

# 2023 EMPLOYER BENEFIT PLAN DESIGNS *Platinum & Gold Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children's Wisconsin, Watertown Provider and Hospital Organization, and the First Health Travel Network.

| Envision EPO<br>Plan Name  | Calendar Year Deductible |         | Out of Pocket Maximum |          | Coinsurance | Provider Visits<br>Copay/Coinsurance In-Network |                  |                  |                        |                  | Prescription Drugs |                  |                  |                  |
|--|--------------------------|---------|-----------------------|----------|-------------|---|------------------|------------------|------------------------|------------------|--------------------|------------------|------------------|------------------|
|  | Single                   | Family  | Single                | Family   |             | Quick Care / Fast Care                          | PCP <sup>1</sup> | Specialist       | Emergency <sup>2</sup> | Urgent           | Tier 1             | Tier 2           | Tier 3           | Specialty        |
| CGHC EPO Platinum \$500 Deductible/20% - Envision Network<br>Plan ID: 87416WI004000100         | \$500                    | \$1,000 | \$1,500               | \$3,000  | 20%         | \$15  | \$25             | \$50             | \$150                  | \$100            | \$10               | \$35             | \$70             | D/C <sup>3</sup> |
| CGHC EPO Platinum \$500 Deductible/10% - Envision Network<br>Plan ID: 87416WI004000200         | \$500                    | \$1,000 | \$1,500               | \$3,000  | 10%         | \$15  | \$25             | \$50             | \$150                  | \$100            | \$10               | \$35             | \$70             | D/C <sup>3</sup> |
| CGHC EPO Gold \$800 Deductible/20% - Envision Network<br>Plan ID: 87416WI004000300             | \$800                    | \$1,600 | \$8,350               | \$16,700 | 20%         | \$15  | \$25             | \$70             | \$300                  | \$100            | \$15               | \$40             | \$80             | D/C <sup>3</sup> |
| CGHC EPO Gold \$1500 Deductible/20% - Envision Network<br>Plan ID: 87416WI004000500            | \$1,500                  | \$3,000 | \$6,000               | \$12,000 | 20%         | \$15  | \$35             | \$70             | \$300                  | \$100            | \$15               | \$40             | \$80             | D/C <sup>3</sup> |
| CGHC EPO Gold \$2000 Deductible/20% - Envision Network<br>Plan ID: 87416WI004000600            | \$2,000                  | \$4,000 | \$7,500               | \$15,000 | 20%         | \$15  | \$30             | \$60             | D/C <sup>3</sup>       | \$100            | \$15               | \$40             | \$80             | D/C <sup>3</sup> |
| CGHC EPO Gold \$2200 Deductible/20% - Envision Network<br>Plan ID: 87416WI004001400            | \$2,200                  | \$4,400 | \$6,500               | \$13,000 | 20%         | \$15  | \$35             | \$70             | \$300                  | \$100            | \$15               | \$40             | \$80             | D/C <sup>3</sup> |
| CGHC EPO Gold \$2750 Deductible/15% - ER Copay - Envision Network<br>Plan ID: 87416WI004000800 | \$2,750                  | \$5,500 | \$8,550               | \$17,100 | 15%         | \$15  | \$35             | \$70             | \$300                  | \$100            | \$10               | \$40             | \$70             | D/C <sup>3</sup> |
| CGHC EPO Gold \$2750 Deductible/15% - Envision Network<br>Plan ID: 87416WI004000700            | \$2,750                  | \$5,500 | \$8,550               | \$17,100 | 15%         | \$15  | \$35             | \$70             | D/C <sup>3</sup>       | \$100            | \$10               | \$40             | \$70             | D/C <sup>3</sup> |
| CGHC EPO HSA Gold \$3000 Deductible/0% - Envision Network<br>Plan ID: 87416WI004001500         | \$3,000                  | \$6,000 | \$3,000               | \$6,000  | 0%          | D/C <sup>3</sup>                                | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |

**All plans offer preventive health benefits for \$0. All Silver plans, excluding the HSA plans, offer 10 Virtuwel visits for \$0.  
The HSA plan offers Virtuwel visits at cost, applied towards your plan's deductible/coinsurance.**

<sup>1</sup>**PCP** = Primary Care Provider (includes general pediatrics, internal medicine, OB/GYN, family practice, general medicine, and geriatrics).

**Urgent** = urgent care services. **Emergency (ER)** = Emergency Room Care services.

<sup>2</sup>**Services that meet the definition of Emergency Care** are paid at the in-network rate even when care is delivered in a non-network ER. Because we do not have a contract with out-of-network ER facilities, we cannot prevent these facilities from billing our members for the balance of the charge. The copay applies to the facility care only. All other charges related to ER visit are subject to deductible/coinsurance.

<sup>3</sup>**D/C** refers to Deductible/Coinsurance.

**Our Deductibles Explained:** All plans have a 12-months deductible. All deductibles, coinsurance, and copayments accumulate toward the out-of-pocket maximum. All plans described on this page have embedded deductibles for family coverage. This means that if you are enrolled in 2-person or family coverage, an individual family member only has to satisfy the single person deductible before the plan begins to make payment for covered services for that family member.

# 2023 EMPLOYER BENEFIT PLAN DESIGNS *Silver Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children's Wisconsin, Watertown Provider and Hospital Organization, and the First Health Travel Network.

| Envision EPO<br>Plan Name   | Calendar Year Deductible |          | Out of Pocket Maximum |          | Coinsurance | Provider Visits<br>Copay/Coinsurance In-Network |                  |                  |                        |                  | Prescription Drugs |                  |                  |                  |
|---|--------------------------|----------|-----------------------|----------|-------------|---|------------------|------------------|------------------------|------------------|--------------------|------------------|------------------|------------------|
|   | Single                   | Family   | Single                | Family   |             | Quick Care / Fast Care                          | PCP <sup>1</sup> | Specialist       | Emergency <sup>2</sup> | Urgent           | Tier 1             | Tier 2           | Tier 3           | Specialty        |
| CGHC EPO HSA Silver \$3000 Deductible/20% - Envision Network<br>Plan ID: 87416WI004001800 | \$3,000                  | \$6,000  | \$6,800               | \$13,600 | 20%         | D/C <sup>3</sup>                                | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |
| CGHC EPO Silver \$4000 Deductible/20% - Envision Network<br>Plan ID: 87416WI004000900     | \$4,000                  | \$8,000  | \$8,500               | \$17,000 | 20%         | \$15  | \$40             | \$80             | D/C <sup>3</sup>       | \$150            | \$30               | \$50             | \$90             | D/C <sup>3</sup> |
| CGHC EPO HSA Silver \$4800 Deductible/0% - Envision Network<br>Plan ID: 87416WI004001700  | \$4,800                  | \$9,600  | \$4,800               | \$9,600  | 0%          | D/C <sup>3</sup>                                | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |
| CGHC EPO Silver \$5000 Deductible/20% - Envision Network<br>Plan ID: 87416WI004001100     | \$5,000                  | \$10,000 | \$7,750               | \$15,500 | 20%         | \$15  | \$40             | \$80             | D/C <sup>3</sup>       | \$150            | \$25               | \$50             | \$90             | D/C <sup>3</sup> |
| CGHC EPO Silver \$5500 Deductible/20% - Envision Network<br>Plan ID: 87416WI004001300     | \$5,500                  | \$11,000 | \$8,000               | \$16,000 | 20%         | \$15  | \$40             | \$80             | D/C <sup>3</sup>       | \$150            | \$25               | \$50             | \$100            | D/C <sup>3</sup> |
| CGHC EPO Silver \$6000 Deductible/20% - Envision Network<br>Plan ID: 87416WI004001200     | \$6,000                  | \$12,000 | \$8,500               | \$17,000 | 20%         | \$15  | \$50             | \$100            | D/C <sup>3</sup>       | \$150            | \$20               | \$40             | \$100            | D/C <sup>3</sup> |

**All plans offer preventive health benefits for \$0. All Silver plans, excluding the HSA plans, offer 10 Virtuwel visits for \$0.**

**The HSA plan offers Virtuwel visits at cost, applied towards your plan's deductible/coinsurance.**

<sup>1</sup>PCP = Primary Care Provider (includes general pediatrics, internal medicine, OB/GYN, family practice, general medicine, and geriatrics).

**Urgent** = urgent care services. **Emergency (ER)** = Emergency Room Care services.

<sup>2</sup>Services that meet the definition of Emergency Care are paid at the in-network rate even when care is delivered in a non-network ER. Because we do not have a contract with out-of-network ER facilities, we cannot prevent these facilities from billing our members for the balance of the charge. The copay applies to the facility care only. All other charges related to ER visit are subject to deductible/coinsurance.

<sup>3</sup>D/C refers to Deductible/Coinsurance.

**Our Deductibles Explained:** All plans have a 12-months deductible. All deductibles, coinsurance, and copayments accumulate toward the out-of-pocket maximum. All plans described on this page have embedded deductibles for family coverage. This means that if you are enrolled in 2-person or family coverage, an individual family member only has to satisfy the single person deductible before the plan begins to make payment for covered services for that family member.

# 2023 EMPLOYER BENEFIT PLAN DESIGNS *Bronze Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children’s Wisconsin, Watertown Provider and Hospital Organization, and the First Health Travel Network.

| Envision EPO Plan Name   | Calendar Year Deductible |          | Out of Pocket Maximum |          | Coinsurance | Provider Visits Copay/Coinsurance In-Network |                  |                  |                        |                  | Prescription Drugs |                  |                  |                  |
|--|--------------------------|----------|-----------------------|----------|-------------|--|------------------|------------------|------------------------|------------------|--------------------|------------------|------------------|------------------|
|  | Single                   | Family   | Single                | Family   |             | Quick Care / Fast Care                       | PCP <sup>1</sup> | Specialist       | Emergency <sup>2</sup> | Urgent           | Tier 1             | Tier 2           | Tier 3           | Specialty        |
| CGHC EPO Bronze \$5500 Deductible/30% - Envision Network<br>Plan ID: 87416WI004002300  | \$5,500                  | \$11,000 | \$8,250               | \$16,500 | 30%         | \$15   | \$75             | \$150            | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |
| CGHC EPO HSA Bronze \$7000 Deductible/0% Envision Network<br>Plan ID: 87416WI004002000 | \$7,000                  | \$14,000 | \$7,000               | \$14,000 | 0%          | D/C <sup>3</sup>                             | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |
| CGHC EPO Bronze \$8550 Deductible/0% - Envision Network<br>Plan ID: 87416WI004002200   | \$8,550                  | \$17,100 | \$8,550               | \$17,100 | 0%          | \$15   | \$35             | D/C <sup>3</sup> | D/C <sup>3</sup>       | D/C <sup>3</sup> | D/C <sup>3</sup>   | D/C <sup>3</sup> | D/C <sup>3</sup> | D/C <sup>3</sup> |

**All plans offer preventive health benefits for \$0. All Bronze plans, excluding the HSA plan, offer 10 Virtuwel visits for \$0.**

**The HSA plan offers Virtuwel visits at cost, applied towards your plan’s deductible/coinsurance.**

<sup>1</sup>PCP = Primary Care Provider (includes general pediatrics, internal medicine, OB/GYN, family practice, general medicine, and geriatrics).

**Urgent** = urgent care services. **Emergency (ER)** = Emergency Room Care services.

<sup>2</sup>Services that meet the definition of Emergency Care are paid at the in-network rate even when care is delivered in a non-network ER. Because we do not have a contract with out-of-network ER facilities, we cannot prevent these facilities from billing our members for the balance of the charge. The copay applies to the facility care only. All other charges related to ER visit are subject to deductible/coinsurance.

<sup>3</sup>D/C refers to Deductible/Coinsurance.

**Our Deductibles Explained:** All plans have a 12-months deductible. All deductibles, coinsurance, and copayments accumulate toward the out-of-pocket maximum. All plans described on this page have embedded deductibles for family coverage. This means that if you are enrolled in 2-person or family coverage, an individual family member only has to satisfy the single person deductible before the plan begins to make payment for covered services for that family member.