

COSE Benefit Plan

SuperMed Share® Plan Options

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

SuperMed Share Plan Options	
3020-1000 w/Rx—SHARE	
Deductible	\$1,000 Individual/\$2,000 Family
Share Corridor ¹	\$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
3020-1500 w/Rx—SHARE	
Deductible	\$1,500 Individual/\$3,000 Family
Share Corridor ¹	\$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
3020-2000 w/Rx—SHARE	
Deductible	\$2,000 Individual/\$4,000 Family
Share Corridor ¹	\$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
3020-3000 w/Rx—SHARE	
Deductible	\$3,000 Individual/\$6,000 Family
Share Corridor ¹	\$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 3500 w/ PD Rx²—SHARE

Deductible	\$3,500 Individual / \$7,000 Family
Share Corridor ¹	\$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 Rx²—SHARE

Deductible	\$5,000 Individual / \$10,000 Family
Share Corridor ¹	\$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.

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.

Oral Chemotherapy Drugs

\$100 for 30-day supply.