

COSE Health and Wellness Trust

Copay Plan Options

2520-250 w/ Rx	
Deductible	\$250 Individual/\$500 Family
Coinsurance (member cost)	20% up to \$1,750 Individual/\$3,500 Family
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$6,600 Individual/\$13,200 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$20/\$40
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$60/\$120

2520-500 w/ Rx	
Deductible	\$500 Individual/\$1,000 Family
Coinsurance (member cost)	20% up to \$2,500 Individual/\$5,000 Family
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$6,600 Individual/\$13,200 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$20/\$40
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$60/\$120

2020-1000 w/ Rx	
Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$3,000 Individual/\$6,000 Family
Copays (primary care/ specialist/ urgent care)	\$20/\$40/\$75
Maximum out of pocket	\$5,000 Individual/\$10,000 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$20/\$40
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$60/\$120

2520-2000 w/ Rx	
Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$1,000 Individual/\$2,000 Family
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$5,000 Individual/\$10,000 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

3020-1500 w/ Rx	
Deductible	\$1,500 Individual/\$3,000 Family
Coinsurance (member cost)	20% up to \$3,500 Individual/\$7,000 Family
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)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

Plans continue on back...

3020-3000 w/ Rx	
Deductible	\$3,000 Individual/\$6,000 Family
Coinsurance (member cost)	20% up to \$3,600 Individual/\$7,200 Family
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)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

30-5000 w/ Rx	
Deductible	\$5,000 Individual/\$10,000 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)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

25-1000 w/ Rx	
Deductible	\$1,000 Individual/\$3,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$2,500 Individual/\$7,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

25-2000 w/ Rx	
Deductible	\$2,000 Individual/\$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$3,500 Individual/\$10,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

25-3000 w/ Rx	
Deductible	\$3,000 Individual/\$9,000 Family
Coinsurance (member cost)	0%
Copays (primary care/ specialist/ urgent care)	\$25/\$50/\$75
Maximum out of pocket	\$4,500 Individual/\$13,500 Family
Retail drug copay: 30-day supply (generic/preferred/non-preferred)	\$10/\$30/\$60
Mail-order drug copay: 90-day supply (generic/preferred/non-preferred)	\$30/\$90/\$180

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.