

2023 EMPLOYER BENEFIT PLAN DESIGNS *Out of Area Plans*

Common Ground Healthcare Cooperative (CGHC) is proud to partner with Aurora Health Care, Bellin Health, ThedaCare, Door County Medical Center, Children's Wisconsin, Watertown Provider and Hospital Organization, and the First Health Travel Network.

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 EPO Plus Gold \$800 Deductible/20% Plan ID: 87416WI004000400	\$800	\$1,600	\$8,350	\$16,700	20%	\$15	\$35	\$70	\$300	\$100	\$15	\$40	\$80	D/C ³
CGHC EPO Plus Gold \$1500 Deductible/20% Plan ID: 87416WI004002600	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$15	\$35	\$70	\$300	\$100	\$15	\$40	\$80	D/C ³
CGHC EPO Plus Gold \$2000 Deductible/20% Plan ID: 87416WI004003000	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$15	\$30	\$60	D/C ³	\$100	\$15	\$40	\$80	D/C ³
CGHC EPO Plus HSA Gold \$3000 Deductible/0% Plan ID: 87416WI004001600	\$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
CGHC EPO Plus Silver \$4000 Deductible/20% Plan ID: 87416WI004001000	\$4,000	\$8,000	\$8,500	\$17,000	20%	\$15	\$40	\$80	D/C ³	\$150	\$30	\$50	\$90	D/C ³
CGHC EPO Plus HSA Silver \$4800 Deductible/0% Plan ID: 87416WI004002700	\$4,800	\$9,600	\$4,800	\$9,600	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 EPO Plus Silver \$5000 Deductible/20% Plan ID: 87416WI004002800	\$5,000	\$10,000	\$7,750	\$15,500	20%	\$15	\$40	\$80	D/C ³	\$150	\$25	\$50	\$90	D/C ³
CGHC EPO Plus Bronze \$5500 Deductible/30% Plan ID: 87416WI004003100	\$5,500	\$11,000	\$8,250	\$16,500	30%	\$15	\$75	\$150	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³	D/C ³
CGHC EPO Plus HSA Bronze \$7000 Deductible/0% Plan ID: 87416WI004002100	\$7,000	\$14,000	\$7,000	\$14,000	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 EPO Plus Bronze \$8550 Deductible/0% Plan ID: 87416WI004002900	\$8,550	\$17,100	\$8,550	\$17,100	0%	\$15	\$35	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 Silver plans, excluding the HSA plans, offer 10 Virtuwel visits for \$0. The HSA plan offers Virtuwel visits at cost, applied towards your plan's deductible/coinsurance.

¹**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.

²**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. Because we do not have a contract with out-of-network ER facilities, we cannot prevent these facilities from billing our members for the balance of the charge. The copay applies to the facility care only. All other charges related to ER visit are subject to deductible/coinsurance.

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

Our Deductibles Explained: All plans have a 12-months 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.