

VALUE PRODUCT



2019 LARGE GROUP HMO and EPO PLANS

These plans offer **lower premiums** with higher out-of-pocket maximums and copayments after the deductible is met on HSA plans.

Plan Name	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment				MDLive® Virtual Visits
	Single	Family	What Members Pay	Single	Family	PCP	Specialist	ER*	Urgent Care	
VH1000 COCHOICE	\$1,000	\$2,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH1500 COCHOICE	\$1,500	\$3,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH2000 COCHOICE	\$2,000	\$4,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH2500 COCHOICE	\$2,500	\$5,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH3000 COCHOICE	\$3,000	\$6,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH3500 COCHOICE	\$3,500	\$7,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH4000 COCHOICE	\$4,000	\$8,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH4500 COCHOICE	\$4,500	\$9,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VH5000 COCHOICE	\$5,000	\$10,000	20%	\$7,350	\$14,700	\$30	\$60	\$300	\$200	\$15
VHSAH1500 0%	\$1,500	\$3,000	0%	\$2,500	\$5,000	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH1500 20%	\$1,500	\$3,000	20%	\$3,000	\$6,000	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH2000 0%	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH2000 20%	\$2,000	\$4,000	20%	\$3,500	\$7,000	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH2700 0%	\$2,700	\$5,400	0%	\$6,650	\$13,300	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH2700 20%	\$2,700	\$5,400	20%	\$6,650	\$13,300	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH3500 0%	\$3,500	\$7,000	0%	\$6,650	\$13,300	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH3500 20%	\$3,500	\$7,000	20%	\$6,650	\$13,300	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH4000 0%	\$4,000	\$8,000	0%	\$6,650	\$13,300	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH4000 20%	\$4,000	\$8,000	20%	\$6,650	\$13,300	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH5000 0%	\$5,000	\$10,000	0%	\$6,650	\$13,300	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD
VHSAH5000 20%	\$5,000	\$10,000	20%	\$6,650	\$13,300	20% AD	20% AD	20% AD	20% AD	\$10 CAD
VHSAH6500 0%	\$6,500	\$13,000	0%	\$6,650	\$13,300	\$30 CAD	\$60 CAD	\$300 CAD	\$200 CAD	\$10 CAD

*Emergency Room Services (Copay waived if admitted inpatient within 24 hours)

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. All plans are creditable coverage for Medicare Part D.

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

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.
1820-01-0818

AD = After Deductible
CAD = Copayment After Deductible
D = Deductible Only