

COSE Benefit Plan

Health Reimbursement Arrangement (HRA) Plan Options

HRA Plan Options	
HRA 30-2000 w/ Rx	
Deductible	\$2,000 Individual / \$6,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	\$30 / \$60 / \$75
Maximum Out of Pocket	\$6,600 Individual / \$13,200 Family
Retail Drug Copays (generic/preferred/non-preferred)	\$15 / \$45 / \$75
Mail-Order Drug Copays (generic/preferred/non-preferred)	\$45 / \$135 / \$225
HRA 30-3500 w/Rx	
Deductible	\$3,500 Individual / \$10,500 Family
Coinsurance (member cost)	0% after deductible
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
HRA 6550 w/MMRx	
Deductible	\$6,550 Individual / \$13,100 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$6,550 Individual / \$13,100 Family
Retail Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) after deductible
Mail-Order Drug Copays (generic/preferred/non-preferred)	Coinsurance (0%) 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.

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.