

# 2021 EMPLOYER BENEFIT PLAN DESIGNS *Silver 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				Quickcare Fast Care	Prescription Drugs			
	Single	Family	Single	Family		PCP <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>		Tier 1	Tier 2	Tier 3	Specialty
Silver 4000/80/Copay40 Envision 87416WI0040009	\$4,000	\$8,000	\$8,150	\$16,300	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$90	D/C <sup>3</sup>
Silver HSA 4500/100 Envision 87416WI0040017	\$4,500	\$9,000	\$4,500	\$9,000	0%	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Silver 5000/80 Envision 87416WI0040011	\$5,000	\$10,000	\$6,750	\$13,500	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$90	D/C
Silver HSA 3000/80 Envision 87416WI0040018	\$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
Silver 5500/80 Rx250 <sup>4</sup> Envision 87416WI0040013	\$5,500	\$11,000	\$8,000	\$16,000	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$100	D/C
Silver 6000/80 Envision 87416WI0040012	\$6,000	\$12,000	\$8,550	\$17,100	20%	\$70	\$120	\$150	D/C	\$15	\$25	\$50	\$100	D/C

**All plans offer preventive health benefits for \$0. All Silver plans offer a \$15 tier 2 insulin benefit.**

**All Silver plans shown, excluding the HSA plans, offer unlimited Virtuwel visits for \$0. HSA plans offer 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 visit are subject to deductible/coinsurance.

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

<sup>4</sup>Silver 5500/80 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.