VALUE PRODUCT

2026 LARGE GROUP POS PLANS

All CoChoice plans have a $500 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% after deductible	50% after deductible	$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.															
VHSAP25_1750_10	$1,750	$3,500	$2,500	$5,000	10% after deductible	30% after deductible	$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					
VHSAP25_1750_30	$1,750	$3,500	$3,000	$6,000	30% after deductible	50% after deductible	$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

network health