

TCCS – 2007 (MARYLAND)

MEDICAL PLAN HIGHLIGHTS

You have the option to elect Kaiser HMO plan. Below is a brief summary of the plan features. The information provided below represents associate co-insurance / co-payment responsibility.

MEDICAL Plan Highlights	Kaiser HMO	Kaiser Flex		
	HMO	HMO	PHCS	Out of Network
Annual Deductible Individual Family	N/A N/A	N/A N/A	\$200 \$400	\$400 \$800
Co-insurance (associate responsibility, after deductible)	N/A	N/A	10%	30%
Office Visit	\$15	\$10	\$20	30%
Urgent Care Visit (non-life threatening)	\$25	\$25	\$25	\$25
Emergency Room Visit (life threatening)	\$50	\$75	\$75	\$75
Inpatient Admissions	N/A	N/A	10%	30%
Out of Pocket Maximums² Individual Family	N/A	\$1000 / \$2000	\$2000 / \$4000	\$4000 / \$8000
Prescription Co-pay³ Generic Brand Formulary Brand Non-Formulary	Retail (30-day supply) / Mail (90-day supply) \$10 / \$20 \$20 / \$40 \$35 / \$55	Retail (30-day supply) / Mail (90-day supply) \$10 / \$20 \$20 / \$40 \$35 / \$55		
Lifetime Maximum	N/A	N/A	\$ 1 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.

⁴**MARYLAND NETWORK - PHCS**

DISCLAIMER: This information is designed to help you understand Trinity Health's Flexible Benefits Program. It is only an overview, and it is not intended to be a detailed description of your benefits. The summary plan descriptions and official plan documents cover these plans in more detail. 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.