

# TRINITY HEALTH HOME SERVICES, – 2009 HIGHLIGHTS

## MEDICAL PLAN HIGHLIGHTS

Below is a brief summary of the plan features. The information provided below represents associate co-insurance / co-payment responsibility.

MEDICAL Plan Highlights	Priority Health SE MI Only	PPO – High Option B			Personal Care Account (PCA) PPO Cadillac & Grayling Only			Blue Care Network West MI Only
		Trinity Facility <sup>1</sup>	In Network <sup>4</sup>	Out of Network	Trinity Facility <sup>1</sup>	In Network <sup>4</sup>	Out of Network	
<b>Personal Care Account (PCA)</b> Funded by Trinity Health	N/A	N/A	N/A	N/A	Individual / Two Person / Family \$400 / \$800 / \$1,200			N/A
<b>Annual Deductible</b> Individual Family	N/A	\$400 \$800	\$400 \$800	\$800 \$1,600	Individual / Two Person / Family \$1,250 / \$2,500 / \$3,750			N/A
<b>Preventive Services</b> (primary care physicians)	\$15	\$20	\$20	40%	100% covered (for covered services)	100% covered (for covered services)	100% covered (for covered services)	\$20
<b>Co-insurance</b> (associate responsibility, after deductible)	N/A	0%	20%	40%	0%	20%	40%	N/A
<b>Office Visit</b>	\$15	\$20	\$20	40%	20%	20%	40%	\$20
<b>Urgent Care Visit</b> (non-life threatening)	\$25	\$30	\$30	40%	10%	20%	40%	\$50 or 50% (whichever is less)
<b>Emergency Room Visit</b> (life threatening)	\$50	\$75			\$75			\$100
<b>Inpatient Admissions</b>	\$500 (reduced by \$250 at TH facilities)	N/A	\$250	\$500	N/A	\$250	\$500	25% co-pay (Reduced by \$250 at TH facilities)
<b>Out of Pocket Maximums<sup>2</sup></b> Individual Family	N/A	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	Individual / Two Person / Family In Network - \$1,500/\$2,250/\$3000 Out of Network - \$3,000/\$4,500/\$6,000			N/A
<b>Prescription Co-pay<sup>3</sup></b> Generic Brand Formulary Brand Non-Formulary	Retail (34-day supply) / Mail (90-day supply) \$10 / \$20 \$20 (\$20 min, \$90 max) / \$40 (\$40 min, \$180 max) \$40 (\$40 min, \$90 max) / \$80 (\$80 min, \$180 max)							Retail / Mail \$5 / \$10 \$30 / \$60
<b>Lifetime Maximum</b>	N/A	\$2 million						N/A

**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.

<sup>1</sup>Applies to facility fees only, does not include professional fees.

<sup>2</sup>Co-payments and deductibles do not apply to out of pocket maximums.

<sup>3</sup>If 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.

<sup>4</sup>Community Blue Network