

2024 SMALL EMPLOYER BENEFIT PLAN DESIGNS

Out of Area Plans

The First Health Complementary Network is available with all EPO Plus plans listed.

EPO Plus Plan Name	Calendar Year Deductible	Out-of-Pocket Maximum	Coinsurance	Provider Visits In-Network Copays / Coinsurance					Rx Calendar Year Deductible	Prescription Drugs			
	Single / Family	Single / Family		Quick / Fast Care	PCP ¹	Specialist	Emergency ²	Urgent	Single / Family	Tier 1	Tier 2	Tier 3	Specialty
CGHC EPO Plus Gold \$800 Deductible/20% Plan ID: 87416WI004003600	\$800 / \$1,600	\$8,350 / \$16,700	20%	\$15	\$35	\$70	\$300	\$100	Not Applicable	\$15	\$40	\$80	D/C ³
CGHC EPO Plus Gold \$1500 Deductible/20% Plan ID: 87416WI004003800	\$1,500 / \$3,000	\$6,000 / \$12,000	20%	\$15	\$35	\$70	\$300	\$100	Not Applicable	\$15	\$40	\$80	D/C ³
CGHC EPO Plus Gold \$2000 Deductible/20% Plan ID: 87416WI004004000	\$2,000 / \$4,000	\$7,500 / \$15,000	20%	\$15	\$30	\$60	D/C ³	\$100	Not Applicable	\$15	\$40	\$80	D/C ³
CGHC EPO Plus HSA Gold \$3200 Deductible/0% Plan ID: 87416WI004005500	\$3,200 / \$6,400	\$3,200 / \$6,400	0%	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	Not Applicable	D/C ³	D/C ³	D/C ³	D/C ³
CGHC EPO Plus Silver \$4000 Deductible/20% Plan ID: 87416WI004004500	\$4,000 / \$8,000	\$8,500 / \$17,000	20%	\$15	\$40	\$80	D/C ³	\$150	Not Applicable	\$30	\$50	\$90	D/C ³
CGHC EPO Plus Silver \$5000 Deductible/20% Plan ID: 87416WI004004700	\$5,000 / \$10,000	\$7,750 / \$15,500	20%	\$15	\$40	\$80	D/C ³	\$150	Not Applicable	\$25	\$50	\$90	D/C ³
CGHC EPO Plus HSA Silver \$5100 Deductible/0% Plan ID: 87416WI004005800	\$5,100 / \$10,200	\$5,100 / \$10,200	0%	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	Not Applicable	D/C ³	D/C ³	D/C ³	D/C ³
CGHC EPO Plus Bronze \$5500 Deductible/30% Plan ID: 87416WI004005100	\$5,500 / \$11,000	\$8,250 / \$16,500	30%	\$15	\$75	\$150	D/C ³	D/C ³	Not Applicable	D/C ³	D/C ³	D/C ³	D/C ³
CGHC EPO Plus HSA Bronze \$7100 Deductible/0% Plan ID: 87416WI004006000	\$7,100 / \$14,200	\$7,100 / \$14,200	0%	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	Not Applicable	D/C ³	D/C ³	D/C ³	D/C ³
CGHC EPO Plus Bronze \$8550 Deductible/0% Plan ID: 87416WI004005300	\$8,550 / \$17,100	\$8,550 / \$17,100	0%	\$15	\$35	D/C ³	D/C ³	D/C ³	Not Applicable	D/C ³	D/C ³	D/C ³	D/C ³

All plans offer preventive health benefits for \$0. All Platinum, Gold and Silver plans offer a \$15 tier 2 insulin benefit. All non-HSA Gold and Silver plans offer Virtuwel visits for \$0 and Bronze plans offer 10 Virtuwel visits at \$0. For HSA plans, Virtuwel visits apply towards the deductible / coinsurance.

Urgent = Urgent Care Services. **Emergency (ER)** = Emergency Room Care services. **Ded** = Deductible.

¹ **PCP** = Primary Care Provider (includes general pediatrics, internal medicine, obstetrics/gynecology, family practice, general medicine, and geriatrics).

² **Services that meet our definition of Emergency Care** are paid at the in-network rate even when care is provided by an out-of-network provider or facility. We recommend members to go to the nearest Emergency Room in a life-threatening emergency. The plan copay applies to the facility charge only. All other charges related to ER visits are subject to additional copayment or deductible/coinsurance.

³ **D/C** refers to Deductible/Coinsurance.

Our Deductibles Explained: All plans have a 12-month deductible. All deductibles, coinsurance and copayments accumulate toward the out-of-pocket maximum. All plans noted above have embedded deductibles for family coverage. This means that if you are enrolled in a 2-person or family plan, an individual family member only has to satisfy the individual deductible before the plan begins to pay for covered services for that family member.