

**RBA 2024 MEDICAL PLAN COMPARISON
PREMIUM, CONSUMER AND COPAY PLANS**

IMPORTANT – THIS DOCUMENT IS FOR GENERAL COMPARISON PURPOSES ONLY FOR DETAILED INFORMATION, REFER TO YOUR SUMMARY PLAN DESCRIPTION

	PREMIUM PLAN		CONSUMER PLAN		Surest PLAN
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Annual Deductible	\$2,000 / individual \$4,000 / family	\$4,000 / individual \$6,000 / family	\$2,000 / individual \$4,000 / family	\$6,000 / individual \$12,000 / family	\$0 / individual \$0 / family
HRA / HSA Compatibility	HRA Compatible		HSA Compatible		None
Annual Out-of-Pocket Maximum (includes deductible and copays)	\$5,000 / individual \$10,000 / family	\$15,000 / individual \$30,000 / family	\$5,000 / individual \$10,000 / family	\$15,000 / individual \$30,000 / family	\$6,000 / individual \$12,000 / family
Co-Insurance (Plan Pays)	80%	50%	80%	50%	N/a
Lifetime Maximum	Unlimited		Unlimited		Unlimited

HOSPITAL CARE

Inpatient Hospital – Facility Fee	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Procedures (Office, Inpatient and some Outpatient): \$70-\$4,500 copay Other Outpatient Hospital Services: \$300-\$1,150 copay Other Inpatient Stay (including admission from ER): \$3,500 copay
Inpatient Hospital – Physicians Fees	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Outpatient Hospital – Facility Fee	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Outpatient Hospital – Physicians Fees	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Emergency Room	80% after deductible	80% after deductible	80% after deductible	80% after deductible	\$850 copay

OFFICE VISIT

Office Visit for Diagnosis, Care and Consultations	<u>Primary Care:</u> \$20 copay per visit <u>Specialist:</u> 80% after deductible	50% after deductible	80% after deductible	50% after deductible	<u>Primary Care:</u> \$35-\$140 copay per visit <u>Specialist:</u> \$35-\$140 copay per visit
Wellness / Preventive Care Screenings / Immunizations	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%
Urgent Care	\$50 copay per visit	50% after deductible	80% after deductible	50% after deductible	\$90 copay per visit

Teladoc	\$20 copay per visit	Not Available	80% after deductible	Not Available	\$0 copay
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Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only

BEHAVIORAL HEALTH

Inpatient Facility Behavioral Health and Substance Abuse	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$3,500 copay
Outpatient Behavioral Health and Substance Abuse	Office Visit: \$20 copay per visit	50% after deductible	80% after deductible	50% after deductible	\$180 copay

OTHER SERVICES

Diagnostic Testing (x-ray, blood work)	80% after deductible	50% after deductible	80% after deductible	50% after deductible	<u>Lab and X-ray: \$0 copay</u> <u>Advanced Imaging (PET, CT, MRI): \$250-\$1,050</u>
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PRESCRIPTIONS

Retail Drug Prescriptions (Up to a 31-day supply)	Tier 1 - \$10 copay Tier 2 - \$40 copay Tier 3 - \$80 copay after deductible	50% after deductible	After deductible, the following copays apply: Tier 1 - \$10 copay Tier 2 - \$40 copay Tier 3 - \$80 copay	50% after deductible	Tier 1 - \$10 copay Tier 2 - \$90 copay Tier 3 - \$160 copay
Mail Order Program Prescriptions (Up to a 90-day supply)	Tier 1 - \$25 copay Tier 2 - \$100 copay Tier 3 - \$200 copay after deductible	Not Applicable	After deductible, the following copays apply: Tier 1 - \$25 copay Tier 2 - \$100 copay Tier 3 - \$200 copay	Not Applicable	Tier 1 - \$25 copay Tier 2 - \$225 copay Tier 3 - \$400 copay
Specialty Prescriptions	After deductible, \$100 copay	Must use specialty pharmacy	After deductible, \$100 copay	Must use specialty pharmacy	\$440 - \$530 copay

Please Note: This table is intended as a brief summary of benefits for comparison purposes only. Your Summary Plan Description provides additional details about your actual benefit and coverage level in all cases. Not all covered services, exclusions and limitations are shown here. As is customary, RBA retains the right to change or terminate these benefits as necessary.