000	\$8,000	\$16,000	D	D	20% AD	20% AD	D
HSAP5000 20%	\$5,000	\$10,000	\$6,000	\$12,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	20% AD	20% AD	40% AD	40% AD	20% AD

\*Virtual visits not covered out-of-network

**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 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 Member Responsibility Tables and Certificate of Coverage.

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