



# ACA Small Group Qualified Plans 2024 (p. 2) & & Large Group Plans (p. 5+)

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## 2024 Qualified Health Plans

<b>Health Plan Name</b>	<b>CommunityCare Multi-Choice MC22A</b>
Group Size	2 to 50 eligible employees
Health Plan ID - Multichoice	H02243
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$35/\$50
Pharmacy Option	RX \$0 \$15/\$45/50%/50%/50%

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 219</b>
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02067
Health Plan ID - Standard	H02068
Health Plan ID - One	H02244
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Option	RX \$0/\$15/\$45/\$95/\$300/\$350

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 319</b>
Group Size	2 to 50 eligible employees
Health Plan ID - Select	H02069
Health Plan ID - Standard	H02070
Health Plan ID - One	H02245
Individual Annual Deductible (In-Network)	\$650
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$20/\$40
Pharmacy Option	RX \$0/\$10/\$40/\$70/\$160/\$210

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 419</b>
Group Size	2 to 50 eligible employees
Health Plan ID – Select	H02071
Health Plan ID – Standard	H02072
Health Plan ID – One	H02246
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$25/\$50
Pharmacy Option	RX \$0/\$10/\$45/\$95/\$300/\$350

<b>Health Plan Name</b>	<b>COMMUNITYCARE PPO PLATINUM C19</b>
Group Size	2 to 50 eligible employees
Health Plan ID – Select	H02079
Health Plan ID - Standard	H02080
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$20/\$50
Pharmacy Option	RX \$0/\$10/\$40/\$70/\$160/\$210

## 2023 Qualified Health Plans

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<b>Health Plan Name</b>	<b>CommunityCare Multi-Choice MC22A</b>
Group Size	2 to 50 eligible employees
Health Plan ID – Multichoice	H02243
Individual Annual Deductible (In-Network)	\$1000
Individual Annual Out-of-Pocket Maximum (In-	\$3000
Office Visit Copay (PCP/Specialist)	\$30/\$45
Pharmacy Option	RX \$0 \$15/\$40/\$95/\$210/\$300

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 219</b>
<b>Group Size</b>	2 to 50 eligible employees
<b>Health Plan ID – Select</b>	H02067
<b>Health Plan ID – Standard</b>	H02068
<b>Health Plan ID – One</b>	H02244
<b>Individual Annual Deductible (In-Network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (In-</b>	\$2500
<b>Office Visit Copay (PCP/Specialist)</b>	\$25/\$50
<b>Pharmacy Option</b>	RX \$0/\$15/\$45/\$95/\$300/\$350

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 319</b>
<b>Group Size</b>	2 to 50 eligible employees
<b>Health Plan ID – Select</b>	H02069
<b>Health Plan ID – Standard</b>	H02070
<b>Health Plan ID – One</b>	H02245
<b>Individual Annual Deductible (In-Network)</b>	\$650
<b>Individual Annual Out-of-Pocket Maximum (In-</b>	\$2750
<b>Office Visit Copay (PCP/Specialist)</b>	\$20/\$40
<b>Pharmacy Option</b>	RX \$0/\$10/\$40/\$70/\$160/\$210

<b>Health Plan Name</b>	<b>COMMUNITYCARE PLATINUM 419</b>
<b>Group Size</b>	2 to 50 eligible employees
<b>Health Plan ID – Select</b>	H02071
<b>Health Plan ID – Standard</b>	H02072
<b>Health Plan ID – One</b>	H02246
<b>Individual Annual Deductible (In-Network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (In-</b>	\$3000
<b>Office Visit Copay (PCP/Specialist)</b>	\$20/\$50
<b>Pharmacy Option</b>	RX \$0/\$15/\$40/\$70/\$160/\$210

<b>Health Plan Name</b>	<b>COMMUNITYCARE GOLD 719</b>
<b>Group Size</b>	2 to 50 eligible employees
<b>Health Plan ID – Select</b>	H02073
<b>Health Plan ID – Standard</b>	H02074
<b>Health Plan ID – One</b>	H02247
<b>Individual Annual Deductible (In-Network)</b>	\$2500
<b>Individual Annual Out-of-Pocket Maximum (In-</b>	\$3000
<b>Office Visit Copay (PCP/Specialist)</b>	\$30/\$50
<b>Pharmacy Option</b>	RX \$0/\$15/\$45/\$95/\$300/\$350

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



## Large Group Qualified Health Plans

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<b>Health Plan Name</b>	<b>CommunityCare Benefit Plan 11A</b>
<b>Group Size</b>	51+ Eligible Employees
<b>Health Plan ID - Standard</b>	H01033
<b>Health Plan ID - Select</b>	H01434
<b>Individual Annual Deductible (In-Network)</b>	None
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$2,500 (Includes all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$15/\$25
<b>Pharmacy Options</b>	\$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]

<b>Health Plan Name</b>	<b>CommunityCare Benefit Plan 11</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01034</b>
<b>Health Plan ID - Select</b>	<b>H01435</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>None</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$2,500 (Includes all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$15/\$25</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare Benefit Plan 12</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01036</b>
<b>Health Plan ID - Select</b>	<b>H01437</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>None</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$20/\$30</b>
<b>Pharmacy Options</b>	<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>

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

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

Health Plan Name	<b>CommunityCare IDEA Plus 250-CR17</b>
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	<b>CommunityCare IDEA Plus Plan 1</b>
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	<b>CommunityCare IDEA Plus Plan 1-CR17</b>
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	<b>CommunityCare IDEA Plus Plan 1A</b>
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	<b>CommunityCare IDEA Plus Plan 2</b>
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	<b>CommunityCare IDEA Plus Plan 2A</b>
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>

<b>Health Plan Name</b>	<b>CommunityCare IDEA Plus Plan 3</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01189</b>
<b>Health Plan ID - Select</b>	<b>H01450</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$1,000</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$35/\$45</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare IDEA Plus Plan 4</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01190</b>
<b>Health Plan ID - Select</b>	<b>H01476</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$1,500</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$35/\$45</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare IDEA Plus Plan 5</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01346</b>
<b>Health Plan ID - Select</b>	<b>H01452</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$2,000</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$35/\$45</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare CC 80/250-CR17</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01960</b>
<b>Health Plan ID - Select</b>	<b>H01961</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$250</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$25/\$50</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare CC 80/1000 (OE)</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01554</b>
<b>Health Plan ID - Select</b>	<b>H01559</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$1,000</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$20/\$35</b>
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare CC 80/1000 (OE)-CR17</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	<b>H01958</b>
<b>Health Plan ID - Select</b>	<b>H01959</b>
<b>Individual Annual Deductible (In-Network)</b>	<b>\$1,000</b>
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	<b>\$3,000 (Includes deductible and all member cost share)</b>
<b>Office Visit Copay (PCP/Specialist)</b>	<b>\$20/\$50</b>
<b>Pharmacy Options</b>	<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	<b>CommunityCare CC 70/1000 (OE)</b>
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	<b>CommunityCare CC 70/1000 (OE)-CR17</b>
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	<b>CommunityCare CC 100/3000 (OE)</b>
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	<b>CommunityCare CC 100/3000 (OE)-CR17</b>
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	<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>

<b>Health Plan Name</b>	<b>CommunityCare POS Plan 3000/100 (OE)</b>
<b>Group Size</b>	51+ Eligible Employees
<b>Health Plan ID - Standard</b>	H01603
<b>Health Plan ID - Select</b>	H01614
<b>Individual Annual Deductible (In-Network)</b>	\$3,000
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$3,000 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$25/\$35
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>CommunityCare POS Plan 1500/80 (OE)</b>
<b>Group Size</b>	51+ Eligible Employees
<b>Health Plan ID - Standard</b>	H01604
<b>Health Plan ID - Select</b>	H01615
<b>Individual Annual Deductible (In-Network)</b>	\$1,500
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$3,000 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$25/\$35
<b>Pharmacy Options</b>	<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	<b>CommunityCare POS Plan 1000/80 (OE)</b>
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	<b>CommunityCare POS Plan 500 (OE)</b>
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	<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>

<b>Health Plan Name</b>	<b>CommunityCare POS Plan 1000 (OE)</b>
<b>Group Size</b>	51+ Eligible Employees
<b>Health Plan ID - Standard</b>	H01607
<b>Health Plan ID - Select</b>	H01618
<b>Individual Annual Deductible (In-Network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$3,000 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$25/\$35
<b>Pharmacy Options</b>	\$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]

<b>Health Plan Name</b>	<b>CommunityCare Pinnacle 1 [90/60] PPO</b>
<b>Group Size</b>	51+ Eligible Employees
<b>Health Plan ID - Standard</b>	H01136
<b>Health Plan ID - Select</b>	H01255
<b>Individual Annual Deductible (In-Network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$3,000 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$20/\$30
<b>Pharmacy Options</b>	\$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]

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

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

Health Plan Name	<b>CommunityCare Pinnacle 100/3000 [100/70] PPO</b>
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	<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	<b>CommunityCare Pinnacle 3 (OE) [90/60] PPO</b>
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	<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>

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

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

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

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

Health Plan Name	<b>CommunityCare Fundamental 1 [70/40] PPO</b>
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	<b>CommunityCare Fundamental 3a (OE) [70/40] PPO</b>
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	<b>CommunityCare Fundamental 3 (OE) [70/40] PPO</b>
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>

Health Plan Name	<b>IDEA PLUS 1 LG</b>
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H02051
Health Plan ID - Select	H02052
Individual Annual Deductible (In-Network)	\$500
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2500 (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>



<b>Health Plan Name</b>	<b>IDEA PLUS 2 LG</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	H02146
<b>Health Plan ID - Select</b>	H02147
<b>Individual Annual Deductible (In-Network)</b>	\$750
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$2750 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$30/\$40
<b>Pharmacy Options</b>	<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>

<b>Health Plan Name</b>	<b>IDEA PLUS 1A</b>
<b>Group Size</b>	<b>51+ Eligible Employees</b>
<b>Health Plan ID - Standard</b>	H02148
<b>Health Plan ID - Select</b>	H02149
<b>Individual Annual Deductible (In-Network)</b>	\$750
<b>Individual Annual Out-of-Pocket Maximum (In-Network)</b>	\$2750 (Includes deductible and all member cost share)
<b>Office Visit Copay (PCP/Specialist)</b>	\$25/\$35
<b>Pharmacy Options</b>	<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	<b>COMMUNITYCARE PLAN 11LG</b>
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H02150
Health Plan ID - Select	H02151
Individual Annual Deductible (In-Network)	NONE
Individual Annual Out-of-Pocket Maximum (In-Network)	\$2500 (Includes deductible and all member cost share)
Office Visit Copay (PCP/Specialist)	\$15/\$25
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	<b>CommunityCare Fundamental 2 (OE) [70/40] PPO</b>
Group Size	51+ Eligible Employees
Health Plan ID - Standard	H01361
Health Plan ID - Select	H01467
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>