

2023 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS On-Exchange Limited Cost Share – 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Gold \$0 Ded LCS - Envision Network ⁴ Plan ID: 87416WI003000503	\$0	\$0	\$8,000	\$16,000	20%	\$20	\$30	\$70	\$500	\$75	\$20	\$55	30%	30%
CGHC Gold \$1800 LCS - Envision Network ⁴ Plan ID: 87416WI003001903	\$1,800	\$3,600	\$6,600	\$13,200	20%	\$15	\$25	\$50	\$300	\$75	\$10	\$50	\$100 after Ded	30%
Gold Standard Plan LCS - Envision Network ⁴ Plan ID: 87416WI003004303	\$2,000	\$4,000	\$8,700	\$17,400	25%	\$20	\$30	\$60	D/C ³	\$45	\$15	\$30	\$60	\$250
CGHC Gold \$3000 LCS - Envision Network ⁴ Plan ID: 87416WI003001703	\$3,000	\$6,000	\$9,100	\$18,200	20%	\$10	\$20	\$60	\$300	\$75	\$15	\$50	\$100 after Ded	30%
CGHC Gold \$3000 LCS - Envision Network ⁴ Plan ID: 87416WI003003203	\$3,000	\$6,000	\$3,000	\$6,000	0%	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³

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.

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.

⁴These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

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 On-Exchange No Cost Share - 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Gold \$0 Ded NCS - Envision Network ³ Plan ID: 87416WI003000502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Gold \$1800 NCS - Envision Network ³ Plan ID: 87416WI003001902	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gold Standard Plan NCS - Envision Network ³ Plan ID: 87416WI003004302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Gold \$3000 NCS - Envision Network ³ Plan ID: 87416WI003001702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Gold \$3000 NCS - Envision Network ³ Plan ID: 87416WI003003202	\$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 Virtuwell 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.

³These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

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

On-Exchange Limited
Cost Share – 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Silver \$0 Ded LCS - Envision Network ⁵ Rx Ded ^{4.1} Plan ID: 87416WI003000403	\$0	\$0	\$9,100	\$18,200	30%	\$30	\$60	\$120	\$1,150	\$100	\$15	\$55	D/C ³	D/C ³
CGHC Silver \$3000 LCS - Envision Network ⁵ Plan ID: 87416WI003003303	\$3,000	\$6,000	\$7,500	\$15,000	15%	D/C ³	\$15 after Ded	\$35 after Ded	D/C ³	D/C ³	\$15 after Ded	D/C ³	D/C ³	D/C ³
CGHC Silver \$4000 LCS - Envision Network ⁵ Plan ID: 87416WI003002103	\$4,000	\$8,000	\$9,100	\$18,200	25%	\$30	\$50	\$80	D/C ³	\$100	\$20	\$75 after Ded	D/C ³	30%
CGHC Silver \$5000 LCS - Envision Network ^{5,6} Rx Ded ^{4.2} Plan ID: 87416WI003002303	\$5,000	\$10,000	\$9,100	\$18,200	30%	\$30	\$70	\$115	\$250	D/C ³	\$20	\$100	D/C ³	40%
CGHC Silver \$5650 LCS - Envision Network ^{5,6} Rx Ded ^{4.3} Plan ID: 87416WI003004703	\$5,650	\$11,300	\$9,100	\$18,200	30%	\$30	\$55	\$90	D/C ³	D/C ³	\$15	\$90	D/C ³	40%
Silver Standard Plan LCS - Envision Network ⁵ Plan ID: 87416WI003004203	\$5,800	\$11,600	\$8,900	\$17,800	40%	\$30	\$40	\$80	D/C ³	\$60	\$20	\$40	\$80 after Ded	\$350 after Ded

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.

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 D/C. ^{4.1}\$1,000 (ind.), \$2,000 (family); ^{4.2}\$5,000 (ind.), \$10,000 (family); ^{4.3}\$6,000 (ind.), \$12,000 (family)

⁵These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

⁶Preventive Dental is available as an additional premium in the following counties: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, and Washington only.

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 On-Exchange No Cost Share – 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Silver \$0 Ded NCS - Envision Network ³ Plan ID:87416WI003000402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Silver \$3000 NCS - Envision Network ³ Plan ID: 87416WI003003302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Silver \$4000 NCS - Envision Network ³ Plan ID: 87416WI003002102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Silver \$5000 NCS - Envision Network ^{3,4} Plan ID: 87416WI003002302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Silver \$5650 NCS - Envision Network ^{3,4} Plan ID: 87416WI003004702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Silver Standard Plan NCS - Envision Network ³ Plan ID: 87416WI003004202	\$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 Virtuwell 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.

³These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

⁴**Preventive Dental** is available as an additional premium in the following counties: Milwaukee, Kenosha, Racine, Waukesha, Ozaukee, and Washington only.

2023 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGNS

On-Exchange Limited
Cost Share – 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, 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Bronze \$0 Ded LCS - Envision Network ^{5,6} Rx Ded ⁴ Plan ID: 87416WI003000303	\$0	\$0	\$9,100	\$18,200	50%	\$5	\$15	\$200	\$1,800	\$200	\$25	\$125	D/C ³	D/C ³
CGHC Bronze \$6000 LCS - Envision Network ⁵ Plan ID: 87416WI003003503	\$6,000	\$12,000	\$9,100	\$18,200	40%	\$20	\$30 after Ded	D/C ³	\$1,500 after Ded	D/C ³	\$20	D/C ³	D/C ³	D/C ³
CGHC Bronze \$7500 LCS - Envision Network ⁵ Plan ID: 87416WI003003103	\$7,500	\$15,000	\$7,500	\$15,000	0%	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³
CGHC Bronze \$8150 LCS - Envision Network ⁵ Plan ID: 87416WI003002803	\$8,150	\$16,300	\$9,100	\$18,200	0%	\$20	\$30	D/C ³	D/C ³	D/C ³	\$20	D/C ³	D/C ³	D/C ³
CGHC Bronze \$9100 LCS (\$35 PCP Copay) - Envision Network ⁵ Plan ID: 87416WI003002703	\$9,100	\$18,200	\$9,100	\$18,200	0%	\$25	\$35	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³
Bronze Standard Plan LCS - Envision Network ⁵ Plan ID: 87416WI003004003	\$9,100	\$18,200	\$9,100	\$18,200	0%	\$30	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³

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

³D/C refers to Deductible/Coinsurance.

⁴Rx Ded is a deductible specifically for prescription drugs which applies to tiers noted D/C. \$2,250 (ind.), \$4,500 (family).

⁵These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

⁶Preventive 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 On-Exchange No Cost Share – Bonze 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 ¹	Specialist	Emergency ²	Urgent	Tier 1	Tier 2	Tier 3	Specialty
CGHC Copay Bronze \$0 Ded NCS - Envision Network ^{3 4} Plan ID: 87416WI003000302	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Bronze \$6000 NCS - Envision Network ³ Plan ID: 87416WI003003502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Bronze \$7500 NCS - Envision Network ³ Plan ID: 87416WI003003102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Bronze \$8150 NCS - Envision Network ³ Plan ID: 87416WI003002802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CGHC Bronze \$9100 NCS (\$35 PCP Copay) - Envision Network ³ Plan ID: 87416WI003002702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bronze Standard Plan NCS - Envision Network ³ Plan ID: 87416WI003004002	\$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.

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.

³These plans have the option to add an **adult vision (exam) and allergy testing benefit** package for additional premium.

⁴**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.

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