

RGAs Medical Plans

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. **Note: these plans do not provide out-of-network coverage for routine or scheduled care. Emergency and Urgent care will be covered at the in-network level regardless of the provider you see.**

	Base \$5,500 HDHP	Buy-Up \$3,500 HDHP	PPO Copay \$3,750			
NETWORK: PBO	In-Network Only	In-Network Only	In-Network Only			
Calendar Year Deductible (Embedded)						
INDIVIDUAL	\$5,500	\$3,500	\$3,750			
FAMILY	\$11,000	\$7,000	\$7,500			
Calendar Year Out-of-Pocket Maximum (Embedded)						
INDIVIDUAL	\$7,500	\$5,500	\$6,000			
FAMILY	\$15,000	\$11,000	\$12,000			
If any individual family member reaches the individual out-of-pocket maximum, then the OOP is satisfied for that individual family member.						
Physician Services						
PRIMARY CARE	20% AD	20% AD	\$25 Copay			
SPECIALIST VISIT	20% AD	20% AD	\$45 Copay			
PREVENTIVE EXAM	Covered 100%	Covered 100%	Covered 100%			
Virtual Care (MDLIVE)						
VIRTUAL CARE Primary, Specialist, Urgent	\$10 Copay	\$10 Copay	\$10 Copay			
Emergency Services						
URGENT CARE	20% AD	20% AD	\$25 Copay			
EMERGENCY ROOM	20% AD	20% AD	\$500 Copay then 20% AD			
Hospital Services						
INPATIENT	20% AD	20% AD	20% AD			
OUTPATIENT	20% AD	20% AD	20% AD			
PRESCRIPTION MEDICATIONS (Administered by Rightway)						
	30-day Retail	90-Day Mail	30-day Retail	90-Day Mail	30-day Retail	90-Day Mail
PREFERRED GENERIC	\$10 AD	\$25 AD	\$10 AD	\$25 AD	\$10	\$25
PREFERRED BRAND	\$35 AD	\$87.50 AD	\$35 AD	\$87.50 AD	\$35	\$87.50
NON-PREFERRED	\$60 AD	\$150 AD	\$60 AD	\$150 AD	\$60	\$150
SPECIALTY	20% up to \$250 AD	N/A	20% up to \$250 AD	N/A	20% up to \$250	N/A

*AD = After Deductible

Your Medical Plan Costs

	Per Month	Per Pay Period (26)	Per Month	Per Pay Period (26)	Per Month	Per Pay Period (26)
	Base \$5,500 HDHP		Buy-Up \$3,500 HDHP		PPO Copay \$3,750	
EMPLOYEE ONLY	\$220.12	\$101.59	\$336.32	\$169.07	\$459.80	\$212.22
EMPLOYEE & SPOUSE	\$751.86	\$347.01	\$769.26	\$355.04	\$965.21	\$445.48
EMPLOYEE & CHILD(REN)	\$667.53	\$308.09	\$700.68	\$323.39	\$879.23	\$405.80
EMPLOYEE & FAMILY	\$1,335.05	\$616.18	\$1,401.39	\$646.80	\$1,758.72	\$811.72