

RM Advisory – HDHP #1 Plan

Effective January 1, 2026

Medical & Prescription Drug Coverage	In-Network	Out of Network (subject to Usual and Customary Charges)
Calendar Year Deductible	\$3,500 Individual Plan \$7,000 Family Plan	\$6,000 Individual Plan \$12,000 Family Plan
Coinsurance (Plan Pays)	100%	50%
Calendar Year Out-of-Pocket Maximum Includes Deductible and Coinsurance – combined with Prescription Drug benefits	\$3,500 Individual Plan \$7,000 Family Plan	\$10,000 Individual Plan \$20,000 Family Plan
Physician Office Visit	100% after Deductible	50% after Deductible
TelaDoc Virtual Care General Medical or Behavioral Health	100% after Deductible	N/A
Specialist	100% after Deductible	50% after Deductible
Preventive Care	Covered at 100% (no deductible)	Not Covered
Hospital Expenses Inpatient Outpatient	100% after Deductible 100% after Deductible	50% after Deductible 50% after Deductible
Emergency Room Services	100% after Deductible	Paid at Participating Provider Level of benefits
Ambulance	100% after Deductible	Paid at Participating Provider Level of benefits
Urgent Care Facility Visit	100% after Deductible	50% after Deductible
Home Health Care (limit 60 visits per Calendar year)	100% after Deductible	50% after Deductible
Skilled Nursing Facility (limit 60 days per Calendar year)	100% after Deductible	50% after Deductible
Outpatient Occupational, Speech, and Physical Therapy (combined limit 60 visits per Calendar year)	100% after Deductible	50% after Deductible
Chiropractic Services (limit 20 visits)	100% after Deductible	50% after Deductible
Diagnostic Testing, X-Ray and Lab Services (Outpatient) MRI, MRA, CAT and PET Scans and Nuclear Medicine	100% after Deductible 100% after Deductible	50% after Deductible 50% after Deductible
Durable Medical Equipment	100% after Deductible	50% after Deductible
Other Eligible Medical Expenses	100% after Deductible	50% after Deductible
<u>Retail Pharmacy – up to 31-day supply</u> Generic Drugs Formulary Drugs Non-Formulary Drugs Specialty Drugs	100% after Deductible	
<u>Mail Order Pharmacy - up to 90-day supply</u> Generic Drugs Formulary Drugs Non-Formulary Drugs Specialty Drugs	100% after Deductible	