

# 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: 90-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)	0%
Copays (primary care / specialist / urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual / \$13,800 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75 (after deductible)
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225 (after deductible)
<b>HSA 4000 w/ PD Rx<sup>1</sup></b>	
Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual / \$13,800 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75 (after deductible)
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225 (after deductible)
<b>HSA 5000 w/ PD Rx<sup>1</sup></b>	
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	\$6,900 Individual / \$13,800 Family
Retail Drug Copay: 30-day supply (generic / preferred / non-preferred)	\$15 / \$45 / \$75 (after deductible)
Mail-Order Drug Copay: 90-day supply (generic / preferred / non-preferred)	\$45 / \$135 / \$225 (after deductible)
<b>HSA 6550 w/ MMRx</b>	
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: 90-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.