



Physician & Ancillary RBP Plan Structure
2023 PRODUCT INFORMATION

	\$500/\$1,000 TITANIUM	\$1,000/\$2,000 DIAMOND	\$1,500/\$3,000 PLATINUM	\$2,500/\$5,000 GOLD	\$2,500/\$5,000 HSA	\$3,500/\$7,000 SILVER	\$3,500/\$7,000 HSA	\$5,000/\$10,000 BRONZE	\$5,000/\$10,000 HSA	\$7,350/\$14,700 COPPER
PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE										
Contracted Physician: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
Non-Contracted Physician: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable
Contracted Physician: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
Non-Contracted Physician: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable
OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY										
DIAGNOSTIC TESTING LAB, X-RAY	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
COMPLEX DIAGNOSTIC SERVICES CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
SURGICAL SERVICES Procedures & Anesthesia	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
EMERGENCY / URGENT CARE										
URGENT CARE IN AN URGENT CARE FACILITY	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
EMERGENCY ROOM SERVICES	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE Subject to Plan Allowable
EMERGENCY AMBULANCE SERVICES Ground / Air Ambulance	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
INPATIENT HOSPITAL SERVICES										
ROOM AND BOARD Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
INTENSIVE CARE UNIT Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE Subject to Plan Allowable
MATERNITY SERVICES:										
ROOM AND BOARD - Limited to semi-private room rate. Dependent daughter pregnancy is not covered.	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable



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THERAPIES										
PHYSICAL & OCCUPATIONAL THERAPIES Limited to 20 visits combined per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
SPEECH THERAPY Limited to 20 visits per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>	80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)										
INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
OUTPATIENT MENTAL HEALTHCARE SERVICES	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)										
SUBSTANCE ABUSE REHABILITATION-INPATIENT Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
SUBSTANCE ABUSE REHABILITATION-OUTPATIENT	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
OTHER SERVICES										
HOME HEALTH CARE 60 visits per benefit period	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
HOSPICE CARE Residential / Facility	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
DURABLE MEDICAL EQUIPMENT (DME): Limited to 12 month rental or purchase price, whichever is less	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
PROSTHETICS AND ORTHOTIC DEVICES Max amount of \$6,500 per member/per plan year	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
ALL OTHER COVERED CHARGES	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>



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RX BENEFIT HIGHLIGHTS										
RX COMPANY	Medalist RX	Medalist RX	Medalist RX	Medalist RX	Medalist RX	Medalist RX	Medalist RX	Medalist RX	Medalist RX	APS Formulary
PHONE#	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	1-800-974-7036
WEBSITE	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	https://www.medalistrx.com/	americaspharmacy.com
RX COPAYMENTS										
RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY)	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	APS Formulary
	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$100 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$100 COPAYMENT	20% AFTER DEDUCTIBLE	
MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY)	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	APS Formulary
	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	
SPECIALTY MEDS	**SPECIALTY MEDICATIONS ARE NOT COVERED BY THE PLAN. MEDICATIONS MAY BE SEPARATELY AVAILABLE THROUGH PHARMACY IMPORTATION PROGRAM (PIP) OR A PATIENT ASSISTANCE PROGRAM (PAP). AMERICA'S CHOICE WILL ASSIST MEMBERS WITH THESE APPLICATIONS.									
PRECERTIFICATION										
Precertification is required for all in-hospital admissions, imaging (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, organ transplants, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification.										
This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.										
The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance.										