RBP Plan Summaries 2

Plan Benefits	3500 HSA	5000 Classic	5000 HSA	7350 Value
Individual Deductible In Network/Out-of-Network	$3,500/ $7,000	$5,000/ $10,000	$5,000/ $10,000	$7,350/ $14,700
Family Deductible In Network/Out-of-Network	$7,000/ $14,000	$10,000/ $20,000	$10,000/ $20,000	$14,700/ $29,400
Individual Max Out-of-Pocket In Network/Out-of-Network	$6,500/ $13,100	$7,350/ $14,700	$6,500/ $13,100	$7,350/ $14,700
Family Max Out-of-Pocket In Network/Out-of-Network	$13,100/ $26,200	$14,700/ $29,400	$13,100/ $26,200	$14,700/ $29,400
Preventive Care (Deductible waived)	100%	100%	100%	100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	Deductible then plan pays 80%	$20	Deductible then plan pays 80%	$20
Primary Care Visit Copay	Deductible then plan pays 80%	$45	Deductible then plan pays 80%	$50
Specialist Visit Copay	Deductible then plan pays 80%	$90	Deductible then plan pays 80%	$100
Non-Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com
Laboratory & Diagnostic Services				
Facility Professional fees	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%
Radiology Services				
Facility (CT/PET/MRI/MRA/SPECT) Professional fees Free-Standing Facility (x-ray & lab only)	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%
Facility & Professional Services				
Emergency Room Inpatient Hospital Outpatient Hospital	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%	Deductible then plan pays 80%
Urgent Care	$40 Copay	$40 Copay	$40 Copay	$40 Copay
Prescription Drug Benefit (1 – 30-day supply) ALL COPAYS ARE PER PERSCRIPTION				
Generic	$15	$15	$15	$15
Preferred Brand	$65	$65	$65	$65
Non-Preferred Brand	$100	$100	$100	$100
Specialty	Copayment prescription	Copayment prescription	Copayment prescription	Copayment prescription