

TRADITIONAL PRODUCT

2025 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	
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.															
RP1000_22_CC	\$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	
RP1500_22_CC	\$1,600	\$3,200	\$3,000	\$6,000			\$3,500	\$7,000	\$7,000	\$14,000					
RP2000_22_CC	\$2,000	\$4,000	\$4,000	\$8,000			\$4,000	\$8,000	\$8,000	\$16,000					
RP2500_22_CC	\$2,500	\$5,000	\$5,000	\$10,000			\$5,000	\$10,000	\$10,000	\$20,000					
RP3000_22_CC	\$3,000	\$6,000	\$6,000	\$12,000			\$5,000	\$10,000	\$10,000	\$20,000					
RP3500_22_CC	\$3,500	\$7,000	\$7,000	\$14,000			\$6,000	\$12,000	\$12,000	\$24,000					
RP4000_22_CC	\$4,000	\$8,000	\$8,000	\$16,000			\$7,000	\$14,000	\$14,000	\$28,000					
RP5000_22_CC	\$5,000	\$10,000	\$10,000	\$20,000			\$7,900	\$15,800	\$15,800	\$31,600					
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.															
RHSAP25_1750_0	\$1,750	\$3,500	\$2,500	\$5,000	0%	20%	\$1,750	\$3,500	\$4,500	\$9,000	\$0 after deductible		20% after deductible	\$0 after deductible	
RHSAP22_2000_0	\$2,000	\$4,000	\$3,000	\$6,000			\$2,000	\$4,000	\$5,000	\$10,000					
RHSAP22_2500_0	\$2,500	\$5,000	\$3,500	\$7,000			\$2,500	\$5,000	\$5,500	\$11,000					
RHSAP22_3500_0	\$3,500	\$7,000	\$4,500	\$9,000			\$3,500	\$7,000	\$6,500	\$13,000					
RHSAP22_4000_0	\$4,000	\$8,000	\$5,000	\$10,000			\$4,000	\$8,000	\$7,000	\$14,000					
RHSAP22_5000_0	\$5,000	\$10,000	\$6,000	\$12,000			\$5,000	\$10,000	\$8,000	\$16,000					
RHSAP22_6000_0	\$6,000	\$12,000	\$7,000	\$14,000			\$6,000	\$12,000	\$9,000	\$18,000					
RHSAP22_6500_0	\$6,500	\$13,000	\$7,500	\$15,000			\$6,500	\$13,000	\$9,500	\$19,000					
RHSAP22_7000_0	\$7,000	\$14,000	\$8,000	\$16,000			\$7,000	\$14,000	\$10,000	\$20,000					
RHSAP24_8000_0	\$8,000	\$16,000	\$8,000	\$16,000			\$8,000	\$16,000	\$10,000	\$20,000					
RHSAP25_1750_20	\$1,750	\$3,500	\$2,500	\$5,000	20%	40%	\$2,500	\$5,000	\$6,500	\$13,000	20% after deductible		40% after deductible	\$0 after deductible	
RHSAP22_2000_20	\$2,000	\$4,000	\$3,000	\$6,000			\$3,000	\$6,000	\$7,000	\$14,000					
RHSAP22_2500_20	\$2,500	\$5,000	\$3,500	\$7,000			\$3,400	\$6,800	\$7,500	\$15,000					
RHSAP22_3500_20	\$3,500	\$7,000	\$4,500	\$9,000			\$4,500	\$9,000	\$9,000	\$18,000					
RHSAP22_4000_20	\$4,000	\$8,000	\$5,000	\$10,000			\$5,000	\$10,000	\$10,000	\$20,000					
RHSAP22_5000_20	\$5,000	\$10,000	\$6,000	\$12,000			\$6,000	\$12,000	\$12,000	\$24,000					
RHSAP22_6000_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 \$3,500 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

PCP = Primary care practitioner

Out = Out-of-network

SP = Specialist