

2–50 COSE Benefit Plan – A MEWA Product Portfolio (Copay Plan Options)

The COSE Benefit Plan portfolio from Medical Mutual is designed specifically for small businesses. These plan options help small business employers and employees manage the increasing cost of healthcare benefits. Further plan details can be found in the benefit highlight sheets on cosebenefitplan.com.



All plans use the Medical Mutual SuperMed network.

		Medical Deductible		Coinsurance	Maximum Out-of-Pocket								
		Plan Name	Single	Family	Percent	Single	Family	Preferred Telehealth ²	PCP Visit	Specialist Visit	Urgent Care	Emergency Room	HRA
Copay Plans	0% Coinsurance Plan Options	20-3000 RX ¹	\$3,000	\$6,000	0%	\$8,000	\$16,000	\$0	\$20	\$40	\$60	Deductible then \$500 copay	No
		30-1000 RX	\$1,000	\$3,000	0%	\$7,000	\$14,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		30-2000 RX	\$2,000	\$6,000	0%	\$7,500	\$15,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	Yes
		30-2500 RX	\$2,500	\$5,000	0%	\$7,000	\$14,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		30-3500 RX	\$3,500	\$10,500	0%	\$7,500	\$15,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	Yes
		30-5000 RX	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		30-6000 RX	\$6,000	\$12,000	0%	\$9,000	\$18,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	Yes
		30-8000 RX	\$8,000	\$16,000	0%	\$8,500	\$17,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	Yes
		9200 MMRX	\$9,200	\$18,400	0%	\$9,200	\$18,400	\$0	Deductible	Deductible	Deductible	Deductible	No
	20% Coinsurance Plan Options	3020-250 RX	\$250	\$500	20%	\$6,000	\$12,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-500 RX	\$500	\$1,000	20%	\$6,000	\$12,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-1000 RX	\$1,000	\$2,000	20%	\$6,500	\$13,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-1500 RX	\$1,500	\$3,000	20%	\$7,500	\$15,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-2000 RX	\$2,000	\$4,000	20%	\$7,500	\$15,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-3000 RX	\$3,000	\$6,000	20%	\$8,000	\$16,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-5000 RX	\$5,000	\$10,000	20%	\$8,500	\$17,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-6000 RX	\$6,000	\$12,000	20%	\$9,000	\$18,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	No
		3020-7500 RX	\$7,500	\$15,000	20%	\$9,000	\$18,000	\$0	\$30	\$60	\$75	Deductible then \$500 copay	Yes
	30% Coinsurance Plan Options	3030-1000 MMRX	\$1,000	\$2,000	30%	\$6,500	\$13,000	\$0	\$30	\$100	\$125	Deductible then \$750 copay	No
		3030-2000 MMRX	\$2,000	\$4,000	30%	\$7,500	\$15,000	\$0	\$30	\$100	\$125	Deductible then \$750 copay	No
		3030-3500 MMRX	\$3,500	\$7,000	30%	\$7,500	\$15,000	\$0	\$30	\$100	\$125	Deductible then \$750 copay	No
		3030-5000 MMRX	\$5,000	\$10,000	30%	\$8,000	\$16,000	\$0	\$30	\$100	\$125	Deductible then \$750 copay	No

¹ 20-3000 RX copays: Retail 10/30/50/250 Mail Order 30/90/150/N/A
² Only members with a copay plan have access to the \$0 virtual visit with Minute Clinic®. Log in to schedule an appointment at <https://www.cvs.com/minuteclinic>.

2–50 COSE Benefit Plan — A MEWA Product Portfolio (HSA Plan Options)

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		Medical Deductible		Coinsurance	Maximum Out-of-Pocket								
Plan Name		Single	Family	Percent	Single	Family	Preferred Telehealth	PCP Visit	Specialist Visit	Urgent Care	Emergency Room	HRA	
HSA Plans	0% Coinsurance Plans	HSA 2500 (AGG) MMRX	\$2,500	\$5,000	0%	\$2,500	\$5,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 3500 (AGG) MMRX	\$3,500	\$7,000	0%	\$3,500	\$7,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 3500 PD RX	\$3,500	\$7,000	0%	\$7,500	\$15,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 4000 PD RX	\$4,000	\$8,000	0%	\$7,500	\$15,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 5000 MMRX	\$5,000	\$10,000	0%	\$5,000	\$10,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 5000 PD RX	\$5,000	\$10,000	0%	\$7,500	\$15,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
		HSA 6550 MMRX	\$6,550	\$13,100	0%	\$6,550	\$13,100	Deductible	Deductible	Deductible	Deductible	Deductible	Yes
		HSA 7500 MMRX	\$7,500	\$15,000	0%	\$7,500	\$15,000	Deductible	Deductible	Deductible	Deductible	Deductible	No
	20% Coinsurance Plan Options	HSA 3500/20% MMRX	\$3,500	\$7,000	20%	\$7,500	\$15,000	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	No
		HSA 4000/20% MMRX	\$4,000	\$8,000	20%	\$7,500	\$15,000	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	No
		HSA 5000/20% MMRX	\$5,000	\$10,000	20%	\$7,500	\$15,000	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	No

2-50 COSE Benefit Plan - A MEWA Product Portfolio (Drug Options)

SuperMed® Plus	Network-National Plus	Retail			Mail Order			Specialty Drug (30 day limit)	SaveOn SP	SaveOn SP Exclusive	Home Delivery Active Choice	Home Delivery Incentive	Mandatory Mail Order	Generic Incentive
	Formulary-Basic Plus	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred	Specialty						
Rx Card ^{3,6,8}		\$10	\$45	\$95	\$30	\$113	\$238	\$350	Yes	No	No	Yes	No	Yes
HSA with PD Rx ^{4,6,8}		\$10	\$45	\$95	\$30	\$113	\$238	\$350	No	Yes	No	Yes	No	Yes
MMRx ^{4,5,8}		Deductible then Coinsurance			Deductible then Coinsurance			Deductible then Coinsurance	No	Yes	Yes	No	No	Yes

3 **SaveOn SP:** Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. The certificate booklet will have more information.

4 **SaveOn SP Exclusive:** Members must use one of our dedicated pharmacies. Special rules apply to oral chemotherapy prescription drugs. The certificate booklet will have more information.

5 **Home Delivery Active Choice:** Member must contact Express Scripts to indicate choice to continue to use a retail pharmacy past three refills for prescription drugs available through the home delivery program. Otherwise, members will pay 100% of the allowed amount with no accumulation to deductible or maximum out of pocket.

6 **Home Delivery Incentive:** Retail drug copays apply for the first three fills in 180 days. Starting on the 4th fill, copay amount doubles unless mail order is used.

7 **Mandatory Mail Order:** After 3 fills at retail, members must move to home delivery. Subsequent fills at retail will not be covered.

8 **Generic Incentive:** When a generic equivalent is available, members choosing the brand-name drug pay the brand cost plus the difference in cost between the brand and generic (copay, when applicable). This amount does not count toward MOOP and remains applicable after MOOP is met.