

Plan Year Deductible

In-Network Individual
\$500 per enrollee

Out-of-Network Individual
\$500 per enrollee

Out-of-Pocket Maximum Limits

In-Network Individual
\$1,200

In-Network Family
\$2,750

Out-of-Network Individual
\$4,400

Out-of-Network Family
\$8,800

Hospital Services *(Percentages listed represent how much is covered by the plan)*

	In-Network	Out-of-Network*
Emergency Room Services	\$400 per visit; Deductible applies	\$400 per visit; Deductible applies
Acute Hospitalization	80% covered; Deductible applies after \$200 per admission	60% of allowable charges; Deductible applies after \$400 per admission
Acute Alcohol and Substance Abuse	80% covered; Deductible applies after \$200 per admission	60% of allowable charges; Deductible applies after \$400 per admission
Acute Psychiatric Admission	80% covered; Deductible applies after \$200 per admission	60% of allowable charges; Deductible applies after \$400 per admission
Outpatient Surgery	80% covered; Deductible applies	60% of allowable charges; Deductible applies
Long Term Care Nursing Facility	80% covered; Deductible applies	60% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	80% covered; Deductible applies	60% of allowable charges; Deductible applies

Transplant Services

Organ and Tissue Transplants	80% after \$200 transplant deductible, limited to network transplant facilities as determined by plan administrator. Not covered for out-of-network. Benefits not available unless approved by Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.	
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Professional and Other Services

	In-Network	Out-of-Network*
Preventive Care/Well-Baby/Immunizations	100% covered	60% covered; Deductible applies
Primary Care Office Visit	80% covered; Deductible applies	60% covered; Deductible applies
Specialist Office Visit	80% covered; Deductible applies	60% covered; Deductible applies
Outpatient Medicine	\$10 copayment; Deductible applies	Does Not Apply
Acute Psychiatric and Substance Abuse	80% covered; Deductible applies	60% covered; Deductible applies
Outpatient Medical Equipment	80% covered; Deductible applies	60% covered; Deductible applies
Outpatient Health Care	80% covered; Deductible applies	60% covered; Deductible applies

Prescription Drugs

Preventive Prescription Drugs – \$0 | Out-of-Pocket Maximum – \$1,500

TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment.

	Tier I	Tier II	Tier III
Generics (30-day supply)	Greater of 20% or \$7	Greater of 20% or \$14	Greater of 20% or \$
Generics (90-day supply)	Greater of 20% or \$14	Greater of 20% or \$28	Greater of 20% or \$
Brand Name Choice (90-day supply)**	Greater of 10% or \$14	Greater of 10% or \$28	Greater of 10% or \$

Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges contribute toward your plan year out-of-pocket maximum; this varies by plan and geographic region. Services received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.