

COSE Health and Wellness Trust

Copay Plan Options

| Copay Plan Options* | |
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| 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**

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|--|---|
| 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 | \$6,000 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 |

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 | \$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 |

30-3000 w/Rx

| | |
|--|--------------------------------------|
| Deductible | \$3,000 Individual / \$9,000 Family |
| Coinsurance (member cost) | 0% after deductible |
| 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 |

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.