

MEDICAL

Plan name	Option #1 – Base HRA Plan	Option #2 – Enhanced HRA Plan	Option #3 – Copay Plan
Provider	Aetna	Aetna	Aetna
Referral required	No	No	No
Network provider/Lab	LabCorp or Quest	LabCorp or Quest	LabCorp or Quest
Benefit	In-Network	In-Network	In-Network
PLAN YEAR DEDUCTIBLE			
Individual	\$5,000 (\$1,000 HRA provided by CRM)	\$5,000 (\$3,000 HRA provided by CRM)	\$2,500
Family	\$10,000 (\$2,000 HRA provided by CRM)	\$10,000 (\$6,000 HRA provided by CRM)	\$5,000
Coinsurance	30%	30%	30%
OUT-OF-POCKET MAX			
Individual	\$8,300	\$8,300	\$6,000
Family	\$16,600	\$16,600	\$12,000
PHYSICIAN SERVICES			
Preventative	100%	100%	100%
Physician visit	30% after ded.	30% after ded.	\$40 copay
Specialist visit	30% after ded.	30% after ded.	\$70 copay
Telemedicine	\$0 for in-network primary care provider visits for certain services	\$0 for in-network primary care provider visits for certain services	\$0 for in-network primary care provider visits for certain services
OTHER SERVICES			
Virtual Health-CVS	\$0 copay	\$0 copay	\$0 copay
Routine Eye Exam (1 per 24 months)	\$0 copay	\$0 copay	\$0 copay
HOSPITAL MEDICAL SERVICES			
X-Ray & Lab	30% after ded.	30% after ded.	30% after ded. (X-Ray); \$50 copay (Lab)
Complex Imaging (MRI & CT scan)	30% after ded.	30% after ded.	30% after ded.
Inpatient Hospital	30% after ded.	30% after ded.	30% after ded.
Outpatient Surgery	30% after ded.	30% after ded.	30% after ded.
Urgent Care	30% after ded.	30% after ded.	\$75 copay
Emergency	30% after ded.	30% after ded.	\$100 copay
RETAIL PRESCRIPTION			
Preferred Generic/ Preferred Brand Name/ Non-Preferred Generic & Brand	After Ded. \$15 / \$50 / \$70	After Ded. \$15 / \$50 / \$70	\$15 / \$50 / \$70
90-day supply (Retail or Mail Order)	After Ded. \$30 / \$100 / \$140	After Ded. \$30 / \$100 / \$140	\$30 / \$100 / \$140
Out-of-Network No Coverage- Emergency Services Only			

This guide is subject to periodic review and modification. Each plan is governed by an official Summary Plan Description (SPD) document. If there is any conflict between this benefits guide and the SPD official document, the plan SPD document is the final authority. As an enrollee, your actual SPD will be provided under separate cover, by your health carrier or your employer. Please review the SPD for additional details.

Be sure to review the plan disclosures and plan documents within the company benefits website or ask your employer for copies.