

The Resource Center /
Allied Industries
Open Enrollment
Green Plan



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- The Green Plan is considered a hybrid plan. It covers some services with a copayment and others with a deductible then coinsurance
- The Plan includes medical, prescription drug and routine vision benefits, along with a Health Reimbursement Arrangement (HRA) benefit
- Utilizes both Independent Health and First Health networks for participating providers
- All ACA Preventive Services are covered in full

- Copayment – A fixed dollar amount you pay for a covered service or procedure.
- Deductible – The amount you pay out of your pocket towards covered medical services each year before the plan begins to pay for services.
- Coinsurance – The percentage you pay after the deductible has been satisfied for a covered service or procedure.
- Out of Pocket Maximum (OOP) – The most you would pay each year for covered medical and pharmacy services. If you reach your OOP maximum during a plan year, the Plan will pay for any additional covered services during that plan year at 100%.
- Health Reimbursement Arrangement – An employer funded benefit that reimburses you for covered expenses.

In-Network coverage for the most commonly used benefits:

- Office Visit
 - TRC Primary Care: Covered in Full
 - All other PCP or Specialists: \$20.00 copay
- Urgent Care: \$50.00 copay
- Emergency Room: \$200 copay (waived if admitted as an In-patient)
- Inpatient Hospital stay: 20% coinsurance after deductible*
- Outpatient Surgery: 20% coinsurance after deductible*
- Health Reimbursement Arrangement (HRA): \$250 which can be used for any covered services (medical, pharmacy, vision or dental)

*Deductible: Single - \$1,000 / Family - \$2,000

Medical OOP maximum: Single - \$4,000 / Family - \$8,000

TRC's pharmacy benefits will be through Pharmacy Benefit Dimensions.

When picking up a prescription or receiving services at a retail pharmacy, remember to present your new Independent Health Id card with the Pharmacy Benefit Dimensions information on the back.

*Prescription coverage will remain the same as last year:

- TRC Pharmacies: \$5/\$25/\$75
- Retail Pharmacies: \$10/\$30/\$80/\$100
- Maintenance / Mail order (90 day supply):
\$20/\$60/\$160/\$200

*Pharmacy OOP maximum: Single - \$2,500 / Family - \$5,000

Contact Information

If you have any questions regarding your benefits, please contact:

Medical and Routine Vision

- Independent Health Customer Service
(716) 631-2661 or 1-800-257-2753
- VSP Customer Service
1-800- 877-7195

Dental

- Nova Healthcare an Independent Health Company
1-800-999-5703

Prescription Drug

- Pharmacy Benefit Dimensions
1-888-878-9172

Health Reimbursement Arrangement (HRA)

- Proflex
(716) 633-2073

Flexible Spending Account/Dependent Care Account

- Proflex
(716) 633-2073

Thank you

