

RGA Medical Plan: Co-Pay

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

NETWORK: BPO	IN-NETWORK	OUT-OF-NETWORK
Deductible (Embedded)		
INDIVIDUAL	\$3,500	\$5,000
FAMILY	\$7,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)		
INDIVIDUAL	\$5,500	\$10,000
FAMILY	\$11,000	\$20,000
If any family member reaches \$5,500 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.		
Physician Services		
PRIMARY CARE	\$25 copay	40% AD
SPECIALIST VISIT	\$45 copay	40% AD
PREVENTIVE EXAM	Covered 100%	No Covered
Virtual Care (MDLIVE Only)		
URGENT VIRTUAL CARE	\$10 copay	
Emergency Services		
URGENT CARE	\$45 copay	\$45 copay
EMERGENCY ROOM	\$300 copay	
Hospital Services		
INPATIENT	20% AD	40% AD
OUTPATIENT	20% AD	40% AD
PHARMACY DRUGS		
	30-day Retail	90-day Mail Order
PREFERRED GENERIC	\$10 copay	\$25
PREFERRED BRAND	\$35 copay	\$88
NON-PREFERRED	\$60 copay	\$150
SPECIALTY	\$100 copay	N/A

*AD = After Deductible