RM Advisory – PPO Plan

Effective January 1, 2027

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