

# TRADITIONAL PRODUCT

## 2023 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 \$300 copayment for emergency room services. Urgent care services have \$150 copayment in-network and members pay 40% 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	\$25 per visit	\$60 per visit	40% after deductible	\$0 per visit	
P1500 COCHOICE	\$1,500	\$3,000	\$3,000	\$6,000			\$3,500	\$7,000	\$7,000	\$14,000					
P2000 COCHOICE	\$2,000	\$4,000	\$4,000	\$8,000			\$4,000	\$8,000	\$8,000	\$16,000					
P2500 COCHOICE	\$2,500	\$5,000	\$5,000	\$10,000			\$5,000	\$10,000	\$10,000	\$20,000					
P3000 COCHOICE	\$3,000	\$6,000	\$6,000	\$12,000			\$5,000	\$10,000	\$10,000	\$20,000					
P3500 COCHOICE	\$3,500	\$7,000	\$7,000	\$14,000			\$6,000	\$12,000	\$12,000	\$24,000					
P4000 COCHOICE	\$4,000	\$8,000	\$8,000	\$16,000			\$7,000	\$14,000	\$14,000	\$28,000					
P5000 COCHOICE	\$5,000	\$10,000	\$10,000	\$20,000			\$7,900	\$15,800	\$15,800	\$31,600					
<b>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.</b>															
HSAP1500 0%	\$1,500	\$3,000	\$2,500	\$5,000	0%	20%	\$1,500	\$3,000	\$4,500	\$9,000	\$0 after deductible	20% after deductible	\$0 after deductible		
HSAP2000 0%	\$2,000	\$4,000	\$3,000	\$6,000			\$2,000	\$4,000	\$5,000	\$10,000					
HSAP2500 0%	\$2,500	\$5,000	\$3,500	\$7,000			\$2,500	\$5,000	\$5,500	\$11,000					
HSAP3000 0%	\$3,000	\$6,000	\$4,000	\$8,000			\$3,000	\$6,000	\$6,000	\$12,000					
HSAP3500 0%	\$3,500	\$7,000	\$4,500	\$9,000			\$3,500	\$7,000	\$6,500	\$13,000					
HSAP4000 0%	\$4,000	\$8,000	\$5,000	\$10,000			\$4,000	\$8,000	\$7,000	\$14,000					
HSAP5000 0%	\$5,000	\$10,000	\$6,000	\$12,000			\$5,000	\$10,000	\$8,000	\$16,000					
HSAP6000 0%	\$6,000	\$12,000	\$7,000	\$14,000			\$6,000	\$12,000	\$9,000	\$18,000					
HSAP6500 0%	\$6,500	\$13,000	\$7,500	\$15,000			\$6,500	\$13,000	\$9,500	\$19,000					
HSAP6500 0%	\$7,000	\$14,000	\$8,000	\$16,000			\$7,000	\$14,000	\$10,000	\$20,000					
HSAP1500 20%	\$1,500	\$3,000	\$2,500	\$5,000	20%	40%	\$2,500	\$5,000	\$6,500	\$13,000	20% after deductible	40% after deductible	\$0 after deductible		
HSAP2000 20%	\$2,000	\$4,000	\$3,000	\$6,000			\$3,000	\$6,000	\$7,000	\$14,000					
HSAP2500 20%	\$2,500	\$5,000	\$3,500	\$7,000			\$3,400	\$6,800	\$7,500	\$15,000					
HSAP3000 20%	\$3,000	\$6,000	\$4,000	\$8,000			\$4,000	\$8,000	\$8,000	\$16,000					
HSAP3500 20%	\$3,500	\$7,000	\$4,500	\$9,000			\$4,500	\$9,000	\$9,000	\$18,000					
HSAP4000 20%	\$4,000	\$8,000	\$5,000	\$10,000			\$5,000	\$10,000	\$10,000	\$20,000					
HSAP5000 20%	\$5,000	\$10,000	\$6,000	\$12,000			\$6,000	\$12,000	\$12,000	\$24,000					
HSAP6000 20%	\$6,000	\$12,000	\$7,000	\$14,000			\$6,900	\$13,800	\$14,000	\$28,000					

**\*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.

*In* = In-network

*Out* = Out-of-network

*PCP* = Primary care practitioner

*SP* = Specialist