

Bon Secours Mercy Health Retiree Health Plan

	Bon Secours Mercy Advantage			Bon Secours Mercy Advantage Plus		
	Premium: \$0			Premium: \$32.46		
	Mercury Providers*	Non-Mercury Providers*	Non-network*	Mercury Providers*	Non-Mercury Providers*	Non-network*
Deductible**	\$1,250		\$2,000	\$1,250		\$2,000
Maximum Out-of-pocket	\$5,000	\$5,000	\$11,000	\$5,000	\$5,000	\$11,000
PCP	\$0	\$5	\$10	\$0	\$5	\$10
Specialist	\$0	\$50	\$55	\$0	\$50	\$55
Podiatry	\$0	\$50	\$55	\$0	\$50	\$55
Occupational Therapy	\$0	\$50	\$55	\$0	\$50	\$55
Physical Therapy	\$0	\$50	\$55	\$0	\$50	\$55
Inpatient	\$0 (Days 1-5)	\$350 (Days 1-5)	40%	\$0 (Days 1-5)	\$350 (Days 1-5)	40%
Outpatient (Surgical)	\$0	\$340	\$400	\$0	\$340	\$400
Diagnostic (CT / MRI / PET)	\$0 / \$0 / \$0	\$100 / \$175 / \$175	40%	\$0 / \$0 / \$0	\$100 / \$175 / \$175	40%
ER	\$90	\$90	\$90	\$90	\$90	\$90
Urgent	\$40	\$40	\$40	\$40	\$40	\$40
Preferred Rx Copays	– Retail 30-Day: \$5 / \$10 / \$20 / \$30 / \$100 – Mail-Order 90-Day: \$0 / \$12 / \$37 / \$63 / N/A	– Retail 30-Day: \$5 / \$10 / \$20 / \$30 / \$100 – Mail-Order 90-Day: \$0 / \$12 / \$37 / \$63 / N/A	N/A	– Retail 30-Day: \$5 / \$10 / \$20 / \$30 / \$100 – Mail-Order 90-Day: \$0 / \$12 / \$37 / \$63 / N/A	– Retail 30-Day: \$5 / \$10 / \$20 / \$30 / \$100 – Mail-Order 90-Day: \$0 / \$12 / \$37 / \$63 / N/A	N/A
Diabetic Supplies: 7 Supplies (0% coinsurance in network)	0%	20%	20%	0%	20%	20%
Dental				\$1,000 (prev. and comprehensive)	\$1,000 (prev. and comprehensive)	\$1,000 (prev. and comprehensive)
Vision				\$250 eyewear allowance	\$250 eyewear allowance	\$250 eyewear allowance
Hearing				\$499/ \$699/ \$999 copay for hearing aids	\$499/ \$699/ \$999 copay for hearing aids	\$499/ \$699/ \$999 copay for hearing aids

*Highest cost savings for Mercury Providers. Non-Mercury providers and Non-network providers will incur higher out-of-pocket costs.

**All benefits apply after deductible except for preventive services. Medicare Covered Preventive Services are covered at 100% with no cost to you.

