

# RM Advisory – PPO Plan

Effective January 1, 2026

Medical & Prescription Drug Coverage	In-Network	Out of Network (subject to Usual and Customary Charges)
<b>Calendar Year Deductible</b>	\$500 Individual Plan \$1,000 Family Plan	\$1,500 Individual Plan \$3,000 Family Plan
<b>Coinsurance</b> (Plan Pays)	90%	50%
<b>Calendar Year Out-of-Pocket Maximum</b> Includes copays, deductible and coinsurance – combined with Prescription Drug benefits	\$1,500 Individual Plan \$3,000 Family Plan	\$10,000 Individual Plan \$20,000 Family Plan
<b>Physician Office Visit</b>	\$30 co-pay	50% after Deductible
<b>Teladoc Virtual Care</b> General Medical or Behavioral Health	\$30 co-pay	N/A
<b>Specialist</b>	\$50 co-pay	50% after Deductible
<b>Preventive Care</b>	Covered at 100% (no deductible)	Not Covered
<b>Hospital Expenses</b> Inpatient Outpatient	90% after Deductible 90% after Deductible	50% after Deductible 50% after Deductible
<b>Emergency Room Services</b>	\$250 co-pay, then 90% after deductible	Paid at Participating Provider Level of benefits
<b>Ambulance</b>	90% after Deductible	Paid at Participating Provider Level of benefits
<b>Urgent Care Facility Visit</b>	\$50 co-pay	50% after Deductible
<b>Home Health Care</b> (limit 60 visits per Calendar year)	90% after Deductible	50% after Deductible
<b>Skilled Nursing Facility</b> (limit 60 days per Calendar year)	90% after Deductible	50% after Deductible
<b>Outpatient Occupational, Speech, and Physical Therapy</b> (combined limit 60 visits per Calander year)	\$30 co-pay	50% after Deductible
<b>Chiropractic Services</b> (limit 20 visits)	\$30 co-pay	50% after Deductible
<b>Diagnostic Testing, X-Ray and Lab Services (Outpatient)</b> MRI, MRA, CAT and PET Scans and Nuclear Medicine	90% after Deductible 90% after Deductible	50% after Deductible 50% after Deductible
<b>Durable Medical Equipment</b>	90% after Deductible	50% after Deductible
<b>Other Eligible Medical Expenses</b>	90% after Deductible	50% after Deductible
<b><u>Retail Pharmacy – up to 31-day supply</u></b> Generic Drugs Formulary Drugs Non-Formulary Drugs Specialty Drugs	\$15 co-pay \$40 co-pay \$80 co-pay 20% coinsurance	
<b><u>Mail Order Pharmacy - up to 90-day supply</u></b> Generic Drugs Formulary Drugs Non-Formulary Drugs Specialty Drugs	\$37.50 co-pay \$100 co-pay \$200 co-pay 20% coinsurance	