

2024 ERMMB PLAN SUMMARY AT-A-GLANCE - WHAT THE MEMBER PAYS

In-Network Based on ALLOWABLE charges	ERMMB	
Premium Information		
Monthly premium	\$	0
Annual deductible	\$	100
Out-of-pocket annual maximum	\$	0
Lifetime maximum	\$	195,100
Provider Care		
Primary care physician (non-specialist)		20%
Preventative care / Wellness Exam		0%
Specialty physician		20%
Emergency & Urgent Care		
Emergency transport		20%
Emergency room		20%
Telemedicine (Doc on Demand) + Mental Health	\$	10
Urgent care		20%
Pharmacy (Maintenance from Depot Drug required)		
Annual cap	\$	1700
Preferred generic drugs (Tier 1) / Depot Drug	\$	3
Generic drugs (Tier 2) / Depot Drug	\$	10
Preferred brand drugs (Tier 3) / Depot Drug	\$	20
Non-preferred brand drugs (Tier 4) / Depot Drug	\$	75
Specialty drugs* (Tier 5) / Optum		25%
Retail Network Pharmacy (Non-maintenance)		\$15, \$20, \$40, \$100
Diagnostic		
Blood work, etc.		20%
Radiology		20%
Imaging (scans, MRI, etc.) Telligen*		20%
Outpatient procedures		
Facility fee (ie. Surgery center)		20%
Physician fees		20%
Inpatient / Hospitalization		
Facility fee (hospital)*		20%
Physician fees		20%
Mental health services		
Physician (non-specialist)		20%
Physician (specialist)		20%
Intensive outpatient services (per incident)*		20%
Inpatient (per incident)*		20%
Maternity		
Office visits (copay only applies to initial visit)		20%
Childbirth physician fees		20%
Childbirth facility fees*		20%
Recovery, special care, rehabilitation		
Home health care*		20%
Rehabilitation services		20%
Habilitation services		20%

Skilled nursing*		20%
Durable medical equipment (limited)		20%
Hospice care*		20%
Speech therapy		20%
Chiropractic		20% up to \$600
Physical therapy		20% up to \$1500
Other benefits		
Dialysis*		20%
Diabetes		20%

Plan Year 2022

In-Network Based on ALLOWABLE charges	ERMMB
Transplants*	20%
Hearing Services (includes aids, tests, etc.)	Not covered
Vision (Annual exams)	20%
Complete Sleep Program (IRHC Pre Cert Required)	
CPAP Machine	\$ 75
CPAP Supplies	\$ 35
At home sleep study	0
In-lab sleep study	20%
Home oxygen	20%
Sterilization	
Male	Not covered
Female	Not covered
Podiatry	
Office visit	20%
Diabetic care	20%
*Pre-certification is required	

Plan Year 2024