

# 2022 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS On-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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Plus Bronze \$8700 Deductible \$35 PCP Envision 87416WI0030027	\$8,700	\$17,400	\$8,700	\$17,400	0%	\$35	D/C <sup>3</sup>	D/C	D/C	\$20	D/C	D/C	D/C	D/C
CGHC Value Premier Bronze \$8150 Deductible Envision 87416WI0030028	\$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 87416WI0030034	\$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 87416WI0030035	\$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 87416WI0030031	\$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 <sup>4</sup> Envision 87416WI0030003	\$0	\$0	\$8,700	\$17,400	50%	\$15	\$200	\$200	\$1,800	\$20	\$25	\$125	50% coins.	50% coins.
CGHC Catastrophic \$8700 Deductible Envision 87416WI0030026	\$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.

<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. 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.

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

<sup>4</sup>Rx Ded is a deductible specifically for prescription drugs which applies to tiers noted D/C. Individual Rx Ded = \$3,000, Family Rx Ded = \$6,000

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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

On-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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Premier Gold \$1800 Deductible Envision 87416WI0030019	\$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 87416WI0030020	\$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 87416WI0030032	\$2,800	\$5,600	\$5,600	\$11,200	0%	D/C <sup>3</sup>	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
CGHC Value 2 Gold \$3000 Deductible Envision 87416WI0030017	\$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 87416WI0030018	\$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 87416WI0030005	\$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.

<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. 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.

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

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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

On-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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Plus Silver \$4000 Deductible Envision 87416W10030021	\$4,000	\$8,000	\$8,700	\$17,400	25%	\$50	\$80	\$100	D/C <sup>3</sup>	\$20	\$20	\$75 after ded	D/C	30% coins.
CGHC Value Premier Silver \$3000 Deductible Envision 87416W10030022	\$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 <sup>4</sup> Envision 87416W10030047	\$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 <sup>5</sup> Envision 87416W10030023	\$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 87416W10030033	\$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 <sup>6</sup> Envision 87416W10030004	\$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.

<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. 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.

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

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

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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 *Silver 73% 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 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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Plus Silver \$3400 Deductible CSR73 Envision 87416WI0030021	\$3,400	\$6,800	\$6,800	\$13,600	25%	\$40	\$80	\$75	D/C <sup>3</sup>	\$15	\$15	\$65	D/C	30% coins.
CGHC Value Premier Silver \$3000 Deductible CSR73 Envision 87416WI0030022	\$3,000	\$6,000	\$6,900	\$13,800	25%	\$40	\$75	\$75	D/C	\$15	\$20	\$75 after ded	D/C	30% coins.
CGHC Value 1 Silver \$3450 Deductible CSR73 Envision 87416WI0030047	\$3,450	\$6,900	\$6,950	\$13,900	30%	\$50	\$70	D/C	D/C	\$15	\$15	\$100	D/C	30% coins.
CGHC Value 2 Silver \$2400 Deductible CSR73 Envision 87416WI0030023	\$2,400	\$4,800	\$6,950	\$13,900	30%	\$70	\$110	D/C	\$200	\$15	\$15	\$110	D/C	30% coins.
CGHC Silver \$2500 Deductible CSR73 Envision 87416WI0030033	\$2,500	\$5,000	\$5,000	\$10,000	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 CSR73 <sup>4</sup> Rx Ded Envision 87416WI0030004	\$0	\$0	\$6,950	\$13,900	30%	\$25	\$75	\$75	\$875	\$15	\$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.

<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. 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.

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

<sup>4</sup>Rx Ded is a deductible specifically for prescription drugs which applies to tiers noted D/C. <sup>4</sup>\$500 (individual), \$1,000 (family)

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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 Silver 87% 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 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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Plus Silver \$700 Deductible CSR87 Envision 87416WI0030021	\$700	\$1,400	\$2,900	\$5,800	20%	\$20	\$50	\$60	D/C <sup>3</sup>	\$15	\$10	\$60	D/C	30% coins.
CGHC Value Premier Silver \$700 Deductible CSR87 Envision 87416WI0030022	\$700	\$1,400	\$2,850	\$5,700	20%	\$15	\$30	\$60	D/C	\$15	\$10	\$55	25% coins.	30% coins.
CGHC Value 1 Silver \$600 Deductible CSR87 Envision 87416WI0030047	\$600	\$1,200	\$2,900	\$5,800	20%	\$35	\$60	D/C	D/C	\$15	\$15	\$75	D/C	30% coins.
CGHC Value 2 Silver \$600 Deductible CSR87 Envision 87416WI0030023	\$600	\$1,200	\$2,900	\$5,800	25%	\$40	\$80	D/C	\$100	\$15	\$10	\$75	D/C	30% coins.
CGHC Silver \$800 Deductible CSR87 Envision 87416WI0030033	\$800	\$1,600	\$2,400	\$4,800	10%	\$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 CSR87 Envision 87416WI0030004	\$0	\$0	\$2,850	\$5,700	30%	\$10	\$35	\$60	\$500	\$15	\$10	\$35	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.

<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. 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.

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

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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 Silver 94% 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 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 <sup>1</sup>	Specialist	Urgent	Emergency <sup>2</sup>	Quickcare Fast Care	Tier 1	Tier 2	Tier 3	Specialty
CGHC Value Plus Silver \$150 Deductible CSR94 Envision 87416W10030021	\$150	\$300	\$1,350	\$2,700	20%	\$5	\$20	\$30	D/C <sup>3</sup>	\$5	\$0	\$25	D/C	30% coins.
CGHC Value Premier Silver \$100 Deductible CSR94 Envision 87416W10030022	\$100	\$200	\$1,500	\$3,000	20%	\$5	\$20	\$30	D/C	\$5	\$0	\$25	D/C	30% coins.
CGHC Value 1 Silver \$0 Deductible CSR94 Envision 87416W10030047	\$0	\$0	\$1,800	\$3,600	20%	\$5	\$20	D/C	D/C	\$5	\$5	\$25	D/C	30% coins.
CGHC Value 2 Silver \$0 Deductible CSR94 Envision 87416W10030023	\$0	\$0	\$1,800	\$3,600	15%	\$20	\$40	D/C	\$75	\$5	\$5	\$30	D/C	30% coins.
CGHC Silver \$250 Deductible CSR94 Envision 87416W10030033	\$250	\$500	\$1,000	\$2,000	10%	\$5 after ded	\$20 after ded	D/C	D/C	D/C	\$5 after ded	D/C	D/C	D/C
CGHC Solutions Silver \$0 Deductible CSR94 Envision 87416W10030004	\$0	\$0	\$1,000	\$2,000	10%	\$5	\$20	\$30	\$300	\$5	\$0	\$20	10% coins.	10% 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.

<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. 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.

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

On exchange plans have the option to add an adult vision (exam) and allergy testing benefit package for additional premium. Adult preventive dental (with the adult vision and allergy testing package) can also 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.