

# 2021 EMPLOYER BENEFIT PLAN DESIGNS *Out-of-Area 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 Network.

Envision EPO Plus Plan Name	Calendar Year Deductible		Out of Pocket Maximum		Coinsurance	Provider Visits Copay/Coinsurance In-Network				Prescription Drugs				
	Single	Family	Single	Family		PCP <sup>2</sup>	Specialist	Urgent	Emergency <sup>3</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
Gold 800/80 OOA Envision 87416W10040004	\$800	\$1,600	\$8,000	\$16,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C <sup>4</sup>
Gold HSA 3000/100 OOA Envision 87416W10040016	\$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
Silver 4000/80/Copay40 OOA Envision 87416W10040010	\$4,000	\$8,000	\$8,150	\$16,300	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$90	D/C
Silver HSA 3000/80 OOA Envision 87416W10040019	\$3,000	\$6,000	\$6,000	\$12,000	20%	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Bronze HSA 7000/100 OOA Envision 87416W10040021	\$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
Bronze 6500/60 OOA Envision 87416W10040025	\$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. The non-HSA Silver and Gold plans offer unlimited Virtuwel visits for \$0. Non-HSA Bronze plans offer the first 10 Virtuwel visits for \$0. OOA HSA plans offer Virtuwel visits for a \$49 copay.**

<sup>1</sup>OOA Refers to plan for employees who live out of the service area. These plans are called Out-of-Area (OOA) plans.

<sup>2</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>3</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>4</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.