

2021 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS *Base Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children's Wisconsin, and St. Joseph Hospital – Milwaukee.

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 ¹	Specialist	Urgent	Emergency ²	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
Gold 1800/80 Envision 87416WI0030019	\$1,800	\$3,600	\$6,500	\$13,000	20%	\$25	\$50	\$75	\$300	\$15	\$10	\$50	\$100 after ded	30% after ded
Gold 2000/80 Envision 87416WI0030020	\$2,000	\$4,000	\$8,550	\$17,100	20%	\$40	\$60	\$75	\$300	\$15	\$10	\$50	\$100 after ded	30% after ded
Silver 4000/75 Envision 87416WI0030021	\$4,000	\$8,000	\$8,550	\$17,100	25%	\$50	\$80	\$100	D/C ³	\$20	\$20	\$75 after ded	D/C	30% after ded
Silver 3000/75/Copay 40 Envision 87416WI0030022	\$3,000	\$6,000	\$8,550	\$17,100	25%	\$40	\$80	\$100	D/C	\$20	\$25	\$75 after ded	D/C	30% after ded
Silver 7000/75 Envision 87416WI0030047 Rx Deductible Plan⁴	\$7,000	\$14,000	\$8,550	\$17,100	25%	\$60	\$120	D/C	D/C	\$20	\$10	\$100	D/C	40% after ded
Bronze 8550/100 Envision 87416WI0030027	\$8,550	\$17,100	\$8,550	\$17,100	0%	\$35	D/C	D/C	D/C	\$20	D/C	D/C	D/C	D/C
Bronze 8150/100 Envision 87416WI0030028	\$8,150	\$16,300	\$8,150	\$16,300	0%	\$30	D/C	D/C	D/C	\$20	\$25	D/C	D/C	D/C
HSA Bronze 7000/100 Envision 87416WI0030031	\$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
Catastrophic 8550/100 Envision 87416WI0030026	\$8,550	\$17,100	\$8,550	\$17,100	0%	\$0	D/C	D/C	D/C	\$0	D/C	D/C	D/C	D/C

All plans offer preventive health benefits for \$0. All Gold and Silver plans offer a \$15 tier 2 insulin benefit. All plans offer 10 Virtuwel visits for \$0 except the HSA Bronze plan which offers Virtuwel visits for a \$49 copay.

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 visits are subject to deductible/coinsurance.

³D/C refers to Deductible/Coinsurance.

⁴Rx Deductible Plan means that this plan has a separate prescription drug deductible for \$5,000 (individual) and \$10,000 (family).

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.