

# COSE Health and Wellness Trust

## Health Savings Account (HSA) Plan Options

Health Savings Account (HSA) Plans		
<b>HSA 2000 w/MMRx (Aggregate)</b>	In-Network	Non-Network
Deductible	\$2,000 Individual/\$4,000 Family	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	Coinsurance after deductible	Coinsurance after deductible
Copay specialist	Coinsurance after deductible	Coinsurance after deductible
Copay urgent care	Coinsurance after deductible	Coinsurance after deductible
Maximum out of pocket	\$2,000 Individual/\$4,000 Family	\$10,000 Individual/\$20,000 Family
<b>HSA 3000 w/PD Rx*</b>	In-Network	Non-Network
Deductible	\$3,000 Individual/\$6,000 Family	\$6,000 Individual/\$12,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	Coinsurance after deductible	Coinsurance after deductible
Copay specialist	Coinsurance after deductible	Coinsurance after deductible
Copay urgent care	Coinsurance after deductible	Coinsurance after deductible
Maximum out of pocket	\$6,450 Individual/\$12,900 Family	\$11,000 Individual/\$22,000 Family
<b>HSA 4000 w/PD Rx*</b>	In-Network	Non-Network
Deductible	\$4,000 Individual/\$8,000 Family	\$8,000 Individual/\$16,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	Coinsurance after deductible	Coinsurance after deductible
Copay specialist	Coinsurance after deductible	Coinsurance after deductible
Copay urgent care	Coinsurance after deductible	Coinsurance after deductible
Maximum out of pocket	\$6,450 Individual/\$12,900 Family	\$13,000 Individual/\$26,000 Family
<b>HSA 5000 w/PD Rx*</b>	In-Network	Non-Network
Deductible	\$5,000 Individual/\$10,000 Family	\$10,000 Individual/\$20,000 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	Coinsurance after deductible	Coinsurance after deductible
Copay specialist	Coinsurance after deductible	Coinsurance after deductible
Copay urgent care	Coinsurance after deductible	Coinsurance after deductible
Maximum out of pocket	\$6,450 Individual/\$12,900 Family	\$15,000 Individual/\$30,000 Family
<b>HSA 6550 w/MMRx</b>	In-Network	Non-Network
Deductible	\$6,550 Individual/\$13,100 Family	\$13,100 Individual/\$26,200 Family
Coinsurance (member cost)	0%	40%
Coinsurance maximum out of pocket (excludes deductible)	N/A	\$5,000 Individual/\$10,000 Family
Copay primary care	Coinsurance after deductible	Coinsurance after deductible
Copay specialist	Coinsurance after deductible	Coinsurance after deductible
Copay urgent care	Coinsurance after deductible	Coinsurance after deductible
Maximum out of pocket	\$6,550 Individual/\$13,100 Family	\$18,100 Individual/\$36,200 Family

**\*Drug Benefits**

**Retail:** \$10 generic, \$30 preferred brand, \$60 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

**Mail Order:** \$30 generic, \$90 preferred brand, \$180 non-preferred brand, \$100 oral chemotherapy drugs, 50% up to \$200 maximum specialty (limit of 30 days)

**Home Delivery Incentive:** On the fourth fill within 180 days, member will pay double the applicable copay or coinsurance.

**Generic Incentive:** If member or provider requests a brand-name drug 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.

For HSA plans with a post-deductible drug copay, the Rx copay applies after the deductible is met.