

MERCY HOSPITAL - CADILLAC

MEDICAL PLAN HIGHLIGHTS

You have the choice of two medical plans – Personal Care Account (PCA) PPO and Healthy Blue Solution PPO High A. The information provided below represents associate co-insurance / co-payment responsibility.

MEDICAL Plan Highlights	Personal Care Account PPO			Healthy Blue Solutions PPO A Plan					
				Enhanced Benefit Level			Standard Benefit Level		
	Trinity Health Facility ¹	In-Network ⁴	Out-of-Network ⁵	Trinity Health Facility ¹	In-Network ⁴	Out-of-Network	Trinity Health Facility ¹	In-Network ⁴	Out-of-Network ⁵
Personal Care Account (PCA) Funded by Trinity	Individual / Two Person / Family \$400 / \$800 / \$1,200			N/A	N/A	N/A	N/A	N/A	N/A
Annual deductible Individual Family	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750			\$300 \$600	\$300 \$600	\$600 \$1,200	\$500 \$1000	\$500 \$1,000	\$1,000 \$2,000
Preventive services (primary care physicians)	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)	\$15	\$15	30%	\$20	\$20	40%
Co-insurance (associate responsibility, after deductible)	0%	20%	40%	0%	10%	30%	10%	20%	40%
Office visit	20%	20%	40%	\$15	\$15	30%	\$20	\$20	40%
Urgent care visit (non-life threatening)	10%	20%	40%	\$25		30%	\$30		40%
Emergency room visit (life-threatening)	\$75			\$75			\$100		
Inpatient admission	\$0	\$250	\$500	\$0	\$250	\$500	\$250	\$500	\$1,000
Outpatient surgery	0%	20% (after \$75 co-pay)	40% (after \$150 co-pay)	0% (after \$50 co-pay)	10% (after \$100 co-pay)	30% (after \$200 co-pay)	10% (after \$50 co-pay)	20% (after \$100 co-pay)	40% (after \$200 co-pay)
Out-of-pocket maximum² Individual Family	Individual / Two Person / Family In-Network: \$1,500/\$2,250/\$3,000 Out-of-Network: \$3,000/\$4,500/\$6,000			\$1,000 \$2,000	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000
Prescription drug co-payment³ Generic Brand formulary Brand non-formulary	Retail (34-day supply) / mail order (90-day supply) \$10 / \$25 \$20 / \$50 \$40 / \$100								
Lifetime Maximum	\$2 million								

¹Applies to facility fees only, does not include professional fees.

²Co-payments and deductibles do not apply to out of pocket maximums.

³If the brand drug has a generic equivalent and you receive the brand drug, you pay the brand co-pay plus the difference between the ingredient cost of the brand drug and the generic drug.

⁴Community Blue Network

DISCLAIMER: The information provided in this handout is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview and it is not intended to be a comprehensive description of your benefit plan design(s). The summary plan descriptions and official plan documents cover these plans in more detail and should be referred to with inquiries on what services are covered by the plan. Whenever there is a discrepancy between printed materials, the official plan documents will prevail.

To view the official summary plan documents, visit <http://mybenefits.trinity-health.org> and click on your Ministry Organization's link.