

RIT 2027 MEDICAL PLANS – AT A GLANCE COMPARISON

To choose the best plan for you and your family, consider how each option works and the healthcare services you expect to use. All in-network preventative care is covered at 100% with no cost to you or covered family members.

In-Network Benefits	POS A	POS B and Blue PPO Out of Area	POS D	HDHP
General Description	*Copays only. *No deductibles for in-network services or deductible & coinsurance that apply in the other POS plans.	* Copays for most services. *Deductibles & Coinsurance for limited medical services	* Copays for most services. *Deductible & coinsurance for limited medical services. *Prescription deductible. After deductible is met per person, Rx copays apply.	*Pay full cost of non-preventive medical care and prescriptions until deductible is met. * After Deductible is met, pay coinsurance until out-of-pocket maximum is reached.
Medical Deductible	N/A	\$1,000 / \$2,000 (Services subject to the limited medical deductible: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	\$1,000 / \$2,000 (Services subject to the limited medical deductible: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	\$3,000 / \$6,000 (Medical & Rx combined)
Rx Deductible	N/A	N/A	\$1,250 per person	
Preventative Care	\$0	\$0	\$0	\$0
Office Visits (PCP)	\$45	\$45	\$50	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Specialist Visits	\$65	\$65	\$70	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Urgent Care	\$75	\$75	\$75	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Telemedicine MD Live	\$10	\$10	\$10	\$0 (after full deductible has been met for all non-preventative care including medical & Rx)
Emergency Room	\$200	\$200	\$200	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Inpatient	\$300	20% coinsurance (after limited medical deductible has been met for services: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	20% coinsurance (after limited medical deductible has been met for services: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Outpatient	\$200	20% coinsurance (after limited medical deductible has been met for services: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	20% coinsurance (after limited medical deductible has been met for services: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care)	20% coinsurance (after full deductible has been met for all non-preventative care including medical & Rx)
Prescription Drug (Rx)	\$17 / \$40 / \$60	\$17 / \$40 / \$60	\$30 / \$80 / \$150 (after limited per-person Rx deductible has been met.)	\$30 / \$80 / \$150 (after full deductible has been met for all non-preventative care including medical & Rx)
Medical Out-of- Pocket Max	\$6,000 / \$12,000	\$7,500 / \$13,000	\$8,000 / \$14,000	\$6,000 / \$12,000 (Medical & Rx combined)
Rx Out-of-Pocket Max	\$2,550 / \$5,100	\$2,550 / \$5,100	\$2,650 / \$5,300	