

## 2022 Common Medical/Rx Services At-A-Glance

For more detailed information, please refer to the **Medical Benefits Comparison Book** found in the healthcare section of the benefits website ([www.rit.edu/benefits](http://www.rit.edu/benefits)).

In-Network Medical Coverage	POS A		POS B and POS B No Drug		POS D	
	RRH <sup>(1)</sup>	Other In-Network	RRH <sup>(1)</sup>	Other In-Network	RRH <sup>(1)</sup>	Other In-Network
Annual Deductible (individual/family)	Not Applicable		\$250/\$500		\$300/\$600	
Coinsurance (patient pays/plan pays)	Not Applicable		10% / 90%		10% / 90%	
Annual Patient Maximum Out-of-Pocket (individual/family)	\$5,050/\$10,100		\$6,050/\$12,100		\$6,400/\$12,800	
Telemedicine with MD Live	N/A	\$10	N/A	\$10	N/A	\$10
RRH On-Campus Practice	\$20	N/A	\$20	N/A	\$20	N/A
Primary Care Physician (PCP)	\$30	\$35	\$35	\$40	\$40	\$45
Specialist	\$35	\$50	\$40	\$55	\$45	\$60
Urgent Care	\$55		\$60		\$65	
Emergency Room	\$115	\$140	\$140	\$190	\$165	\$215
Hospital Inpatient	\$150	\$200	10% coinsurance after deductible		10% coinsurance after deductible	
Hospital Outpatient or Ambulatory Surgical Center	\$70	\$140	10% coinsurance after deductible		10% coinsurance after deductible	
Laboratory & Pathology	Covered in Full		Covered in Full		Covered in Full	
X-ray	\$50		\$55		\$60	
Advanced Imaging (CT, MRI, etc.)	\$75		10% coinsurance after deductible		10% coinsurance after deductible	

Prescription Drug Coverage	POS A		POS B Only		POS D	
	Wegmans	Other Retail <sup>(2)</sup>	Wegmans	Other Retail <sup>(2)</sup>	Wegmans	Other Retail <sup>(2)</sup>
Annual Deductible (individual/family)	Not Applicable		Not Applicable		\$1,250 per person, then copays	
Annual Patient Maximum Out-of-Pocket (individual/family)	\$2,150/\$4,300		\$2,150/\$4,300		\$2,300/\$4,600	
<b>Up to 30-Day Supply at Retail</b>						
<b>Tier 1: Generic</b>	\$15.00	\$17.00	\$15.00	\$17.00	\$25.00	\$30.00
<b>Tier 2: Brand Name-Formulary (preferred)</b>	\$35.00	\$40.00	\$35.00	\$40.00	\$70.00	\$80.00
<b>Tier 3: Brand Name-Non-Formulary (non-preferred)</b>	\$50.00	\$60.00	\$50.00	\$60.00	\$130.00	\$150.00
<b>Up to 90-Day Supply at Wegmans or OptumRx Mail Order</b>						
<b>Tier 1: Generic</b>	\$37.50	Not Available	\$37.50	Not Available	\$62.50	Not Available
<b>Tier 2: Brand Name-Formulary (preferred)</b>	\$87.50	Not Available	\$87.50	Not Available	\$175.00	Not Available
<b>Tier 3: Brand Name-Non-Formulary (non-preferred)</b>	\$125.00	Not Available	\$125.00	Not Available	\$325.00	Not Available

<sup>(1)</sup> The lower RRH copays do not apply to tests, treatments or any other services (e.g., allergy shots, chiropractic services, physical therapy, etc.).

<sup>(2)</sup> The non-Wegmans 30-day retail copay applies only for acute medications (e.g., antibiotic), controlled substances and the first three fills of a maintenance medication (e.g., cholesterol lowering). The copay for the 4th fill of a maintenance medication at a non-Wegmans retail pharmacy will be 90-day copay amount.