

TRADITIONAL PRODUCT

2025 LARGE GROUP HMO and EPO PLANS

These plans offer **rich benefits** with low out-of-pocket maximums and no copayments on 0% HSA plans.

Plan Name	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Virtual Visit
	Single	Family	Members Pay	Single	Family	PCP	Specialist	
All CoChoice plans have a \$300 copayment for emergency room services and \$150 copayment for urgent care.								
RH1000_22_CC	\$1,000	\$2,000	20%	\$3,000	\$6,000	\$25 per visit	\$60 per visit	\$0 per visit
RH1500_22_CC	\$1,500	\$3,000		\$3,500	\$7,000			
RH2000_22_CC	\$2,000	\$4,000		\$4,000	\$8,000			
RH2500_22_CC	\$2,500	\$5,000		\$5,000	\$10,000			
RH3000_22_CC	\$3,000	\$6,000		\$5,000	\$10,000			
RH3500_22_CC	\$3,500	\$7,000		\$6,000	\$12,000			
RH4000_22_CC	\$4,000	\$8,000		\$7,000	\$14,000			
RH5000_22_CC	\$5,000	\$10,000		\$7,900	\$15,800			
All HSA 0% coinsurance plans have no charge after the deductible for emergency room services and urgent care. Members pay coinsurance after the deductible for HSA 20% coinsurance plans.								
RHSAH25_1750_0	\$1,750	\$3,500	0%	\$1,750	\$3,500	0% after deductible	0% after deductible	
RHSAH22_2000_0	\$2,000	\$4,000		\$2,000	\$4,000			
RHSAH22_2500_0	\$2,500	\$5,000		\$2,500	\$5,000			
RHSAH22_3500_0	\$3,500	\$7,000		\$3,500	\$7,000			
RHSAH22_4000_0	\$4,000	\$8,000		\$4,000	\$8,000			
RHSAH22_5000_0	\$5,000	\$10,000		\$5,000	\$10,000			
RHSAH22_6000_0	\$6,000	\$12,000		\$6,000	\$12,000			
RHSAH22_6500_0	\$6,500	\$13,000		\$6,500	\$13,000			
RHSAH22_7000_0	\$7,000	\$14,000		\$7,000	\$14,000			
RHSAH24_8000_0	\$8,000	\$16,000		\$8,000	\$16,000			
RHSAH25_1750_20	\$1,750	\$3,500	20%	\$2,500	\$5,000	20% after deductible	0% after deductible	
RHSAH22_2000_20	\$2,000	\$4,000		\$3,000	\$6,000			
RHSAH22_2500_20	\$2,500	\$5,000		\$3,400	\$6,800			
RHSAH22_3500_20	\$3,500	\$7,000		\$4,500	\$9,000			
RHSAH22_4000_20	\$4,000	\$8,000		\$5,000	\$10,000			
RHSAH22_5000_20	\$5,000	\$10,000		\$6,000	\$12,000			
RHSAH22_6000_20	\$6,000	\$12,000		\$6,900	\$13,800			

***Virtual visits are not covered out-of-network.**

Prescription options for non-HSA plans (0% coinsurance HSA plans have no charge after the deductible is met. 20% coinsurance HSA plans have the same prescription options as non-HSA plans except copayments are applied after the deductible has been met). \$25/\$45/\$65/\$150/\$250 or \$10/\$25/\$50/\$100/\$200.

Deductibles are embedded for family coverage on non-HSA plans and HSA plans with deductibles of \$3,500 or more. All copayments (medical and pharmacy) are applied to a common out-of-pocket maximum.

This summary is only intended to highlight and give a general description of some of the benefits available. For a complete description of the benefits, limitations and exclusions, please refer to the Summary of Member Responsibility Tables and Certificate of Coverage.

PCP = Primary care practitioner