

# 2022 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS *Gold LCS 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 LCS Envision 87416WI003001903	\$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 LCS Envision 87416WI003002003	\$2,000	\$4,000	\$8,700	\$17,400	20%	\$30	\$60	\$75	\$300	\$15	\$15	\$50	\$100 after ded	30% coins.
CGHC Gold \$2800 Deductible LCS Envision 87416WI003003203	\$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 LCS Envision 87416WI003001703	\$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 LCS Envision 87416WI003001803	\$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 LCS Envision 87416WI003000503	\$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.**

<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 *Gold NCS 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		Coinsur- ance	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 NCS Envision 87416WI003001902	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value Plus Gold \$2000 Deductible NCS Envision 87416WI003002002	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Gold \$2800 Deductible NCS Envision 87416WI003003202	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 2 Gold \$3000 Deductible NCS Envision 87416WI003001702	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 1 Gold \$3600 Deductible NCS Envision 87416WI003001802	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Solutions Gold \$0 Deductible NCS Envision 87416WI003000502	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**All plans offer preventive health benefits for \$0. All plans offer Virtuwell visits for \$0.**

<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 an 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 LCS 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 LCS Envision 87416WI003002103	\$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 LCS Envision 87416WI003002203	\$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 LCS Rx Ded <sup>4</sup> Envision 87416WI003004703	\$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 LCS Rx Ded <sup>5</sup> Envision 87416WI003002303	\$6,500	\$13,000	\$8,700	\$17,400	40%	\$85	\$120	D/C	\$250	\$20	\$25	\$115	D/C	40% coins.
CGHC Silver \$3000 Deductible LCS Envision 87416WI003003303	\$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 LCS Rx Ded <sup>6</sup> Envision 87416WI003000403	\$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.

<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

On-Exchange  
Silver NCS 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				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
CGHC Value Plus Silver \$4000 Deductible NCS Envision 87416WI003002102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value Premier Silver \$3000 Deductible NCS Envision 87416WI003002202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 1 Silver \$7500 Deductible NCS Envision 87416WI003004702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 2 Silver \$6500 Deductible NCS Envision 87416WI003002302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Silver \$3000 Deductible NCS Envision 87416WI003003302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Solutions Silver \$0 Deductible NCS Envision 87416WI003000402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

All plans offer preventive health benefits for \$0. All plans offer 10 Virtuwel visits for \$0.

<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 Bronze LCS 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 LCS Envision 87416WI003002703	\$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	
CGHC Value Premier Bronze \$8150 Deductible LCS Envision 87416WI003002803	\$8,150	\$16,300	\$8,700	\$17,400	0%	\$30	D/C	D/C	D/C	\$20	\$20	D/C	D/C	
CGHC Value 1 Bronze \$8700 Deductible LCS Envision 87416WI003003403	\$8,700	\$17,400	\$8,700	\$17,400	0%	D/C	D/C	D/C	D/C	\$20	D/C	D/C	D/C	
CGHC Value 2 Bronze \$6000 Deductible LCS Envision 87416WI003003503	\$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	
CGHC Bronze \$7000 Deductible LCS Envision 87416WI003003103	\$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	
CGHC Solutions Bronze \$0 Deductible LCS Rx Ded <sup>4</sup> Envision 87416WI003000303	\$0	\$0	\$8,700	\$17,400	50%	\$15	\$200	\$200	\$1,800	\$20	\$25	\$125	50% coins. 50% coins.	

**All plans offer preventive health benefits for \$0. All plans offer 10 Virtuwel visits for \$0.**

<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.

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# 2022 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS *Bronze NCS 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				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
CGHC Value Plus Bronze \$8700 Deductible \$35 PCP NCS Envision 87416WI003002702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value Premier Bronze \$8150 Deductible NCS Envision 87416WI003002802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 1 Bronze \$8700 Deductible NCS Envision 87416WI003003402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Value 2 Bronze \$6000 Deductible NCS Envision 87416WI003003502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Bronze \$7000 Deductible NCS Envision 87416WI003003102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Solutions Bronze \$0 Deductible NCS Envision 87416WI003000302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**All plans offer preventive health benefits for \$0. All plans offer Virtuwel visits for \$0.**

<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.

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