

# COSE Health and Wellness Trust

## SuperMed Share® Plan Options

**Groups must have 10 or more enrolled employees to be eligible for Share plan options.**

| <b>SuperMed Share Plan Options*</b>                      |  |
|--|--|
| <b>3020-1000 w/Rx—SHARE</b>                              |  |
| Deductible   | \$1,000 Individual / \$2,000 Family            |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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                           |
| <b>3020-1500 w/Rx—SHARE</b>                              |  |
| Deductible   | \$1,500 Individual / \$3,000 Family            |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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                           |
| <b>3020-2000 w/Rx—SHARE</b>                              |  |
| Deductible   | \$2,000 Individual / \$4,000 Family            |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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                           |
| <b>3020-3000 w/Rx—SHARE</b>                              |  |
| Deductible   | \$3,000 Individual / \$6,000 Family            |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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.*

**SuperMed Share Plan Options\*****HSA 3000 w/ PD Rx<sup>2</sup>—SHARE**

|  |   |
|--|---|
| Deductible   | \$3,000 Individual / \$6,000 Family     |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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 5000 w/ PD Rx<sup>2</sup>—SHARE**

|  |   |
|--|---|
| Deductible   | \$5,000 Individual / \$10,000 Family    |
| Share Corridor <sup>1</sup>                              | \$2,500 Individual / \$5,000 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) |

\*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 The Share corridor applies to deductible and coinsurance for in-network and out-of-network services. The employer will be financially responsible for Medical Mutual liability within the Share corridor.

2 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**

\$275 copay.

**Oral Chemotherapy Drugs**

\$100 for 30-day supply.