

VALUE PRODUCT

2024 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		Virtual Visit
	Single	Family	Members Pay	Single	Family	PCP	Specialist	
All CoChoice plans have a \$500 copayment for emergency room services and \$200 copayment for urgent care.								
VH1000_22_CC	\$1,000	\$2,000	25%	\$8,150	\$16,300	\$35 per visit	\$80 per visit	\$0 per visit
VH1500_22_CC	\$1,500	\$3,000						
VH2000_22_CC	\$2,000	\$4,000						
VH2500_22_CC	\$2,500	\$5,000						
VH3000_22_CC	\$3,000	\$6,000						
VH3500_22_CC	\$3,500	\$7,000						
VH4000_22_CC	\$4,000	\$8,000						
VH5000_22_CC	\$5,000	\$10,000						
All HSA-eligible plans have a \$450 charge for emergency room services after deductible and \$200 charge per visit for urgent care after deductible.								
VHSAH24_1600_10	\$1,600	\$3,200	10%	\$2,500	\$5,000	\$35 per visit after deductible	\$70 per visit after deductible	0% after deductible
VHSAH22_2000_10	\$2,000	\$4,000		\$3,000	\$6,000			
VHSAH24_2800_10	\$2,800	\$5,600		\$6,900	\$13,800			
VHSAH24_3500_10	\$3,500	\$7,000		\$6,900	\$13,800			
VHSAH22_4000_10	\$4,000	\$8,000		\$6,900	\$13,800			
VHSAH22_5000_10	\$5,000	\$10,000		\$6,900	\$13,800			
VHSAH22_6500_10	\$6,500	\$13,000		\$6,900	\$13,800			
VHSAH24_1600_30	\$1,600	\$3,200	30%	\$2,500	\$5,000	\$35 per visit after deductible	\$70 per visit after deductible	0% after deductible
VHSAH22_2000_30	\$2,000	\$4,000		\$3,500	\$7,000			
VHSAH24_2800_30	\$2,800	\$5,600		\$6,900	\$13,800			
VHSAH24_3500_30	\$3,500	\$7,000		\$6,900	\$13,800			
VHSAH22_4000_30	\$4,000	\$8,000		\$6,900	\$13,800			
VHSAH22_5000_30	\$5,000	\$10,000		\$6,900	\$13,800			
VHSAH22_6500_30	\$6,500	\$13,000		\$6,900	\$13,800			

Emergency Room Services (copayment waived if admitted inpatient within 24 hours).

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