# 2022 LARGE GROUP POS PLANS

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

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## Plan Name

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Out-of-Pocket Maximum</th>
<th>Office Visit Copayment</th>
<th>Virtual Visits*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
<td>Single</td>
<td>Family</td>
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<tr>
<td></td>
<td>In</td>
<td>Out</td>
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<td>In</td>
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All CoChoice plans have a $400 copayment for emergency room services. Urgent care services have $150 copayment in-network and members pay 40% coinsurance after the deductible out-of-network.

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All HSA 0% coinsurance plans have no charge after the deductible for emergency room services. Urgent care services have no charge after the deductible in-network and members pay coinsurance after the deductible out-of-network. On all HSA 20% plans, members pay coinsurance after the deductible for emergency room and urgent care services. The coinsurance amount is higher for out-of-network providers.

### 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).
- 2022 LARGE GROUP POS PLANS

### Benefits

- 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.

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*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.

In = In-network

Out = Out-of-network

PCP = Primary care practitioner

SP = Specialist

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.

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