

**Reformed Benefits Association
2022 Medical Plan Options**

	Premium Plan	Consumer Plan	Co-Pay Plan
Annual Deductible	\$2,000 individual \$4,000 family	\$2,800 individual \$5,600 family	\$500 individual \$1,000 family
Reimbursement Account	\$350 HRA - Health Reimbursement Account	Health Savings Account (HSA)	Not applicable
Annual Out-of-Pocket Max (incl deductible)	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family
Medical Benefits (in-network)			
PCP Office Visit	\$20 Copay No Deductible	20% after Deductible	\$75 Copay No Deductible
Specialist Office Visit	20% after Deductible	20% after Deductible	\$100 Copay after Deductible
Hospital	20% after Deductible	20% after Deductible	\$2,500 CoPay after Deductible
Emergency Room	20% after Deductible	20% after Deductible	\$500 CoPay after Deductible
Most Other Services	20% after Deductible	20% after Deductible	Varies by Service
Prescription Drug Benefits			
Tier 1	\$10 Copay no Deductible	\$10 Copay after Deductible	\$30 CoPay
Tier 2	\$40 Copay no Deductible	\$40 Copay after Deductible	\$100 Copay
Tier 3	\$80 Copay after Deductible	\$80 Copay after Deductible	\$150 Copay after Deductible
Specialty	\$100 Copay after Deductible	\$100 Copay after Deductible	\$500 Copay after Deductible