

COSE Health and Wellness Trust

Health Reimbursement Arrangement (HRA) Plan Options

HRA 25-1000 w/ Rx	
Deductible	\$1,000 Individual/\$3,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$2,500 Individual/\$7,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

HRA 25-2000 w/ Rx	
Deductible	\$2,000 Individual/\$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$3,500 Individual/\$10,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

HRA 25-3000 w/ Rx	
Deductible	\$3,000 Individual/\$9,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$4,500 Individual/\$13,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

HRA 3000 w/ PD Rx ¹	
Deductible	\$3,000 Individual/\$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	Coinsurance (0%) after deductible
Maximum out of pocket	\$6,450 Individual/\$12,900 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60 (after deductible)
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180 (after deductible)

Plans continue on back...

HRA 5000 w/ PD Rx¹	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	Coinsurance (0%) after deductible
Maximum out of pocket	\$6,450 Individual/\$12,900 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60 (after deductible)
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180 (after deductible)

HRA 6550 w/ MMRx	
Deductible	\$6,550 Individual/\$13,100 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	Coinsurance (0%) after deductible
Maximum out of pocket	\$6,550 Individual/\$13,100 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	Coinsurance (0%) after deductible
Mail-order drug copay: 30-day supply (generic/preferred/non-preferred)	Coinsurance (0%) after deductible

Please note that the values above are for in-network services only. Services received outside the network are covered at a different benefit level. Please review your plan documents for specific details.

Generic Drug Incentive: If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay PLUS the difference between the cost of the generic drug and the brand-name drug.

Mail-order Drug Incentive: Retail drug copays apply for the first three fills in 180 days. Starting on the fourth fill, copay amount doubles unless mail-order is used.

Specialty Drugs: 50% up to \$200 (30-day limit)

Oral Chemotherapy Drugs: \$100 for 30-day supply.

Footnote 1: This HRA plan has post-deductible drug copays. Amounts only apply after the deductible is met.