COSE Benefit Plan

CLE-Care HMO Plan Options

CLE-Care HMO Plan Options	
3020-250 w/Rx	
Deductible	$250 Individual/$500 Family
Coinsurance (member cost)	20% up to $5,000 Individual/$10,000 Family
Copays (primary care/specialist/urgent care)	$30/$60/$30*
Maximum Out of Pocket	$5,250 Individual/$10,500 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	$7.50/$22.50/$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred)[1]	$15/$45/$75
Mail-order Drug Copays (generic/preferred/non-preferred)[2]	$22.50/$67.50/$112.50
Specialty Drug Coverage	50% up to $200
3020-1000 w/Rx	
Deductible	$1,000 Individual/$2,000 Family
Coinsurance (member cost)	20% up to $5,000 Individual/$10,000 Family
Copays (primary care/specialist/urgent care)	$30/$60/$30*
Maximum Out of Pocket	$6,000 Individual/$12,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	$7.50/$22.50/$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred)[1]	$15/$45/$75
Mail-order Drug Copays (generic/preferred/non-preferred)[2]	$22.50/$67.50/$112.50
Specialty Drug Coverage	50% up to $200
3020-2000 w/Rx	
Deductible	$2,000 Individual/$4,000 Family
Coinsurance (member cost)	20% up to $5,000 Individual/$10,000 Family
Copays (primary care/specialist/urgent care)	$30/$60/$30*
Maximum Out of Pocket	$7,000 Individual/$14,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	$7.50/$22.50/$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred)[1]	$15/$45/$75
Mail-order Drug Copays (generic/preferred/non-preferred)[2]	$22.50/$67.50/$112.50
Specialty Drug Coverage	50% up to $200
HSA 5000 w/ PD Rx	
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	$7,000 Individual/$14,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)[3]	$7.50/$22.50/$37.50 (after deductible)
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred)[3]	$15/$45/$75 (after deductible)
Mail-order Drug Copays (generic/preferred/non-preferred)[3]	$22.50/$67.50/$112.50 (after deductible)
Specialty Drug Coverage	50% up to $200 (after deductible)

*Urgent care office visit at MetroExpressCare locations only.

The values above are for in-network services only. Services received outside the exclusive network are not covered (except for emergency services).

1 Prescriptions must be filled at pharmacies in the Express Scripts National Plus Network.

2 Mail-order is available through MetroHealth only.

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

Generic 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.

Specialty Drugs

Prescriptions must be filled by MetroHealth, Accredo or Gentry.

Specialty High-cost Drugs

Certain specialty drugs are part of SaveOnSP where they are considered non-essential for health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share if the member does not participate in SaveOnSP. Refer to plan documents for details.

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