

**RBA 2023 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		COPAY PLAN	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$2,000 / individual \$4,000 / family	\$4,000 / individual \$6,000 / family	\$3,000 / individual \$6,000 / family	\$6,000 / individual \$12,000 / family	\$500 / individual \$1,000 / family	\$15,000 / individual \$30,000 / 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	\$5,000 / individual \$10,000 / family	\$19,650 / individual \$39,300 / family
Co-Insurance (Plan Pays)	80%	50%	80%	50%	100%	50%
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

HOSPITAL CARE

Inpatient Hospital – Facility Fee	Plan Pays 80% after deductible	Plan Pays 50% after deductible	Plan Pays 80% after deductible	Plan Pays 50% after deductible	Deductible then \$2,500 copay per admission	Plan Pays 50% after deductible
Inpatient Hospital – Physicians Fees	Plan Pays 80% after deductible	Plan Pays 50% after deductible	Plan Pays 80% after deductible	Plan Pays 50% after deductible	Deductible then \$500 copay per physician (i.e. surgeon, asst. surgeon, anesthesiologist)	Plan Pays 50% after deductible
Outpatient Hospital – Facility Fee	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Deductible then \$1,000 copay	50% after deductible
Outpatient Hospital – Physicians Fees	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Deductible then \$500 copay per physician (i.e. surgeon, asst surgeon, anesthesiologist)	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	<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	<u>True Emergency:</u> Deductible then \$500 copay <u>Non Emergency:</u> 50% after deductible	<u>True Emergency:</u> \$500 copay after network deductible <u>Non Emergency:</u> 50% after deductible

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> \$75 copay per visit <u>Specialist:</u> \$100 copay per visit	50% after deductible
Wellness / Preventive Care Screenings / Immunizations	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Urgent Care	\$50 copay per visit	50% after deductible	80% after deductible	50% after deductible	\$100 copay per visit	50% after deductible
Teladoc	\$20 copay per visit	Not Available	80% after deductible	Not Available	\$20 copay per visit	Not Available

	PREMIUM PLAN		CONSUMER PLAN		COPAY PLAN	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

BEHAVIORAL HEALTH

Inpatient Facility Behavioral Health and Substance Abuse	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Deductible then \$2,500 copay per admission	50% after deductible
Outpatient Behavioral Health and Substance Abuse	Office Visit: \$20 copay per visit	50% after deductible	80% after deductible	50% after deductible	Office Visit: \$75 copay per visit	50% after deductible

OTHER SERVICES

Diagnostic Testing (x-ray, blood work)	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Lab and X-ray: Deductible then \$200 copay Advanced Imaging (PET, CT, MRI): Deductible then \$500 copay	50% after deductible
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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 - \$30 copay Tier 2 - \$100 copay Tier 3 - \$150 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	After deductible, the following copays apply: Tier 1 - \$25 copay Tier 2 - \$100 copay Tier 3 - \$200 copay	Not Applicable	Tier 1 - \$75 copay Tier 2 - \$250 copay Tier 3 - \$375 copay after deductible	Not Applicable
Specialty Prescriptions	After deductible, \$100 copay	Must use specialty pharmacy	After deductible, \$100 copay	Must use specialty pharmacy	After deductible, \$500 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.