

# MEDICAL

Plan Design Plan Features	Partnership Plan	
	Coordinated Care	Uncoordinated Care
Individual/Family Deductible	\$0	1,000 individual / \$3,000 family
Coinsurance	\$0	20% coinsurance after deductible
Ind/Fam Out of Pocket	\$4,000 individual / \$8,000 family	\$4,000 individual / \$8,000 family
Network	RBP/HealthSmart/Cash Pay	RBP/HealthSmart/Cash Pay
PCP Required	Yes	No
PCP Referral to Specialist	Yes	No
Doctor Visits		
Preventive Care	No charge - plan pays 100%	No charge - plan pays 100%
Primary Care	No charge \$25 copay if care is coordinated	\$35 copay (not subject to deductible)
Specialist		\$50 copay (not subject to deductible)
Virtual Health	\$10 Per Consultation	\$10 Per Consultation
Care Facilities		
Urgent Care	\$25 copay if care is coordinated	\$50 copay (not subject to deductible)
Emergency Care	\$250 copay No charge for professional services if care is coordinated; \$300 copay for facility	\$250 copay (not subject to deductible)
Outpatient Surgery		20% coinsurance (after deductible)
Prescription Drug Benefits		
Drug Deductible	None	None
Days Supply	30 day	30 Day
Generics	\$10 copay	\$10 copay
Preferred Brand	\$50 copay	\$50 copay
Non-preferred Brand	Not covered/MAP	Not covered/MAP
Specialty	20% coinsurance (no deductible) MAP	20% coinsurance (no deductible) MAP