ACA Small Group Qualified Plans 2026 (p. 2) & & Large Group Plans (p. 4+)

2026 Qualified Health Plans

Health Plan Name	CommunityCare Multi-Choice MC22A
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%

Health Plan Name	COMMUNITYCARE PLATINUM 219
Group Size	2 to 50 eligible employees
Health Plan ID – Select Health Plan ID – Standard Health Plan ID – One	H02067 H02068 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

Health Plan Name	COMMUNITYCARE PLATINUM 319
Group Size	2 to 50 eligible employees
Health Plan ID – Select Health Plan ID – Standard Health Plan ID – One	H02069 H02070 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

Health Plan Name	COMMUNITYCARE PLATINUM 419
Group Size	2 to 50 eligible employees
Health Plan ID – Select Health Plan ID – Standard Health Plan ID – One	H02071 H02072 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

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-	$3000
Office Visit Copay (PCP/Specialist)	$20/$50
Pharmacy Option	RX $0/$10/$40/$70/$160/$210

Large Group Qualified Health Plans

Health Plan Name	CommunityCare Benefit Plan 11A
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01033 H01434 H02357
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 Health Plan ID – Select Health Plan ID - HMO One	H02150 H02151 H02358
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 Health Plan ID – Select Health Plan ID – HMO One	H01036 H01437 H02359
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	$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 12A
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01037 H01256 H02360
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	$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]

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Health Plan Name	CommunityCare IDEA Plus 250
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01347 H01453 H02361
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	$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]

Health Plan Name	CommunityCare IDEA Plus 250-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01964 H01965 H02362
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	$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]

Health Plan Name	CommunityCare IDEA Plus Plan 1
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H02051 H02052 H02363
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	$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 IDEA Plus Plan 1-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID -HMO one	H01962 H01963 H02364
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	$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 IDEA Plus Plan 1A
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H02148 H02149 H02365
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	$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 IDEA Plus Plan 2
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select Health Plan ID – HMO One	H02146 H02147 H02366
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	$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 IDEA Plus Plan 2A
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01188 H01449 H02367
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	$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 IDEA Plus Plan 3
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select	H01189 H01450
Health Plan ID – HMO One	H02368
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	$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 IDEA Plus Plan 4
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01190 H01476 H02369
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	$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 IDEA Plus Plan 5
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – ONE	H01346 H01452 H02321
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	$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 CC 80/250-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01960 H01961 H02370
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	$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 CC 80/1000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID -HMO One	H01554 H01559 H02371
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	$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 CC 80/1000 (OE)-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan IC – One	H01958 H01959 H02320
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	$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 CC 70/1000 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01553 H01560 H02372
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	$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 CC 70/1000 (OE)-CR17
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – One	H01956 H01957 H02324
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	$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 Health Plan ID – Select Health Plan ID – HMO One	H01603 H01614 H02373
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 3000/100 OE CR17 LG
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID – Select Health Plan ID – HMO One	H01966 H01967 H02386
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 500 (OE)
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01606 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 Pinnacle 1 [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01136 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	$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 2 (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01356 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	$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 3a (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01362 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 3 (OE) [90/60] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01355 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 Health Plan ID - Select	H01134 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 Health Plan ID - Select	H01360 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	$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 3 (OE) [80/50] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01358 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	$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 Fundamental 1 [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01135 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	$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 Fundamental 3a (OE) [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01357 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	$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 Fundamental 2 (OE) [70/40] PPO
Group Size	51+ Eligible Employees
Health Plan ID - Standard Health Plan ID - Select	H01361 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	$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]