

COSE Health and Wellness Trust

Health Reimbursement Arrangement (HRA) Plan Options

HRA Plan Options*	
HRA 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
HRA 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
HRA 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
HRA 3000 w/ PD Rx¹	
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)
HRA 5000 w/ PD Rx¹	
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)
HSA 6550 w/MMRx	
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.

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 This HRA plan has post-deductible drug copays. Amounts only apply after the 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.