

# 2023 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS Off-Exchange Platinum & 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		Quick Care / Fast Care	PCP <sup>1</sup>	Specialist	Emergency <sup>2</sup>	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Platinum \$500 - Envision Network <sup>4</sup> Plan ID: 87416WI005001500	\$500	\$1,000	\$2,000	\$4,000	10%	\$15	\$25	\$50	\$150	\$50	\$10	\$35	\$70	30%
CGHC Platinum \$1,000 - Envision Network <sup>4</sup> Plan ID: 87416WI005001600	\$1,000	\$2,000	\$2,350	\$4,700	10%	\$10	\$20	\$40	D/C <sup>3</sup>	\$50	\$10	\$30	\$75	30%
CGHC Copay Gold \$0 Ded Envision Network <sup>4</sup> Plan ID: 87416WI005002500	\$0	\$0	\$8,000	\$16,000	20%	\$20	\$30	\$70	\$500	\$75	\$20	\$55	30%	30%
CGHC Gold \$1800- Envision Network <sup>4</sup> Plan ID:87416WI005000100	\$1,800	\$3,600	\$6,600	\$13,200	20%	\$15	\$25	\$50	\$300	\$75	\$10	\$50	\$100 after Ded	30%
CGHC Gold \$2000- Envision Network <sup>4</sup> Plan ID: 87416WI005000200	\$2,000	\$4,000	\$8,700	\$17,400	25%	\$20	\$30	\$60	D/C <sup>3</sup>	\$45	\$15	\$30	\$60	\$250
CGHC Gold \$3000 - Envision Network <sup>4</sup> Plan ID: 87416WI005001000	\$3,000	\$6,000	\$9,100	\$18,200	20%	\$10	\$20	\$60	\$300	\$75	\$15	\$50	\$100 after Ded	30%
CGHC HSA Gold \$3000 - Envision Network <sup>4</sup> Plan ID: 87416WI005002000	\$3,000	\$6,000	\$3,000	\$6,000	0%	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>

All plans offer preventive health benefits for \$0. All 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>Adult Vision Exam and Allergy Testing are included in the premium for Off-Exchange Gold & Platinum plans.

**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.

# 2023 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		Quick Care / Fast Care	PCP <sup>1</sup>	Specialist	Emergency <sup>2</sup>	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Silver \$0 Ded - Envision Network <sup>5</sup> Rx Ded <sup>4.3</sup> Plan ID: 87416WI005002400	\$0	\$0	\$9,100	\$18,200	30%	\$30	\$60	\$120	\$1,150	\$100	\$15	\$55	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC HSA Silver \$3000 - Envision Network <sup>5</sup> Plan ID: 87416WI005001900	\$3,000	\$6,000	\$7,500	\$15,000	15%	D/C <sup>3</sup>	\$15 after Ded	\$35 after Ded	D/C <sup>3</sup>	D/C <sup>3</sup>	\$15 after Ded	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Silver \$4000 - Envision Network <sup>5</sup> Plan ID: 87416WI005000300	\$4,000	\$8,000	\$9,100	\$18,200	25%	\$30	\$50	\$80	D/C <sup>3</sup>	\$100	\$20	\$75 after Ded	D/C <sup>3</sup>	30%
CGHC Silver \$5000- Envision Network <sup>5,6</sup> Rx Ded <sup>4.2</sup> Plan ID: 87416WI005001200	\$5,000	\$10,000	\$9,100	\$18,200	30%	\$30	\$70	\$115	\$250	D/C <sup>3</sup>	\$20	\$100	D/C <sup>3</sup>	40%
CGHC Silver \$5650 - Envision Network <sup>5,6</sup> Rx Ded <sup>4.1</sup> Plan ID: 87416WI005000500	\$5,650	\$11,300	\$9,100	\$18,200	30%	\$30	\$55	\$90	D/C <sup>3</sup>	D/C <sup>3</sup>	\$15	\$90	D/C <sup>3</sup>	40%

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>4.1</sup>\$6,000 (ind.), \$12,000 (family); <sup>4.2</sup>\$5,000 (ind.), \$10,000 (family); <sup>4.3</sup>\$1,000 (ind.), \$2,000 (family).

<sup>5</sup>Adult vision (exam) and allergy testing benefit are included in the premium for Silver plans.

<sup>6</sup>Preventive Dental is available as an additional premium in the following counties: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, and Washington only. The Plan ID's for these plans will be different than listed above.

**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.

# 2023 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		Quick Care / Fast Care	PCP <sup>1</sup>	Specialist	Emergency <sup>2</sup>	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Bronze \$0 Ded - Envision Network <sup>5</sup> Rx Ded <sup>4</sup> Plan ID: 87416WI005002300	\$0	\$0	\$9,100	\$18,200	50%	\$5	\$15	\$200	\$1,800	\$200	\$25	\$125	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Bronze \$6000 - Envision Network <sup>5</sup> Plan ID: 87416WI005001700	\$6,000	\$12,000	\$9,100	\$18,200	40%	\$20	\$30 after Ded	D/C <sup>3</sup>	\$1,500 after Ded	D/C <sup>3</sup>	\$20	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC HSA Bronze \$7500 - Envision Network <sup>5</sup> Plan ID: 87416WI005000700	\$7,500	\$15,000	\$7,500	\$15,000	0%	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Bronze \$8150 - Envision Network <sup>5</sup> Plan ID: 87416WI005000800	\$8,150	\$16,300	\$9,100	\$18,200	0%	\$20	\$30	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	\$20	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Bronze \$9100 (\$35 PCP Copay) - Envision Network <sup>5</sup> Plan ID: 87416WI005000600	\$9,100	\$18,200	\$9,100	\$18,200	0%	\$25	\$35	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Bronze \$9100 - Envision Network <sup>5</sup> Plan ID: 87416WI005001400	\$9,100	\$18,200	\$9,100	\$18,200	0%	\$30	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>
CGHC Catastrophic \$9100 - Envision Network <sup>5</sup> Plan ID: 87416WI005000900	\$9,100	\$18,200	\$9,100	\$18,200	0%	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>	D/C <sup>3</sup>

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. \$2,250 (ind.), \$4,500 (family).

<sup>5</sup>Adult Vision Exam and Allergy Testing are included in the premium for Off-Exchange Bronze and Catastrophic plans.

**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.