

## Reformed Benefits Association 2019 Medical Plan Options

	Premium Plan	Consumer Plan	Basic Plan	Co-Pay Plan
Annual Deductible	\$2,000 individual \$4,000 family	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family
Reimbursement Account	\$350 HRA - Health Reimbursement Account	Health Savings Account (HSA)	Health Savings Account (HSA)	Not Applicable
Annual Out-of-Pocket Max (incl deductible)	\$6,750 individual \$13,500 family	\$6,750 individual \$13,500 family	\$6,750 individual \$13,500 family	\$6,750 individual \$13,500 family
<b>Medical Benefits (in-network)</b>				
PCP Office Visit	\$20 Copay No Deductible	20% after Deductible	30% after Deductible	\$60 Copay No Deductible
Specialist Office Visit	20% after Deductible	20% after Deductible	30% after Deductible	\$90 Copay No Deductible
Hospital	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Emergency Room	20% after Deductible	20% after Deductible	30% after Deductible	\$250 Copay, then Deductible & 30%
Most Other Services	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
<b>Prescription Drug Benefits</b>				
Tier 1	\$10 Copay no Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Tier 2	\$40 Copay no Deductible	\$40 Copay after Deductible	\$40 Copay after Deductible	\$40 Copay after Deductible
Tier 3	\$80 Copay after Deductible	\$80 Copay after Deductible	\$80 Copay after Deductible	\$80 Copay after Deductible
Specialty	\$100 Copay after Deductible	\$100 Copay after Deductible	\$100 Copay after Deductible	\$100 Copay after Deductible