

To: Mercy Clinics / Patient Access

Date: October 10, 2022

Subject: Epworth – Direct Contract Reminder

Mercy and Epworth Children & Family Services have a direct contract in place. Members can choose two separate plans:

**Network Specifics (apply to both plans, different benefit levels)**

Find providers at: [www.mercyoptions.net](http://www.mercyoptions.net)

- Mercy providers and facilities
- Select independent providers for gaps in care
- Urgent Care: Mercy GoHealth
- Lab: Quest
- Imaging: Mercy Imaging

**Mercy PPO Narrow Network Benefits Overview:**

- Co-Pays: Primary Care \$20 Specialist \$40 Mercy Go Health Urgent Care: \$50
- 20% Coinsurance apply to: Emergency Room, Lab, and Imaging
- Deductibles: Network: \$750 Individual / \$1,500 Family

Plan Benefits	Single	Family
In-Network Deductible	\$750	\$1,500
Non-Network Deductible	\$5,000	\$10,000
In-Network Out of Pocket	\$2,000	\$4,000
Non-Network Out of Pocket	\$8,000	\$16,000

**High Deductible 3-Tier Plan:**

- Deductibles:
  - Mercy Tier 1 - \$1,500 Individual / \$3,000 Family
  - HealthLink Network Tier 2 - \$2,500 Individual / \$5,000 Family
  - Out of Network - \$5,000 Individual / \$10,000 Family

Plan Benefits	Single	Family
Tier 1 In-Network Deductible	\$1,500	\$3,000
In-Network Deductible	\$2,500	\$5,000
Non-Network Deductible	\$5,000	\$10,000
Tier 1 In-Network Out of Pocket	\$2,000	\$5,000
In-Network Out of Pocket	\$4,000	\$8,000
Non-Network Out of Pocket	\$8,000	\$16,000

If you have any questions regarding this agreement, feel free to contact your managed care representative.

**Mercy Registration: Select EPIC Plan ID: 2025103 | EPIC Payor ID: 20251**