

2022 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS

Off-Exchange
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, and Watertown Provider and Hospital Organization.

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 Value Premier Gold \$1800 Deductible Envision 87416WI005000100	\$1,800	\$3,600	\$6,500	\$13,000	20%	\$25	\$50	\$75	\$300	\$15	\$10	\$50	\$100 after ded	30% coins.
CGHC Value Plus Gold \$2000 Deductible Envision 87416WI005000200	\$2,000	\$4,000	\$8,700	\$17,400	20%	\$30	\$60	\$75	\$300	\$15	\$15	\$50	\$100 after ded	30% coins.
CGHC HSA Gold \$2800 Deductible Envision 87416WI005002000	\$2,800	\$5,600	\$5,600	\$11,200	0%	D/C ³	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
CGHC Value 2 Gold \$3000 Deductible Envision 87416WI005001000	\$3,000	\$6,000	\$7,500	\$15,000	20%	\$20	\$60	\$75	\$300	\$15	\$15	\$50	\$100 after ded	30% coins.
CGHC Value 1 Gold \$3600 Deductible Envision 87416WI005001100	\$3,600	\$7,200	\$8,700	\$17,400	20%	\$30	\$60	\$75	\$300	\$15	\$15	\$50	\$100 after ded	30% coins.
CGHC Solutions Gold \$0 Deductible Envision 87416WI005002500	\$0	\$0	\$8,000	\$16,000	20%	\$30	\$70	\$75	\$500	\$15	\$20	\$55	30% coins.	30% coins.

All plans offer preventive health benefits for \$0. All Gold plans offer a \$15 tier 2 insulin benefit. All plans offer 10 Virtuwel visits for \$0 except the HSA plan which offers Virtuwel visits at cost towards the 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. We always encourage to go to the nearest Emergency room in a life-threatening emergency but going to an in-network facility whenever possible will be the most cost-effective. 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.

Off exchange plans have adult vision (exam) and allergy testing included in the premium. Adult preventive dental can be chosen as an add-on for an additional premium. Only members in the following counties are eligible for plans with the preventive dental benefit add-on: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, Washington.

Our Deductibles Explained: All plans have a 12-month 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 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS

Off-Exchange
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, and Watertown Provider and Hospital Organization.

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 Value Plus Silver \$4000 Deductible Envision 87416WI005000300	\$4,000	\$8,000	\$8,700	\$17,400	25%	\$50	\$80	\$100	D/C ³	\$20	\$20	\$75 after ded	D/C	30% coins.
CGHC Value Premier Silver \$3000 Deductible Envision 87416WI005000400	\$3,000	\$6,000	\$8,700	\$17,400	25%	\$40	\$80	\$100	D/C	\$20	\$25	\$75 after ded	D/C	30% coins.
CGHC Value 1 Silver \$7500 Deductible Rx Ded ⁴ Envision 87416WI005000500	\$7,500	\$15,000	\$8,700	\$17,400	30%	\$70	\$115	D/C	D/C	\$20	\$15	\$100	D/C	40% coins.
CGHC Value 2 Silver \$6500 Deductible Rx Ded ⁵ Envision 87416WI005001200	\$6,500	\$13,000	\$8,700	\$17,400	40%	\$85	\$120	D/C	\$250	\$20	\$25	\$115	D/C	40% coins.
CGHC HSA Silver \$3000 Deductible Envision 87416WI005001900	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$15 after ded	\$30 after ded	D/C	D/C	D/C	\$15 after ded	D/C	D/C	D/C
CGHC Solutions Silver \$0 Deductible Rx Ded ⁶ Envision 87416WI005002400	\$0	\$0	\$8,700	\$17,400	30%	\$35	\$75	\$100	\$1,000	\$20	\$15	\$55	30% coins.	30% coins.

All plans offer preventive health benefits for \$0. All Silver plans offer a \$15 tier 2 insulin benefit. All plans offer 10 Virtuwel visits for \$0 except the HSA plan which offers Virtuwel visits at cost towards the 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. We always encourage to go to the nearest Emergency room in a life-threatening emergency but going to an in-network facility whenever possible will be the most cost-effective. 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.

^{4,5,6}Rx Ded is a deductible for prescription drugs which applies to tiers noted as D/C. ⁴\$6,000 (ind.), \$12,000 (family) ⁵\$5,000 (ind.), \$10,000 (family) ⁶\$1,000 (ind.), \$2,000 (family)

Off exchange plans have adult vision (exam) and allergy testing included in the premium. Adult preventive dental can be chosen as an add-on for an additional premium. Only members in the following counties are eligible for plans with the preventive dental benefit add-on: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, Washington.

Our Deductibles Explained: All plans have a 12-month 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 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS Off-Exchange Bronze/Catastrophic 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 Watertown Provider and Hospital Organization.

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 Value Plus Bronze \$8700 Deductible \$35 PCP Envision 87416WI005000600	\$8,700	\$17,400	\$8,700	\$17,400	0%	\$35	D/C ³	D/C	D/C	\$20	D/C	D/C	D/C	D/C
CGHC Value Premier Bronze \$8150 Deductible Envision 87416WI005000800	\$8,150	\$16,300	\$8,700	\$17,400	0%	\$30	D/C	D/C	D/C	\$20	\$20	D/C	D/C	D/C
CGHC Value 1 Bronze \$8700 Deductible Envision 87416WI005001400	\$8,700	\$17,400	\$8,700	\$17,400	0%	D/C	D/C	D/C	D/C	\$20	D/C	D/C	D/C	D/C
CGHC Value 2 Bronze \$6000 Deductible Envision 87416WI005001700	\$6,000	\$12,000	\$8,700	\$17,400	40%	\$30 after ded	D/C	D/C	\$1,500 after ded	D/C	\$20	D/C	D/C	D/C
CGHC HSA Bronze \$7000 Deductible Envision 87416WI005000700	\$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
CGHC Solutions Bronze \$0 Deductible Rx Ded ⁴ Envision 87416WI005002300	\$0	\$0	\$8,700	\$17,400	50%	\$15	\$200	\$200	\$1,800	\$20	\$25	\$125	50% coins.	50% coins.
CGHC Catastrophic \$8700 Deductible Envision 87416WI005000900	\$8,700	\$17,400	\$8,700	\$17,400	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 plans offer 10 Virtuwel visits for \$0 except the HSA plan which offers Virtuwel visits at cost towards the 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. We always encourage to go to the nearest Emergency room in a life-threatening emergency but going to an in-network facility whenever possible will be the most cost-effective. 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 Ded is a deductible specifically for prescription drugs which applies to tiers noted as D/C. Individual Rx Ded = \$3,000, Family Rx Ded = \$6,000

Off exchange plans have adult vision (exam) and allergy testing included in the premium. Adult preventive dental can be chosen as an add-on for an additional premium. Only members in the following counties are eligible for plans with the preventive dental benefit add-on: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, Washington.

Our Deductibles Explained: All plans have a 12-month 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 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS

Off-Exchange
Platinum 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 Watertown Provider and Hospital Organization.

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 Value Max 2 Platinum \$500 Deductible (+ Vision/Allergy OR Dental + Vision/Allergy) ³	\$500	\$1,000	\$1,500	\$3,000	10%	\$25	\$50	\$50	\$150	\$15	\$10	\$35	\$70	30% coins.
CGHC Value Max 1 Platinum \$1000 Deductible (+ Vision/Allergy OR Dental + Vision/Allergy)	\$1,000	\$2,000	\$2,000	\$4,000	10%	\$20	\$40	\$50	D/C	\$15	\$10	\$30	\$75	30% coins.
CGHC Solutions Platinum \$0 Deductible (+ Vision/Allergy OR Dental + Vision/Allergy)	\$0	\$0	\$2,500	\$5,000	10%	\$10	\$30	30% coins.	\$300	\$15	\$10	\$30	\$75	50% coins.

All plans offer preventive health benefits for \$0. All Platinum plans offer a \$15 tier 2 insulin benefit. All plans offer Virtuwel visits for \$0.

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. We always encourage to go to the nearest Emergency room in a life-threatening emergency but going to an in-network facility whenever possible will be the most cost-effective. The copay applies to the facility care only. All other charges related to ER visits are subject to deductible/coinsurance.

³Dental, Vision, Allergy Benefits Explained: Adult Vision Exam and Allergy Testing are included in the premium for Off-Exchange Platinum plans.

Adult preventive dental (exams) can be selected as an add-on benefit for additional premium. Only members in the following counties are eligible for plans with the preventive dental benefit add-on: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, Washington.

Our Deductibles Explained: All plans have a 12-month 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.