

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		20%	
Preventative care / Wellness Exam		20%	
Specialty physician		20%	
Emergency & Urgent Care			
Emergency transport		20%	
Emergency room		20%	
Telemedicine (Doc on Demand) + Mental Health		20%	
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		Variable Copayment	
Retail Network Pharmacy (Non-maintenance)			\$15, \$20, \$40, \$100
Diagnostic			
Blood work, etc.			20%
Radiology			20%
Imaging			20%
Outpatient procedures			
Facility fee			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			20%
Inpatient			20%
Maternity			
Office visits			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		20%
Hospice care		20%
Speech therapy		20%
Chiropractic		20%
Physical therapy		20%
Other benefits		
Dialysis		20%
Diabetes		20%

Plan Year 2024

In-Network Based on ALLOWABLE charges	ERMMB
Transplants	20%
Hearing Services (includes aids, tests, etc.)	20%
Vision (Annual exams)	20%
Complete Sleep Program	
CPAP Machine	20%
CPAP Supplies	20%
At home sleep study	20%
In-lab sleep study	20%
Home oxygen	20%
Sterilization	
Male	20%
Female	20%
Podiatry	
Office visit	20%
Diabetic care	20%

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