

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 \$10 copay Meritas Health Express (sick visits only)	\$30 copay then deductible	Deductible, then 75% coinsurance	\$30 copay + deductible \$10 copay + deductible at Meritas Health Express (sick visits only)	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	Deductible, then 75% coinsurance	\$50 copay + deductible (includes Gashland Urgent Care and sports/camp physicals at Meritas Health Express)	Deductible, then \$50 copay, 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.

2020 Prescription drug plan summary

	In-house (domestic)	In-network	Out-of-network
Copays			
Generic	30-day supply: \$4 90-day supply: \$8	30-day supply: \$12 90-day supply: \$36	Not covered
Preferred brand name	30-day supply: \$50 90-day supply: \$100	30-day supply: \$65 90-day supply: \$195	Not covered
Non-preferred brand name	30-day supply: \$80 plus the difference in cost between the brand prescription and generic equivalent 90-day supply: \$160 plus the difference in cost between the brand prescription and generic equivalent	30-day supply: \$90 plus the difference in cost between the brand prescription and generic equivalent 90 Day supply: \$270 plus the difference in cost between the brand prescription and generic equivalent	Not covered
Specialty	20% coinsurance, only covered at the NKCH retail pharmacy	Not covered	Not covered

2020 Medical prescription drug employee payroll contributions

	Bi-weekly	Traditional Plan	High Deductible Plan
Employee		\$45.58	\$27.96
Employee + spouse		\$112.60	\$83.87
Employee + child(ren)		\$99.19	\$64.65
Family		\$169.46	\$112.20
	Monthly		
Employee		\$98.75	\$60.57
Employee + spouse		\$243.97	\$181.71
Employee + child(ren)		\$214.92	\$140.07
Family		\$367.16	\$243.09

