



Physician & Ancillary RBP Plan Structure
2024 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 DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, 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 DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, 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 DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, 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, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
SPEECH THERAPY Limited to 20 visits per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
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, 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
OUTPATIENT MENTAL HEALTHCARE 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
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, 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
SUBSTANCE ABUSE REHABILITATION-OUTPATIENT	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
OTHER SERVICES										
HOME HEALTH CARE 60 visits per benefit period	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
HOSPICE CARE Residential / Facility	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
SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	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
DURABLE MEDICAL EQUIPMENT (DME): Limited to 12 month rental or purchase price, whichever is less	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
PROSTHETICS AND ORTHOTIC DEVICES Max amount of \$6,500 per member/per plan year	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
ALL OTHER COVERED CHARGES	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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RX BENEFIT HIGHLIGHTS

Rx Company	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	America's Pharmacy Source
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	800-974-7036
Website	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	My Free Pharmacy Via America's Pharmacy Source: myfreepharmacy.com
Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	APS Formulary

RX COPAYMENTS

RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY)	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$10 COPAYMENT	GENERIC \$15 COPAYMENT AFTER DEDUCTIBLE	ZERO COPAY
	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$45 COPAYMENT	BRAND NAME \$65 COPAYMENT AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$100 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$100 COPAYMENT	NON-PREFERRED BRAND \$100 COPAYMENT AFTER DEDUCTIBLE	
MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY)	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	ZERO COPAY
	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$90 COPAYMENT	BRAND NAME \$130 COPAYMENT AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$200 COPAYMENT 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.

** Telemedicine Disclaimer - Inclusion of this benefit is subject to change according to the Consolidated Appropriations Act, 2023

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE PLAN ALLOWABLE.