

2022 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, Watertown Provider and Hospital Organization, and the First Health Travel Network.

Envision EPO Plan Name	Calendar Year Deductible		Out of Pocket Maximum		Coin-surance	Provider Visits Copay/Coinsurance In-Network				Quickcare Fast Care	Prescription Drugs			
	Single	Family	Single	Family		PCP ¹	Specialist	Urgent	Emergency ²		Tier 1	Tier 2	Tier 3	Specialty
CGHC EPO Platinum \$500 Deductible/10% <i>Envision 87416WI0040002</i>	\$500	\$1,000	\$1,500	\$3,000	10%	\$25	\$50	\$100	\$150	\$15	\$10	\$35	\$70	D/C ³
CGHC EPO Platinum \$500 Deductible/20% <i>Envision 87416WI0040001</i>	\$500	\$1,000	\$1,500	\$3,000	20%	\$25	\$50	\$100	\$150	\$15	\$10	\$35	\$70	D/C
CGHC EPO Gold \$800 Deductible/20% <i>Envision 87416WI0040003</i>	\$800	\$1,600	\$8,000	\$16,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
CGHC EPO Gold \$1500 Deductible/20% <i>Envision 87416WI0040005</i>	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
CGHC EPO Gold \$2000 Deductible/20% <i>Envision 87416WI0040006</i>	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$100	D/C	\$15	\$15	\$40	\$80	D/C
CGHC EPO Gold \$2750 Deductible/20% <i>Envision 87416WI0040007</i>	\$2,750	\$5,500	\$8,550	\$17,100	20%	\$35	\$70	\$100	D/C	\$15	\$15	\$40	\$80	D/C
CGHC EPO Gold \$2750 Deductible/20% - ER Copay <i>Envision 87416WI0040008</i>	\$2,750	\$5,500	\$8,550	\$17,100	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
CGHC EPO Gold \$2200 Deductible/20% - Rx250 ⁴ <i>Envision 87416WI0040014</i>	\$2,200	\$4,400	\$6,500	\$13,000	20%	\$35	\$70	\$100	\$300	\$15	\$15	\$40	\$80	D/C
CGHC EPO HSA Gold \$3000 Deductible/0% <i>Envision 87416WI0040015</i>	\$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 Gold/Platinum plans, excluding the HSA plan, offer unlimited Virtuwel visits for \$0. The HSA plan offers Virtuwel visits at cost, applied to your deductible/coinsurance.

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.

⁴Gold 2200/80 Rx250 plan has a separate prescription drug deductible for \$250. The Rx deductible only applies to prescription drug tiers that note D/C.

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.

2022 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, Watertown Provider and Hospital Organization, 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 ¹	Specialist	Urgent	Emergency ²		Tier 1	Tier 2	Tier 3	Specialty
CGHC EPO Silver \$4000 Deductible/20% <i>Envision 87416WI0040009</i>	\$4,000	\$8,000	\$8,150	\$16,300	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$90	D/C ³
CGHC EPO HSA Silver \$4500 Deductible/0% <i>Envision 87416WI0040017</i>	\$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
CGHC EPO Silver \$5000 Deductible/20% <i>Envision 87416WI0040011</i>	\$5,000	\$10,000	\$6,750	\$13,500	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$90	D/C
CGHC EPO HSA Silver \$3000 Deductible/20% <i>Envision 87416WI0040018</i>	\$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
CGHC EPO Silver \$5500 Deductible/20% - Rx250 ⁴ <i>Envision 87416WI0040013</i>	\$5,500	\$11,000	\$8,000	\$16,000	20%	\$40	\$80	\$150	D/C	\$15	\$25	\$50	\$100	D/C
CGHC EPO Silver \$6000 Deductible/20% <i>Envision 87416WI0040012</i>	\$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 at cost, applied to your plan's deductible/coinsurance.

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 visit are subject to deductible/coinsurance.

³D/C refers to Deductible/Coinsurance.

⁴Silver 5500/80 Rx250 plan has a separate prescription drug deductible for \$250. The Rx Deductible is applied towards prescription tiers which note D/C.

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.

2022 EMPLOYER BENEFIT PLAN DESIGNS *Bronze Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children's Wisconsin, Watertown Provider and Hospital Organization, 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 ¹	Specialist	Urgent	Emergency ²	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC EPO HSA Bronze \$7000 Deductible/0% <i>Envision 87416W10040020</i>	\$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 ³
CGHC EPO Bronze \$8550 Deductible/0% <i>Envision 87416W10040022</i>	\$8,550	\$17,100	\$8,550	\$17,100	0%	\$35	D/C	D/C	D/C	\$15	D/C	D/C	D/C	D/C
CGHC EPO Bronze \$5500 Deductible/30% <i>Envision 87416W10040023</i>	\$5,500	\$11,000	\$8,250	\$16,500	30%	\$75	\$150	D/C	D/C	\$15	D/C	D/C	D/C	D/C
CGHC EPO Bronze \$6500 Deductible/40% <i>Envision 87416W10040024</i>	\$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. All Bronze plans, excluding the HSA plan, offer 10 Virtuwel visits for \$0. The HSA plan offers Virtuwel visits at cost, applied towards your plan's deductible/coinsurance.

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 visit are subject to deductible/coinsurance.

³D/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.