

COSE Health and Wellness Trust

Copay Plan Options

3020-250 w/ Rx	
Deductible	\$250 Individual/\$500 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	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225
3020-500 w/ Rx	
Deductible	\$500 Individual / \$1,000 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	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225
3020-1000 w/ Rx	
Deductible	\$1,000 Individual / \$2,000 Family
Coinsurance (member cost)	20% up to \$3,000 Individual / \$6,000 Family
Copays (primary care / specialist / urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225
3020-1500 w/ Rx	
Deductible	\$1,500 Individual / \$3,000 Family
Coinsurance (member cost)	20% up to \$3,500 Individual / \$7,000 Family
Copays (primary care / specialist / urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225
3020-2000 w/ Rx	
Deductible	\$2,000 Individual / \$4,000 Family
Coinsurance (member cost)	20% up to \$1,000 Individual / \$2,000 Family
Copays (primary care / specialist / urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225
3020-3000 w/ Rx	
Deductible	\$3,000 Individual / \$6,000 Family
Coinsurance (member cost)	20% up to \$3,600 Individual / \$7,200 Family
Copays (primary care / specialist / urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225

See reverse side for additional plan options.

30-5000 w/ Rx	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%
Copays (primary care /specialist /urgent care)	\$30 /\$60 /\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copay: 30-day supply (generic /preferred /non-preferred)	\$15 /\$45 /\$75
Mail-Order Drug Copay: 90-day supply (generic /preferred /non-preferred)	\$45 /\$135 /\$225
30-1000 w/ Rx	
Deductible	\$1,000 Individual/\$3,000 Family
Coinsurance (member cost)	0%
Copays (primary care /specialist /urgent care)	\$30 /\$60 /\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copay: 30-day supply (generic /preferred /non-preferred)	\$15 /\$45 /\$75
Mail-Order Drug Copay: 90-day supply (generic /preferred /non-preferred)	\$45 /\$135 /\$225
30-2000 w/ Rx	
Deductible	\$2,000 Individual/\$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care /specialist /urgent care)	\$30 /\$60 /\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copay: 30-day supply (generic /preferred /non-preferred)	\$15 /\$45 /\$75
Mail-Order Drug Copay: 90-day supply (generic /preferred /non-preferred)	\$45 /\$135 /\$225
30-3000 w/ Rx	
Deductible	\$3,000 Individual/\$9,000 Family
Coinsurance (member cost)	0%
Copays (primary care /specialist /urgent care)	\$30 /\$60 /\$75
Maximum Out of Pocket	\$6,600 Individual/\$13,200 Family
Retail Drug Copay: 30-day supply (generic /preferred /non-preferred)	\$15 /\$45 /\$75
Mail-Order Drug Copay: 90-day supply (generic /preferred /non-preferred)	\$45 /\$135 /\$225

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.