# TRADITIONAL PRODUCT

# 2026 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% after deductible | 40% after deductible | $3,000 | $6,000 | $6,000 | $12,000 | $25 per visit | $60 per visit | 40% after deductible | | $0 per visit |
| RP1500_22_CC | $1,500 | $3,000 | $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% after deductible | 20% after deductible | $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% after deductible | 40% after deductible | $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* *Out = Out-of-network*
*PCP = Primary care practitioner* *SP = Specialist*

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network health