



2015 Medical Options



The Health Republic EssentialCare EPO (Exclusive Provider Organization) medical plans deliver in-network only benefits. Members must seek care from participating providers, except in the case of a life- or limb-threatening emergency. If care is received from a non-participating provider, the claim will not be paid. It is the member's responsibility to confirm that the providers they are seeing participating in the network.

Benefits	Platinum	Gold	Silver	Bronze
	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Monthly Rates				
Individual	\$481.59	\$412.58	\$355.97	\$294.84
Employee/Spouse	\$943.16	\$805.14	\$691.92	\$569.66
Employee/Child(ren)	\$804.68	\$687.36	\$591.13	\$487.21
Family	\$1,335.50	\$1,138.82	\$977.48	\$803.26
Pediatric Dental (per child to age 19)	\$23.14	\$23.14	\$23.14	\$23.14
General Plan Information				
Benefit Period	Plan Year (4/1 – 3/31)	Plan Year (4/1 – 3/31)	Plan Year (4/1 – 3/31)	Plan Year (4/1 – 3/31)
Metal Level	Platinum	Gold	Silver	Bronze
Deductible Type	N/A	Embedded	Embedded	Embedded
Network	EssentialCare	EssentialCare	EssentialCare	EssentialCare
Referrals	Not Required	Not Required	Not Required	Not Required
Medicare Part D Creditable Coverage	Creditable	Creditable	Creditable	Creditable
Plan Year Deductible				
Individual	\$0	\$600	\$2,000	\$3,000
Family		\$1,200	\$4,000	\$6,000
Plan Year Out-of-Pocket Maximum				
Individual	\$2,000	\$4,000	\$5,500	\$6,350
Family	\$4,000	\$8,000	\$11,000	\$12,700
Physician Services				
PCP Office Visit	\$15 Copay	\$25 Copay after Ded	\$30 Copay after Ded	50% Coins after Ded
Specialist Office Visit	\$35 Copay	\$40 Copay after Ded	\$50 Copay after Ded	
P/T, O/T & Speech Therapy	\$25 Copay	\$30 Copay after Ded	\$30 Copay after Ded	
Diagnostic Services				
Lab/X-Ray at PCP Office	\$15 Copay	\$25 Copay after Ded	\$30 Copay after Ded	50% Coins after Ded
Lab/X-Ray at Specialist/Facility	\$35 Copay	\$40 Copay after Ded	\$50 Copay after Ded	
Imaging (CT/PET Scan, MRI, etc.)	\$35 Copay	\$40 Copay after Ded	\$50 Copay after Ded	
Maternity Services				
Routine Prenatal & Postnatal	No Charge	No Charge	No Charge	No Charge
Delivery	\$500 Copay	\$1,000 Copay after Ded	\$1,500 Copay after Ded	50% Coins after Ded
Hospital Services				
Inpatient	\$500 Copay	\$1,000 Copay after Ded	\$1,500 Copay after Ded	50% Coins after Ded
Outpatient/Ambulatory Surgery	\$100 Copay	\$100 Copay after Ded	\$100 Copay after Ded	
Inpatient/Outpatient Physician/Surgeon	\$100 Copay	\$100 Copay after Ded	\$100 Copay after Ded	
Emergency Care				
Emergency Room	\$100 Copay	\$150 Copay after Ded	\$150 Copay after Ded	50% Coins after Ded
Ambulance	\$100 Copay	\$150 Copay after Ded	\$150 Copay after Ded	
Urgent Care Center	\$55 Copay	\$60 Copay after Ded	\$70 Copay after Ded	
Mental Health & Substance Abuse				
Inpatient	\$500 Copay	\$1,000 Copay after Ded	\$1,500 Copay after Ded	50% Coins after Ded
Outpatient	\$15 Copay	\$25 Copay after Ded	\$30 Copay after Ded	
Pediatric Dental (to age 19)				
Eye Exam	\$15 Copay	\$25 Copay after Ded	\$30 Copay after Ded	50% Coins after Ded
Eyeglasses	10% Coinsurance	20% Coins after Ded	30% Coins after Ded	
Prescription Drug Coverage				
Retail (30-day supply)	\$10 / \$30 / \$60	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70 after Ded
Mail Order (90-day supply)	\$25 / \$75 / \$150	\$25 / \$88 / \$175	\$25 / \$88 / \$175	\$25 / \$88 / \$175 after Ded

**Please Contact Whitney Pangburn
with any questions at (866) 573-4768 ext. 2189**

- Pediatric Dental, provided through Solstice, is required for any dependent child to age 19 enrolled onto a Health Republic medical plan. Premium is per child per month to a maximum of 3 children.
- Inpatient admissions, outpatient surgery, x-rays, high level imaging, mental health and substance abuse require preauthorization. Please refer to your Certificate of Coverage for detailed information.

This benefit summary provides selected highlights of the employee benefits program at ESMTA. It is not a legal document and shall not be consulted as a guarantee of benefits. All benefit plans are governed by master policies, contract and plan documents. Any discrepancies between any information through this summary and the actual items of such policies,