RBA 2020 PREMIUM PLAN

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

	PREMIUM PLAN	
Benefit	***In-Network***	***Out-of-Network***
Annual Deductible	$2,000 / individual $4,000 / family	$4,000 / individual $6,000 / family
HRA / HSA Compatibility	HRA 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	True Emergency: 80% after deductible Non Emergency: 50% after deductible	True Emergency: 80% after network deductible Non Emergency: 50% after deductible

OFFICE VISIT

Office Visit for Diagnosis, Care and Consultations	Primary Care: $20 copay per visit Specialist: 80% after deductible	50% after deductible
Wellness / Preventive Care Screenings / Immunizations	Covered 100%	Not Covered
Urgent Care	$50 copay per visit	50% after deductible
Teladoc	$20 copay per visit	Not Available
Inpatient Facility Behavioral Health and Substance Abuse	80% after deductible	50% after deductible
Outpatient Behavioral Health and Substance Abuse	Office Visit: $20 copay per visit	50% after deductible

OTHER SERVICES

Diagnostic Testing (x-ray, blood work)	80% after deductible	50% after deductible

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Benefit	***In-Network***	***Out-of-Network***
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
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
Specialty Prescriptions	After deductible, $100 copay	Must use specialty pharmacy

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.