

TRADITIONAL PRODUCT

2021 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 Members Pay	Out-of-Pocket Maximum		Office Visit Copayment		Virtual Visit
	Single	Family		Single	Family	PCP	Specialist	
All CoChoice plans have a \$300 copayment for emergency room services and \$150 copayment for urgent care.								
H1000 COCHOICE	\$1,000	\$2,000	20%	\$3,000	\$6,000	\$20 per visit	\$50 per visit	\$0 per visit
H1500 COCHOICE	\$1,500	\$3,000		\$3,500	\$7,000			
H2000 COCHOICE	\$2,000	\$4,000		\$4,000	\$8,000			
H2500 COCHOICE	\$2,500	\$5,000		\$4,500	\$9,000			
H3000 COCHOICE	\$3,000	\$6,000		\$5,000	\$10,000			
H3500 COCHOICE	\$3,500	\$7,000		\$5,500	\$11,000			
H4000 COCHOICE	\$4,000	\$8,000		\$6,000	\$12,000			
H5000 COCHOICE	\$5,000	\$10,000		\$7,000	\$14,000			
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	0% after deductible	0% after deductible	
HSAH2000 0%	\$2,000	\$4,000		\$2,000	\$4,000			
HSAH2500 0%	\$2,500	\$5,000		\$2,500	\$5,000			
HSAH3000 0%	\$3,000	\$6,000		\$3,000	\$6,000			
HSAH3500 0%	\$3,500	\$7,000		\$3,500	\$7,000			
HSAH4000 0%	\$4,000	\$8,000		\$4,000	\$8,000			
HSAH5000 0%	\$5,000	\$10,000		\$5,000	\$10,000			
HSAH6000 0%	\$6,000	\$12,000		\$6,000	\$12,000			
HSAH6500 0%	\$6,500	\$13,000		\$6,500	\$13,000			
HSAH7000 0%	\$7,000	\$14,000		\$7,000	\$14,000			
HSAH1500 20%	\$1,500	\$3,000	20%	\$2,500	\$5,000	20% after deductible	0% after deductible	
HSAH2000 20%	\$2,000	\$4,000		\$3,000	\$6,000			
HSAH2500 20%	\$2,500	\$5,000		\$3,400	\$6,800			
HSAH3000 20%	\$3,000	\$6,000		\$4,000	\$8,000			
HSAH3500 20%	\$3,500	\$7,000		\$4,500	\$9,000			
HSAH4000 20%	\$4,000	\$8,000		\$5,000	\$10,000			
HSAH5000 20%	\$5,000	\$10,000		\$6,000	\$12,000			
HSAH6000 20%	\$6,000	\$12,000		\$6,900	\$13,800			

*Virtual visits are not covered out-of-network.

Prescription options for non-HSA plans (0% coinsurance HSA plans have no charge after the deductible is met. 20% coinsurance HSA plans have the same prescription options as non-HSA plans except copayments are applied after the deductible has been met). \$25/\$45/\$65/\$150/\$250 or \$10/\$25/\$50/\$100/\$200.

Deductibles are embedded for family coverage on non-HSA plans and HSA plans with deductibles of \$3,000 or more. All copayments (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.

PCP = Primary care practitioner