

COSE Health and Wellness Trust

Copay Plan Options

Copay Plan Options*	
3020-250 w/Rx	
Deductible	\$250 Individual/\$500 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$5,250 Individual/\$10,500 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
3020-500 w/Rx	
Deductible	\$500 Individual/\$1,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$5,500 Individual/\$11,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
3020-1000 w/Rx	
Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,000 Individual/\$12,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
3020-1500 w/Rx	
Deductible	\$1,500 Individual/\$3,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,500 Individual/\$13,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
3020-2000 w/Rx	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225
3020-3000 w/Rx	
Deductible	\$3,000 Individual/\$6,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$8,000 Individual/\$16,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

See reverse side for additional plan options.

Copay Plan Options***3020-6000 w/Rx**

Deductible	\$6,000 Individual/\$12,000 Family
Coinsurance (member cost)	20% up to \$2,500 Individual/\$5,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$8,500 Individual/\$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

30-1000 w/Rx

Deductible	\$1,000 Individual/\$3,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

30-2000 w/Rx

Deductible	\$2,000 Individual/\$6,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

30-3500 w/Rx

Deductible	\$3,500 Individual/\$10,500 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

30-5000 w/Rx

Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

30-8000 w/Rx

Deductible	\$8,000 Individual/\$16,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$8,500 Individual/\$17,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225

*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.