



ACA Small Group Qualified Plans 2019 (p. 2-4) & 2018 (p. 5-6) & Large Group Plans (p. 7+)



2019 Qualified Health Plans

Health Plan Name	COMMUNITYCARE PLATINUM 219
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02067
Health Plan ID - Standard	H02068
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2500
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Option	RX \$0/\$15/\$45/\$95/\$300/\$350

Health Plan Name	COMMUNITYCARE PLATINUM 319
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02069
Health Plan ID - Standard	H02070
Individual Annual Deductible (In-Network)	\$700
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2750
Office Visit Copay (PCP/Specialist)	\$20/\$40
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160/\$210

Health Plan Name	COMMUNITYCARE PLATINUM 419
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02071
Health Plan ID - Standard	H02072
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160/\$210

Health Plan Name	COMMUNITYCARE GOLD 719
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02073 H02074
Individual Annual Deductible (In-Network)	\$2500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$30/\$50
Pharmacy Option	RX \$0/\$15/\$45/\$95/\$300/\$350

Health Plan Name	COMMUNITYCARE PPO PLATINUM A19
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02075 H02076
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2500
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Option	RX \$0/\$15/\$45/\$95/\$300/\$350

Health Plan Name	COMMUNITYCARE PPO PLATINUM B19
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02077 H02078
Individual Annual Deductible (In-Network)	\$700
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2750
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160/\$210

Health Plan Name	COMMUNITYCARE PPO PLATINUM C19
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02079 H02080
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160/\$210

Health Plan Name	COMMUNITYCARE PPO GOLD B19
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02081
Health Plan ID - Standard	H02082
Individual Annual Deductible (In-Network)	\$2500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$30/\$50
Pharmacy Option	RX \$0/\$15/\$45/\$95/\$300/\$350



2018 Qualified Health Plans

Health Plan Name	COMMUNITYCARE PLATINUM 2 (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02026
Health Plan ID - Standard	H02032
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$1500
Office Visit Copay (PCP/Specialist)	\$15/\$25
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160 (deductible applies to Tier 4 drugs)

Health Plan Name	COMMUNITYCARE PLATINUM 3 (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02027
Health Plan ID - Standard	H02033
Individual Annual Deductible (In-Network)	\$750
Individual Annual Out-of-Pocket Maximum (In-Network)	\$1500
Office Visit Copay (PCP/Specialist)	\$15/\$20
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160

Health Plan Name	COMMUNITYCARE GOLD 2 (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02028
Health Plan ID - Standard	H02034
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$35/\$50
Pharmacy Option	RX \$0/\$20/\$55/\$75/\$200 (deductible applies to Tier 4 drugs)

Health Plan Name	COMMUNITYCARE GOLD 7 (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02029
Health Plan ID - Standard	H02035
Individual Annual Deductible (In-Network)	\$2000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$35/\$50
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160

Health Plan Name	COMMUNITYCARE PPO PLATINUM A (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02030 H02045
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$1700
Office Visit Copay (PCP/Specialist)	\$10/\$20
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160

Health Plan Name	COMMUNITYCARE PPO GOLD A (ACA Compliant)
Group Size	2 to 50 eligible employees
Health Plan ID - Select Health Plan ID - Standard	H02031 H02046
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3000
Office Visit Copay (PCP/Specialist)	\$35/\$50
Pharmacy Option	RX \$0/\$15/\$40/\$70/\$160 (deductible applies to Tier 2, 3 & 4 drugs)



Large Group Qualified Health Plans

Health Plan Name	CommunityCare Benefit Plan 11A
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01033
Health Plan ID - Select	H01434
Individual Annual Deductible (In-Network)	None
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,500 (Includes all member cost share)
Office Visit Copay (PCP/Specialist)	\$15/\$25
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Benefit Plan 11
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01034
Health Plan ID - Select	H01435
Individual Annual Deductible (In-Network)	None
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,500 (Includes all member cost share)
Office Visit Copay (PCP/Specialist)	\$15/\$25
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Benefit Plan 12
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01036
Health Plan ID - Select	H01437
Individual Annual Deductible (In-Network)	None
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$30
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Benefit Plan 12A
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01037
Health Plan ID - Select	H01256
Individual Annual Deductible (In-Network)	None
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$30
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus 250
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01347
Health Plan ID - Select	H01453
Individual Annual Deductible (In-Network)	\$250
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,250 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus 250-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01964
Health Plan ID - Select	H01965
Individual Annual Deductible (In-Network)	\$250
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 1
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01185
Health Plan ID - Select	H01446
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,500 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 1-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01962
Health Plan ID - Select	H01963
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 1A
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01186
Health Plan ID - Select	H01447
Individual Annual Deductible (In-Network)	\$750
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,750 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 2
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01187
Health Plan ID - Select	H01448
Individual Annual Deductible (In-Network)	\$750
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2,750 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$30/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 2A
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01188
Health Plan ID - Select	H01449
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$30/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 3
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01189
Health Plan ID - Select	H01450
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$35/\$45
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 4
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01190
Health Plan ID - Select	H01476
Individual Annual Deductible (In-Network)	\$1,500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$35/\$45
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare IDEA Plus Plan 5
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01346
Health Plan ID - Select	H01452
Individual Annual Deductible (In-Network)	\$2,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$35/\$45
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 80/250-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01960
Health Plan ID - Select	H01961
Individual Annual Deductible (In-Network)	\$250
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 80/1000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01554
Health Plan ID - Select	H01559
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 80/1000 (OE)-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01958
Health Plan ID - Select	H01959
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 70/1000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01553
Health Plan ID - Select	H01560
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 70/1000 (OE)-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01956
Health Plan ID - Select	H01957
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 100/3000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01555
Health Plan ID - Select	H01561
Individual Annual Deductible (In-Network)	\$3,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare CC 100/3000 (OE)-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01966
Health Plan ID - Select	H01967
Individual Annual Deductible (In-Network)	\$3,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare POS Plan 3000/100 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01603
Health Plan ID - Select	H01614
Individual Annual Deductible (In-Network)	\$3,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare POS Plan 1500/80 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01604
Health Plan ID - Select	H01615
Individual Annual Deductible (In-Network)	\$1,500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare POS Plan 1000/80 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01605
Health Plan ID - Select	H01616
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare POS Plan 500 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01606
Health Plan ID - Select	H01617
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare POS Plan 1000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01607
Health Plan ID - Select	H01618
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$35
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Pinnacle 1 [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01136
Health Plan ID - Select	H01255
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$30
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Pinnacle 2 (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01356
Health Plan ID - Select	H01462
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Pinnacle 3a (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01362
Health Plan ID - Select	H01468
Individual Annual Deductible (In-Network)	\$1,500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Pinnacle 100/3000 [100/70] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01780
Health Plan ID - Select	H01781
Individual Annual Deductible (In-Network)	\$3,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Pinnacle 3 (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01355
Health Plan ID - Select	H01461
Individual Annual Deductible (In-Network)	\$2,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Value Advantage 1 [80/50] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01134
Health Plan ID - Select	H01269
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$30
Pharmacy Options	\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300] \$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300] \$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300] \$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]

Health Plan Name	CommunityCare Value Advantage 2 (OE) [80/50] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01360
Health Plan ID - Select	H01466
Individual Annual Deductible (In-Network)	\$1,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Value Advantage 3a (OE) [80/50] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01363
Health Plan ID - Select	H01469
Individual Annual Deductible (In-Network)	\$1,500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Value Advantage 3 (OE) [80/50] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01358
Health Plan ID - Select	H01464
Individual Annual Deductible (In-Network)	\$2,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Fundamental 1 [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01135
Health Plan ID - Select	H01277
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$20/\$30
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Fundamental 3a (OE) [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01357
Health Plan ID - Select	H01463
Individual Annual Deductible (In-Network)	\$1,500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>

Health Plan Name	CommunityCare Fundamental 3 (OE) [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01359
Health Plan ID - Select	H01465
Individual Annual Deductible (In-Network)	\$2,000
Individual Annual Out-of-Pocket Maximum (In-Network)	\$3,000 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$25/\$40
Pharmacy Options	<p>\$15/\$40/\$70/\$160 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$40/\$85/\$260 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$45/\$95/\$300 [Can add Rx deductible of \$100 or \$300]</p> <p>\$15/\$25/\$70/20% or \$310 [Can add Rx deductible of \$100 or \$300]</p>