

# COSE Health and Wellness Trust

## Health Reimbursement Arrangement (HRA) Plan Options

<b>HRA 30-1000 w/ Rx</b>	
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
<b>HRA 30-2000 w/ Rx</b>	
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
<b>HRA 30-3000 w/ Rx</b>	
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
<b>HRA 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>HRA 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>HRA 6550 w/ PD Rx<sup>1</sup></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

See reverse side for disclaimers and footnotes.

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**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 HRA plan has post-deductible drug copays. Amounts only apply after the deductible is met.