

Plan Highlights		TSHBP HD Plan	TSHBP HD Plan	TSHBP CoPay Plan	TSHBP CoPay Plan
Coverage		In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Network		HealthSmart - National	N/A	HealthSmart - National	N/A
Plan Deductible Feature		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	Copayments, then Plan pays 100%	Copayments, then Plan pays 100%
Individual/Family Deductible		\$3,000/\$9,000	\$3,500/\$9,500	\$3,500/\$10,500	\$4,000/\$11,000
Individual/Family Maximum Out-of-Pocket		\$3,000/\$9,000	\$3,500/\$9,500	\$3,500/\$10,500	\$4,000/\$11,000
Health Savings Account (HSA) Eligible		Yes	Yes	No	No
Required - Primary Care Provider (PCP)		No	No	No	No
Required - PCP Referral to Specialist		No	No	No	No
Prescription Drug Benefits		Yes - Deductible, then Plan pays 100%	Yes - Deductible, then Plan pays 100%	Yes, copayments, then Plan pays 100%	Yes, copayments, then Plan pays 100%
<b>Doctor Visits</b>					
Preventive Care		Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc		\$30 per consultation	\$30 per consultation	\$0 per consultation	\$0 per consultation
Primary Care		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Specialist		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
<b>Office Services</b>					
Allergy Injections		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$5 copay	\$10 copay
Allergy Serum		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Chiropractic Services		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Office Surgery		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$110 copay	\$125 copay
MRI's, Cat Scans, and Pet Scans		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$275 copay	\$325 copay
Urgent Care Facility		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$50 copay	\$75 copay
<b>Care Facilities</b>					
Urgent Care Facility		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$50 copay	\$75 copay
Freestanding Emergency Room		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Hospital Emergency Room		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Ambulance Services		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$220 copay	\$220 copay
Outpatient Surgery		Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Hospital Services		Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Surgeon Fees		Deductible, then Plan pays 100%	In-Network Only	\$100 copay	In-Network Only
<b>Maternity and Newborn Services</b>					
Maternity Charges (prenatal and postnatal care)		Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Routine Newborn Care		Deductible, then Plan pays 100%	In-Network Only	\$250 copay	In-Network Only
<b>Rehabilitation/Therapy</b>					
Occupational/Speech/Physical		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*	\$55 copay	\$65 copay*
Cardiac Rehabilitation		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*	\$110 copay	\$125 copay*
Chemotherapy, Radiation, Dialysis		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*	\$110 copay	\$125 copay*
Home Health Care		Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*	\$55 copay	\$75 copay*
Skilled Nursing		Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only

**Care Coordinator\***

**The Care Coordinator program must be used to access facility services or no benefits will be available under the Plan.**

These services include routine colonoscopy and related services; hospital providers for MRIs, Cat Scans, and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training, and sleep disorder services. To review the complete plan document and services that require access through the Care Coordinator program, please call 888-803-0081.