

2020 Medical plan summary

	Traditional Plan			HDHP		
	Domestic ¹	In-network	Out-of-network	Domestic	In-network	Out-of-network
Medical deductible						
Individual	\$0	\$1,000	\$4,000	\$500	\$2,750	\$6,600
Family	\$0	\$2,500	\$8,000	\$1,000	\$5,500	\$13,200
Medical out-of-pocket maximum						
Individual	\$4,750	\$4,750	Unlimited	\$5,000	\$5,000	Unlimited
Family	\$9,500	\$9,500	Unlimited	\$10,000	\$10,000	Unlimited
Pharmacy out-of-pocket maximum						
Individual	\$2,150	\$2,150	Unlimited	\$2,150	\$2,150	Unlimited
Family	\$4,300	\$4,300	Unlimited	\$4,300	\$4,300	Unlimited
Combined medical/Rx out-of-pocket maximum						
Individual	\$7,150	\$7,150	Unlimited	\$7,150	\$7,150	Unlimited
Family	\$14,300	\$14,300	Unlimited	\$14,300	\$14,300	Unlimited
Services						
Preventative	Covered 100% at Meritas providers only	Deductible, then 20% coinsurance	Deductible, then 75% coinsurance	Covered 100% at Meritas providers only	Deductible, then 20% coinsurance	Deductible, then 75% coinsurance
Physician office visit	\$30 copay ² \$10 copay Meritas Health Express (sick visits only)	\$30 copay then deductible, then 20% coinsurance	Deductible, then 75% coinsurance	\$30 copay + deductible \$10 copay + deductible at Meritas Health Express (sick visits only)	\$30 copay, then deductible, then 20% coinsurance	Deductible, then 75% coinsurance
Specialist office visit	\$50 copay (includes Gashland urgent care and sports/camp physicals at Meritas Health Express)	\$50 copay, then deductible, then 20% coinsurance	Deductible, then 75% coinsurance	\$50 copay + deductible (includes Gashland Urgent Care and sports/camp physicals at Meritas Health Express)	\$50 copay, then deductible, then 20% coinsurance	Deductible, then 75% coinsurance
Inpatient hospital services	\$500 copay per day	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance	\$500 copay per day + deductible	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance
Outpatient hospital services	\$300 copay	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance	\$300 copay + deductible	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance
Emergency room – facility (copay waived if admitted)		\$500 copay			\$500 copay then deductible	
Physician services	10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 75% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 75% coinsurance
MRI, CT scans, PET scans, etc.	\$150 copay	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance	\$150 copay + deductible	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance
Lab, EKG, EEG, X-ray, sonogram, mammograms, etc.	Covered at 100%	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance	Deductible, then covered 100%	Deductible, then 30% coinsurance	Deductible, then 75% coinsurance

¹North Kansas City Hospital, Meritas Physician Clinics and Gashland.

²The Domestic copay only applies to the Centrus Health of Kansas City participating primary care providers. It does not apply to other services. To find a Centrus primary care provider, visit www.centrushealth.com/directory.