## BENEFITS AT A GLANCE

### Preferred Provider (PPO)

**2021-2022**

### BENEFITS AT A GLANCE

#### Preferred Provider (PPO)

- **PREVENTIVE BENEFITS**
  - Paid at 100% when obtained from a PPO provider for all Medical Plans including CDHP.
  - Routine Physical Exam & Labs
  - Adult/Child Immunizations per CDC
  - Preventive Child Care
  - Breastfeeding Support
  - Routine Colonoscopies
  - Smoking Cessation Services
  - Contraception (with prescription)

- **FREE BENEFITS—NO COPAYS!**
  - Wellness Center & eVisit
  - Wellness Program
  - Health Coaching
  - On-Site Blood Draws
  - Disease Management Program
  - EAP Benefit (6 Free Visits)
  - Anthem LiveHealth Online (CDHP subject to Ded/Coins)

- **OTHER BENEFITS**
  - Hospital Emergency Room: $50 copay plus coinsurance
  - Chiropractic Office Visit: $20 Copay
  - Mental Health/ EAP Services

- **CDHP PLAN**—Copays do not apply. Benefits subject to Deductible and Coinsurance.

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### GENERAL BENEFITS

- In-Patient Hospitalization
- Ambulance
- Out-Patient Services
- Surgery/Anesthesiology
- X-Rays
- Skilled Nursing / Home Health Care
- Hospice Care
- Chemical Dependency
- In-Patient Mental Health

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### PRESCRIPTION BENEFITS

- **Retail**: $5 / 25% / 45% (max= $5 / $35 / $70)
- **Mail Order (90)**: $10 / $50 / $90

### Rx CALENDAR YEAR OUT-OF-POCKET MEDICAL

- **Individual**
  - $1,000
  - $2,000

- **Family**
  - $2,000
  - $4,000

### CALENDAR YEAR OUT-OF-POCKET MEDICAL

- The Out-of-Pocket amount includes deductibles, coinsurances, copays from medical, chiropractic, out-patient mental health visits, and emergency room per occurrence fee.

### DEDUCTIBLE

<table>
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<tr>
<th>PLAN NAME</th>
<th>PREM PLUS</th>
<th>PREM</th>
<th>STD</th>
<th>BAS</th>
<th>CDHP (HSA Qualified)</th>
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<tbody>
<tr>
<td>Retiree/Tiered Rate</td>
<td></td>
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### maximum lifetime

- No limit

### coinsurance

- 20%

### office visit copay

- Individual: $10
- Family: $15

### PRESCRIPTION BENEFITS

- Subject to Deductible/Coinsurance

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This outline does not constitute the group policy and is not a contract of insurance. It explains in simple language the essential features of the group benefits provided. All rights with respect to the benefits of an insured person will be governed solely by the group policy. For a complete copy of the Summary of Benefits or Plan Document please go to our website: [http://tcsig.com/documents.html](http://tcsig.com/documents.html)

*CDHP PLAN—If two or more are in the family the whole family deductible must be met prior to any plan payment (except preventive paid at 100%).