

VALUE PRODUCT

2020 LARGE GROUP POS PLANS

All CoChoice plans have a \$450 copayment for emergency room services. Urgent care services have \$200 copayment in-network and members pay 50% coinsurance after deductible out-of-network.

| 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 | What Members Pay | | Single | Family | Single | Family | PCP | SP | PCP | SP | |
| VHSAP1000 25 | \$1,000 | \$2,000 | \$3,000 | \$6,000 | 25% | 50% | \$8,150 | \$16,300 | \$15,000 | \$30,000 | \$35 per visit | \$80 per visit | 50% after deductible | \$0 after deductible | |
| VHSAP1500 25 | \$1,500 | \$3,000 | \$4,500 | \$9,000 | | | \$8,150 | \$16,300 | \$15,000 | \$30,000 | | | | | |
| VHSAP2000 25 | \$2,000 | \$4,000 | \$6,000 | \$12,000 | | | \$8,150 | \$16,300 | \$15,000 | \$30,000 | | | | | |
| VHSAP2500 25 | \$2,500 | \$5,000 | \$7,500 | \$15,000 | | | \$8,150 | \$16,300 | \$15,000 | \$30,000 | | | | | |
| VHSAP3000 25 | \$3,000 | \$6,000 | \$9,000 | \$18,000 | | | \$8,150 | \$16,300 | \$15,500 | \$31,000 | | | | | |
| VHSAP3500 25 | \$3,500 | \$7,000 | \$10,500 | \$21,000 | | | \$8,150 | \$16,300 | \$15,500 | \$31,000 | | | | | |
| VHSAP4000 25 | \$4,000 | \$8,000 | \$12,000 | \$24,000 | | | \$8,150 | \$16,300 | \$16,000 | \$32,000 | | | | | |
| VHSAP5000 25 | \$5,000 | \$10,000 | \$15,000 | \$30,000 | | | \$8,150 | \$16,300 | \$19,000 | \$38,000 | | | | | |
| All HSA plans have a \$450 copayment for emergency room services after deductible has been met. In-network urgent care services have a \$200 copayment after the deductible and members pay coinsurance after the deductible out-of-network. | | | | | | | | | | | | | | | |
| VHSAP1500 10 | \$1,500 | \$3,000 | \$2,500 | \$5,000 | 10% | 30% | \$2,500 | \$5,000 | \$5,000 | \$10,000 | \$35 per visit after deductible | \$70 per visit after deductible | 30% after deductible | \$0 after deductible | |
| VHSAP2000 10 | \$2,000 | \$4,000 | \$4,000 | \$8,000 | | | \$3,000 | \$6,000 | \$7,000 | \$14,000 | | | | | |
| VHSAP2800 10 | \$2,800 | \$5,600 | \$5,000 | \$10,000 | | | \$6,900 | \$13,800 | \$10,000 | \$20,000 | | | | | |
| VHSAP3500 10 | \$3,500 | \$7,000 | \$6,000 | \$12,000 | | | \$6,900 | \$13,800 | \$11,000 | \$22,000 | | | | | |
| VHSAP4000 10 | \$4,000 | \$8,000 | \$7,000 | \$14,000 | | | \$6,900 | \$13,800 | \$13,000 | \$26,000 | | | | | |
| VHSAP5000 10 | \$5,000 | \$10,000 | \$8,000 | \$16,000 | | | \$6,900 | \$13,800 | \$15,000 | \$30,000 | | | | | |
| VHSAP6500 10 | \$6,500 | \$13,000 | \$10,000 | \$20,000 | | | \$6,900 | \$13,800 | \$18,000 | \$36,000 | | | | | |
| VHSAP1500 30 | \$1,500 | \$3,000 | \$3,000 | \$6,000 | 30% | 50% | \$3,000 | \$6,000 | \$6,000 | \$12,000 | \$35 per visit after deductible | \$70 per visit after deductible | 50% after deductible | \$0 after deductible | |
| VHSAP2000 30 | \$2,000 | \$4,000 | \$4,500 | \$9,000 | | | \$3,500 | \$7,000 | \$8,000 | \$16,000 | | | | | |
| VHSAP2800 30 | \$2,800 | \$5,600 | \$5,500 | \$11,000 | | | \$6,900 | \$13,800 | \$11,000 | \$22,000 | | | | | |
| VHSAP3500 30 | \$3,500 | \$7,000 | \$6,500 | \$13,000 | | | \$6,900 | \$13,800 | \$12,000 | \$24,000 | | | | | |
| VHSAP4000 30 | \$4,000 | \$8,000 | \$7,500 | \$15,000 | | | \$6,900 | \$13,800 | \$14,000 | \$28,000 | | | | | |
| VHSAP5000 30 | \$5,000 | \$10,000 | \$8,500 | \$17,000 | | | \$6,900 | \$13,800 | \$16,000 | \$32,000 | | | | | |
| VHSAP6500 30 | \$6,500 | \$13,000 | \$10,000 | \$20,000 | | | \$6,900 | \$13,800 | \$18,000 | \$36,000 | | | | | |

*Virtual visits not covered out-of-network.

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.

In = In-network

Out = Out-of-network

SP = Specialist

PCP = Primary care practitioner