

# 2021 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS CSR 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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
Silver 3400 CSR Envision 87416WI003002104	\$3,400	\$6,800	\$6,800	\$13,600	25%	\$40	\$80	\$75	D/C <sup>3</sup>	\$15	\$10	\$75	D/C	30% after ded
Silver 700 CSR Envision 87416WI003002105	\$700	\$1,400	\$2,850	\$5,700	20%	\$15	\$30	\$60	D/C	\$15	\$10	\$55	D/C	30% after ded
Silver 150 CSR Envision 87416WI003002106	\$150	\$300	\$1,500	\$3,000	20%	\$5	\$20	\$30	D/C	\$5	\$0	\$25	D/C	30% after ded
Silver 3000 CSR Envision 87416WI003002204	\$3,000	\$6,000	\$6,800	\$13,600	25%	\$40	\$80	\$75	D/C	\$15	\$20	\$75	D/C	30% after ded
Silver 650 CSR Envision 87416WI003002205	\$650	\$1,300	\$2,850	\$5,700	20%	\$15	\$30	\$60	D/C	\$15	\$10	\$55	D/C	30% after ded
Silver 100 CSR Envision 87416WI003002206	\$100	\$200	\$1,500	\$3,000	20%	\$5	\$20	\$30	D/C	\$5	\$0	\$25	D/C	30% after ded
Silver 3300 CSR Envision 87416WI003004704	\$3,300	\$6,600	\$6,800	\$13,600	25%	\$40	\$80	D/C	D/C	\$15	\$10	\$75	D/C	30% after ded
Silver 400 CSR Envision 87416WI003004705	\$400	\$800	\$2,850	\$5,700	20%	\$20	\$40	D/C	D/C	\$15	\$10	\$55	D/C	30% after ded
Silver 50 CSR Envision 87416WI003004706	\$50	\$100	\$1,500	\$3,000	20%	\$5	\$20	D/C	D/C	\$5	\$0	\$25	D/C	30% after ded

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.

<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.

**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.