

2021 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, St. Joseph Hospital – Milwaukee, and the First Health Travel Network.

Envision EPO Plan Name	Calendar Year Deductible		Out of Pocket Maximum		Coinsur- ance	Provider Visits Copay/Coinsurance In-Network				Prescription Drugs				
	Single	Family	Single	Family		PCP ¹	Specialist	Urgent	Emergency ²	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
Bronze HSA 7000/100 Envision 87416WI0040020	\$7,000	\$14,000	\$7,000	\$14,000	0%	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C ³
Bronze 8550/100 Envision 87416WI0040022	\$8,550	\$17,100	\$8,550	\$17,100	0%	\$35	D/C	D/C	D/C	\$15	D/C	D/C	D/C	D/C
Bronze 5500/70 Envision 87416WI0040023	\$5,500	\$11,000	\$8,250	\$16,500	30%	\$75	\$150	D/C	D/C	\$15	D/C	D/C	D/C	D/C
Bronze 6500/60 Envision 87416WI0040024	\$6,500	\$13,000	\$8,550	\$17,100	40%	D/C	D/C	D/C	D/C	\$15	D/C	D/C	D/C	D/C

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 for a \$49 copay per visit.

¹PCP = 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.

²Services 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.

³D/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.