

# 2021 EMPLOYER BENEFIT PLAN DESIGNS *Platinum and 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, St. Joseph Hospital – Milwaukee, 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		PCP <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
Platinum 500/90 Envision 87416WI0040002	\$500	\$1,000	\$1,500	\$3,000	10%	\$25	\$50	\$100	\$150	\$15	\$10	\$35	\$70	D/C <sup>3</sup>
Platinum 500/80 Envision 87416WI0040001	\$500	\$1,000	\$1,500	\$3,000	20%	\$25	\$50	\$100	\$150	\$15	\$10	\$35	\$70	D/C
Gold 800/80 Envision 87416WI0040003	\$800	\$1,600	\$8,000	\$16,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
Gold 1500/80 Envision 87416WI0040005	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
Gold 2000/80 Envision 87416WI0040006	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$100	D/C	\$15	\$15	\$40	\$80	D/C
Gold 2750/80 Envision 87416WI0040007	\$2,750	\$5,500	\$8,550	\$17,100	20%	\$35	\$70	\$100	D/C	\$15	\$15	\$40	\$80	D/C
Gold 2750/80/CopayER Envision 87416WI0040008	\$2,750	\$5,500	\$8,550	\$17,100	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
Gold 2200/80 Rx250 <sup>4</sup> Envision 87416WI0040014	\$2,200	\$4,400	\$6,500	\$13,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
HSA Gold 3000/100 Envision 87416WI0040015	\$3,000	\$6,000	\$3,000	\$6,000	0%	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C

All plans offer preventive health benefits for \$0. All Gold/Platinum plans offer a \$15 tier 2 insulin benefit.

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.

<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 visits are subject to deductible/coinsurance.

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

<sup>4</sup>Gold 2200/80 Rx250 plan has a separate prescription drug deductible for \$250.

**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.