

# COSE Health and Wellness Trust

## Health Savings Account (HSA) Plan Options

<b>HSA 2000 w/ MMRx (Aggregate)</b>	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	Coinsurance (0%) after deductible
Maximum out of pocket	\$2,000 Individual/\$4,000 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

<b>HSA 3000 w/ PD Rx<sup>1</sup></b>	
Deductible	\$3,000 Individual/\$6,000 Family
Coinsurance (member cost)	Coinsurance (0%) after deductible
Copays (primary care/ specialist/ urgent care)	\$10/\$30/\$60
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)

<b>HSA 4000 w/ PD Rx<sup>1</sup></b>	
Deductible	\$4,000 Individual/\$8,000 Family
Coinsurance (member cost)	Coinsurance (0%) after deductible
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
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)

<b>HSA 5000 w/ PD Rx<sup>1</sup></b>	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	Coinsurance (0%) after deductible
Copays (primary care/ specialist/ urgent care)	\$10/\$30/\$60
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 6550 w/ MMRx**

Deductible	\$6,550 Individual/\$13,100 Family
Coinsurance (member cost)	Coinsurance (0%) after deductible
Copays (primary care/ specialist/ urgent care)	\$10/\$30/\$60
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 HSA plan has post-deductible drug copays. Amounts only apply after the deductible is met.