

**Reedsburg Area Medical Center Medical & Prescription Drug Benefit Summary- 2019**

	TIER 1	TIER 2	TIER 3	TIER 4
	RAMC & Affiliated Providers	The Alliance	SSM Health Providers	Out of Network
<b>Deductible:</b>				
Individual	\$750 per calendar year	\$3,000 per calendar year	\$5,000 per calendar year	\$6,000 per calendar year
Family	\$1,500 per calendar year	\$6,000 per calendar year	\$10,000 per calendar year	\$12,000 per calendar year
<b>Out of Pocket Maximum (Deductible/Coinsurance):</b>				
Individual	\$750 per calendar year	\$3,000 per calendar year	\$5,000 per calendar year	\$7,000 per calendar year
Family	\$1,500 per calendar year	\$6,000 per calendar year	\$10,000 per calendar year	\$14,000 per calendar year
<b>Out of Pocket Maximum (Medical Copays):</b>				
Individual	\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year	N/A
Family	\$2,000 per calendar year	\$2,000 per calendar year	\$2,000 per calendar year	N/A
<b>Out of Pocket Maximum (Prescription Drug Copays):</b>				
Individual	\$1,900 per calendar year	\$1,900 per calendar year	\$1,900 per calendar year	N/A
Family	\$3,800 per calendar year	\$3,800 per calendar year	\$3,800 per calendar year	N/A
<b>Co-insurance:</b>				
	100%	100%	100%	70%
<b>Physician's Fees:</b>				
Office Visit (incl. outpatient based O.V.)	\$15 copay/No deductible, 100%	\$50 copay/No deductible, 100%	\$50 copay/No deductible, 100%	70% after deductible
Hospital Visit	100% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Hospital Care:</b>				
Inpatient	100% after deductible	100% after deductible	100% after deductible	70% after deductible
Outpatient (Surgery)	100% after deductible	100% after deductible	100% after deductible	70% after deductible
Outpatient Clinic Fee (Hospital billed)	No deductible, 100%	No deductible, 100%	No deductible, 100%	70% after deductible
<b>Emergency Room:</b>				
Facility Fees	\$100 copay/ No deductible, 100%	\$150 copay/No deductible, 100%	\$150 copay/No deductible, 100%	\$150 copay/No deductible 100%
Physician Fees	100% after deductible	100% after deductible	100% after Tier 2 deductible	100% after Tier 2 deductible
<b>Urgent Care Room (hospital):</b>				
Facility Fees	\$15 copay/No deductible, 100%	\$50 copay/No deductible, 100%	\$50 copay/No deductible, 100%	70% after deductible
Physician Fees	No deductible, 100%	100% after deductible	100% after deductible	70% after deductible
Lab, x-rays, supplies, etc...	100% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Urgent Care Clinic (stand-alone):</b>				
Clinic Fees	No deductible, 100%	\$50 copay/No deductible, 100%	\$50 copay/No deductible, 100%	70% after deductible
Lab, x-rays, supplies, etc...	100% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Diagnostic X-ray &amp; Lab: Office/INP/OP</b>				
	100% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Routine/Preventive Care:</b>				
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%	No deductible, 100%	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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Routine Vision Exam (over age 5)	N/A	\$50 copay/No deductible,100%	\$50 copay/No deductible,100%	70% after deductible
<b>Ambulance:</b>				
	N/A	100% after deductible	100% after Tier 2 deductible	100% after Tier 2 deductible
<b>Mental Nervous/Substance Abuse Health Services:</b>				
Inpatient	100% after deductible	100% after deductible	100% after deductible	70% after deductible
Outpatient	100% after deductible	100% after deductible	100% after deductible	70% after deductible
Office E&M & Office Therapy	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	\$50 copay/No deductible,100%	70% after deductible
<b>Durable Medical Equipment:</b>				
Both Home Health United locations in Reedsburg will be covered at Tier 1 (Large equipment must be preapproved)	100% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Physical/Occupational/Speech Therapy &amp; Athletic Training:</b>				
50 Visits per Calendar Year (combined max)	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	\$50 copay/No deductible,100%	70% after deductible
<b>Chiropractor:</b>				
25 Visits per Calendar Year , Excludes maintenance/cervical pillows/spinal decompression devices	\$15 copay/No deductible, 100%	\$50 copay/No deductible,100%	\$50 copay/No deductible,100%	70% after deductible
<b>Chiropractor: X-ray/lab/supplies</b>	100% after deductible	100% after deductible	100% after deductible	70% after deductible

**PPO Network**

Effective 1.1.19, The Alliance Network is your PPO Network of Providers. For Provider verification, please call The Alliance at 800.223.4139 or visit their website at [www.the-alliance.org](http://www.the-alliance.org).

**Tier 1-** RAMC (Domestic Providers)

**Tier 2-** The Alliance (excluding SSM Health providers (previously known as Dean))

**Tier 3-** SSM Health providers (previously known as Dean)

**Tier 4-** Out of Network providers

**FocusHealth Transparency**

FocusHealth is designed to assist members in making informed decisions regarding their healthcare by providing access to cost and quality information. You are incentivized to use high quality, low cost providers for inpatient hospital stays and outpatient surgical procedures. The incentives are as follows:

RAMC- \$250 for an OP Surgery and \$500 for an IP stay

Non-RAMC- \$100 for an OP Surgery and \$200 for an IP stay

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**Prescription Drugs- ClearScript, effective 1.1.19**

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