

RBA 2020 MEDICAL PLAN SUMMARY CONSUMER PLAN

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

	CONSUMER PLAN	
Benefit	In-Network	Out-of-Network
Annual Deductible	\$3,000 / individual \$6,000 / family	\$6,000 / individual \$12,000 / family
HRA / HSA Compatibility	HSA Compatible	
Annual Out-of-Pocket Maximum (includes deductible and copays)	\$6,750 / individual \$13,500 / family	\$15,000 / individual \$30,000 / family
Co-Insurance (Plan Pays)	80%	50%
Lifetime Maximum	Unlimited	

HOSPITAL CARE

Inpatient Hospital – Facility Fee	80% after deductible	50% after deductible
Inpatient Hospital – Physicians Fees	80% after deductible	50% after deductible
Outpatient Hospital – Facility Fee	80% after deductible	50% after deductible
Outpatient Hospital – Physicians Fees	80% after deductible	50% after deductible
Emergency Room	<u>True Emergency:</u> 80% after deductible <u>Non Emergency:</u> 50% after deductible	<u>True Emergency:</u> 80% after network deductible <u>Non Emergency:</u> 50% after deductible

OFFICE VISIT

Office Visit for Diagnosis, Care and Consultations	80% after deductible	50% after deductible
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	CONSUMER PLAN	
Benefit	In-Network	Out-of-Network
Wellness / Preventive Care Screenings / Immunizations	Covered 100%	Not Covered
Urgent Care	80% after deductible	50% after deductible
Teladoc	80% after deductible	Not Available
Inpatient Facility Behavioral Health and Substance Abuse	80% after deductible	50% after deductible
Outpatient Behavioral Health and Substance Abuse	80% after deductible	50% after deductible
OTHER SERVICES		
Diagnostic Testing (x-ray, blood work)	80% after deductible	50% after deductible

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

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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.