

Reedsburg Area Medical Center Medical & Prescription Drug Benefit Summary- 2018

	TIER 1	TIER 2	TIER 3
Deductible:			
Individual	\$750 per calendar year	\$3,000 per calendar year	\$5,000 per calendar year
Family	\$1,500 per calendar year	\$6,000 per calendar year	\$10,000 per calendar year
Out of Pocket Maximum (Deductible/Coinsurance):			
Individual	\$750 per calendar year	\$3,000 per calendar year	\$6,000 per calendar year
Family	\$1,500 per calendar year	\$6,000 per calendar year	\$12,000 per calendar year
Out of Pocket Maximum (Medical Copays):			
Individual	\$1,000 per calendar year	\$1,000 per calendar year	\$6,000 per calendar year
Family	\$2,000 per calendar year	\$2,000 per calendar year	\$12,000 per calendar year
Out of Pocket Maximum (Prescription Drug Copays):			
Individual	\$3,150 per calendar year	\$3,150 per calendar year	\$6,000 per calendar year
Family	\$6,300 per calendar year	\$6,300 per calendar year	\$12,000 per calendar year
Co-insurance:			
	100%	100%	70%
Physician's Fees:			
Office Visit	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Hospital Visit	100% after deductible	100% after deductible	70% after deductible
Hospital Care:			
Inpatient	100% after deductible	100% after deductible	70% after deductible
Outpatient (Surgery)	100% after deductible	100% after deductible	70% after deductible
Emergency Room:			
Facility Fees	\$100 copay/ No deductible, 100%	\$150 copay/No deductible,100%	\$150 copay/No deductible 100%
Physician Fees	100% after deductible	100% after deductible	80% after deductible
Urgent Care Room (hospital):			
Facility Fees	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Physician Fees	No deductible, 100%	100% after deductible	70% after deductible
Lab, x-rays, supplies, etc...	100% after deductible	100% after deductible	70% after deductible
Urgent Care Clinic (stand-alone):			
Clinic Fees	No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Lab, x-rays, supplies, etc...	100% after deductible	100% after deductible	70% after deductible
Diagnostic X-ray & Lab: Office/INP/OP			
	100% after deductible	100% after deductible	70% after deductible
Routine/Preventive Care:			
Routine Physical Exams, Lab & X-rays Routine Immunizations Routine Surgery/Scopy, etc. Well Child Blood Lead Tests Routine Cancer Screening Mammograms: 1 per calendar year Well Child Care Routine Vision Exam (under age 5) Routine Hearing Exam	No deductible, 100%	No deductible, 100%	70% after deductible
Routine Vision Exam (over age 5)	N/A	\$50 copay/No deductible,100%	70% after deductible
Ambulance:			
	N/A	100% after deductible	80% after deductible
Mental Nervous/Substance Abuse Health Services:			
Inpatient	100% after deductible	100% after deductible	70% after deductible
Outpatient	100% after deductible	100% after deductible	70% after deductible
Office E&M & Office Therapy	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Durable Medical Equipment: Both Home Health United located in Reedsburg will be covered at Tier 1 (Large equipment must be pre-approved)			
	100% after deductible	100% after deductible	70% after deductible
Physical/Occupational/Speech Therapy & Athletic Training: 50 Visits per Calendar Year (combined maximum)			
	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Chiropractor: 25 Visits per Calendar Year , Excludes maintenance/cervical pillows/spinal decompression devices			
	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	70% after deductible
Chiropractor: X-ray/lab/supplies			
	100% after deductible	100% after deductible	70% after deductible

Note- This is intended to be a benefit overview and not an all-inclusive list. For a full list of benefits and exclusions, please refer to the Reedsburg Area Medical Center Plan Document.

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Prescription Drugs- Serve You

RAMC Community Pharmacy:			
	Retail 30-Day Supply	Retail 90-Day Supply	Mail Order
Generic	\$5	\$12.50	\$45
Preferred Brand	\$20	\$50	\$105
Non-Preferred Brand	\$50	\$125	\$225
Specialty Medications	20% up to \$250 maximum *	N/A	N/A
All other pharmacies:			
Generic	\$20	\$60	\$60
Preferred Brand	\$40	\$120	\$120
Non-Preferred Brand	\$80	\$240	\$240
Specialty Medications	20% up to \$250 maximum *	N/A	N/A

* Specialty Medications must be filled at RAMC Community Pharmacy. Limited Distribution Specialty Medications not available at RAMC Community Pharmacy are allowed to be filled at other available retail pharmacies at the same member cost share as the RAMC Community Pharmacy.