

# COSE Health and Wellness Trust

## Health Savings Account (HSA) Plan Options

<b>HSA Plan Options*</b>	
<b>HSA 2000 w/MMRx (Aggregate)</b>	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$2,000 Individual/\$4,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible
Mail-Order Drug Copays (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% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual/\$13,800 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75 (after deductible)
Mail-Order Drug Copays (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% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual/\$13,800 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75 (after deductible)
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45/\$135/\$225 (after deductible)
<b>HSA 4000 w/MMRx</b>	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$7,000 Individual/\$14,000 Family
Copays (primary care/specialist/urgent care)	Coinsurance after deductible
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Retail Drug Copays (generic/preferred/non-preferred)	Coinsurance after deductible
Mail-Order Drug Copays (generic/preferred/non-preferred)	Coinsurance after deductible
<b>HSA 5000 w/ PD Rx<sup>1</sup></b>	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,900 Individual/\$13,800 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15/\$45/\$75 (after deductible)
Mail-Order Drug Copays (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% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,550 Individual/\$13,100 Family
Retail Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible
Mail-Order Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible

See reverse side for disclaimers and footnotes.

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**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.**

1 HSA plan has post-deductible drug copays. Amounts only apply after deductible is met.

**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.