

VALUE PRODUCT

2024 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	
VP1000_22_CC	\$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
VP1500_22_CC	\$1,500	\$3,000	\$4,500	\$9,000			\$8,150	\$16,300	\$15,000	\$30,000					
VP2000_22_CC	\$2,000	\$4,000	\$6,000	\$12,000			\$8,150	\$16,300	\$15,000	\$30,000					
VP2500_22_CC	\$2,500	\$5,000	\$7,500	\$15,000			\$8,150	\$16,300	\$15,000	\$30,000					
VP3000_22_CC	\$3,000	\$6,000	\$9,000	\$18,000			\$8,150	\$16,300	\$15,500	\$31,000					
VP3500_22_CC	\$3,500	\$7,000	\$10,500	\$21,000			\$8,150	\$16,300	\$15,500	\$31,000					
VP4000_22_CC	\$4,000	\$8,000	\$12,000	\$24,000			\$8,150	\$16,300	\$16,000	\$32,000					
VP5000_22_CC	\$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.															
VHSAP24_1600_10	\$1,600	\$3,200	\$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
VHSAP22_2000_10	\$2,000	\$4,000	\$4,000	\$8,000			\$3,000	\$6,000	\$7,000	\$14,000					
VHSAHP24_2800_10	\$2,800	\$5,600	\$5,000	\$10,000			\$6,900	\$13,800	\$10,000	\$20,000					
VHSAHP24_3500_10	\$3,500	\$7,000	\$6,000	\$12,000			\$6,900	\$13,800	\$11,000	\$22,000					
VHSAP22_4000_10	\$4,000	\$8,000	\$7,000	\$14,000			\$6,900	\$13,800	\$13,000	\$26,000					
VHSAP22_5000_10	\$5,000	\$10,000	\$8,000	\$16,000			\$6,900	\$13,800	\$15,000	\$30,000					
VHSAP22_6500_10	\$6,500	\$13,000	\$10,000	\$20,000			\$6,900	\$13,800	\$18,000	\$36,000					
VHSAP24_1600_30	\$1,600	\$3,200	\$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
VHSAP22_2000_30	\$2,000	\$4,000	\$4,500	\$9,000			\$3,500	\$7,000	\$8,000	\$16,000					
VHSAP24_2800_30	\$2,800	\$5,600	\$5,500	\$11,000			\$6,900	\$13,800	\$11,000	\$22,000					
VHSAP24_3500_30	\$3,500	\$7,000	\$6,500	\$13,000			\$6,900	\$13,800	\$12,000	\$24,000					
VHSAP22_4000_30	\$4,000	\$8,000	\$7,500	\$15,000			\$6,900	\$13,800	\$14,000	\$28,000					
VHSAP22_5000_30	\$5,000	\$10,000	\$8,500	\$17,000			\$6,900	\$13,800	\$16,000	\$32,000					
VHSAP22_6500_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