

Benefit Description Coverage Type	HDHP: Qualified H.S.A.		HDHP: Non-Qualified H.S.A.		Low-Deductible: Green Plan	
	Single	Employee +1 & Family	Single	Employee +1 & Family	Single	Employee +1 & Family
Deductible (In-Network)	\$1,500	\$1,500 per Individual, up to \$3,000 in Total for Family	\$1,500	\$1,500 per Individual, up to \$3,000 in Total for Family	\$1,000	\$1,000 per Individual, up to \$2,000 in Total for Family
Deductible (Out-of-Network)	\$3,000	\$6,000	\$3,000	\$6,000	\$1,000	\$2,000
Out-of-Pocket Maximum (Medical)	\$6,500	\$6,500 per individual, up to \$13,000 in Total for Family	\$6,500	\$6,500 per individual, up to \$13,000 in Total for Family	\$4,000	\$4,000 per Individual, up to \$8,000 in Total for Family
Out-of-Pocket Maximum (Rx)	Included Above	Included Above	Included Above	Included Above	\$2,500	\$5,000
Co-Insurance/Co-Pay	20%	20%	20%	20%	20% and Co-Pay	20% and Co-Pay
Inpatient Stay	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Outpatient Surgery	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Skilled Nursing	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
TelaDoc	\$10 After Deductible	\$10 After Deductible	\$10 After Deductible	\$10 After Deductible	\$10 Co-Pay	\$10 Co-Pay
TRC Clinic Office Visit	\$0 After Deductible	\$0 After Deductible	\$0 After Deductible	\$0 After Deductible	\$0	\$0
Primary Office Visit	\$20 After Deductible	\$20 After Deductible	\$20 After Deductible	\$20 After Deductible	\$20 Co-Pay	\$20 Co-Pay
Specialist Office Visit	\$20 After Deductible	\$20 After Deductible	\$20 After Deductible	\$20 After Deductible	\$20 Co-Pay	\$20 Co-Pay
Advanced Diagnostic	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Laboratory Testing	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	\$20 Co-Pay	\$20 Co-Pay
Radiology/X-Ray	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Chiropractic Care	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Annual Routine Physical	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full
Well Child Visit and Immunizations	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full
Routine Mammogram	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full	Covered in-full
Outpatient Mental Health Care	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	\$20 Co-Pay	\$20 Co-Pay
Durable Medical Equipment*	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Rehabilitation (PT, OT, ST)	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Emergency Room	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	\$200 Co-Pay	\$200 Co-Pay
Ambulance	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Urgent Care	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	\$50 Co-Pay	\$50 Co-Pay
Prescriptions	**Deductible then Co-Pay: \$10/\$30/\$80/\$100	**Deductible then Co-Pay: \$10/\$30/\$80/\$100	Co-Pay: \$10/\$30/\$80/\$100	Co-Pay: \$10/\$30/\$80/\$100	Co-Pay: \$10/\$30/\$80/\$100	Co-Pay: \$10/\$30/\$80/\$100
Prescriptions Filled @ TRC Pharmacy	**Deductible then Co-Pay: \$5/\$25/\$80/\$100	**Deductible then Co-Pay: \$5/\$25/\$80/\$100	Co-Pay: \$5/\$25/\$80/\$100	Co-Pay: \$5/\$25/\$80/\$100	Co-Pay: \$5/\$25/\$80/\$100	Co-Pay: \$5/\$25/\$80/\$100

*Diabetic syringes and supplies are covered at 100% for the HDHP: Non-Qualified H.S.A. and Low Deductible: Green Plans

** Deductible applies first, and then copay applies on the HDHP: Qualified H.S.A., Deductible does not apply first on HDHP: Non-Qualified H.S.A.