The Christ Hospital Health Network

# 2021 Medical Plans

| Medical Deductible | TCH PCP Basic HDHP | | | Basic HDHP | | | TCH PCP Standard HDHP | | | Standard HDHP | | | TCH PCP Core PPO | | | Core PPO | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network |
| Employee | $3,000 | $6,000 | $6,000 | $3,000 | $6,000 | $6,000 | $2,000 | $4,000 | $4,000 | $2,000 | $4,000 | $4,000 | $500 | $1,000 | $1,000 | $500 | $1,000 | $1,000 |
| Employee + 1 | $6,000 | $12,000 | $12,000 | $6,000 | $12,000 | $12,000 | $4,000 | $8,000 | $8,000 | $4,000 | $8,000 | $8,000 | $750 | $1,500 | $1,500 | $750 | $1,500 | $1,500 |
| Family | $6,000 | $12,000 | $12,000 | $6,000 | $12,000 | $12,000 | $4,000 | $8,000 | $8,000 | $4,000 | $8,000 | $8,000 | $1,000 | $2,000 | $2,000 | $1,000 | $2,000 | $2,000 |
| **Out-of-Pocket (OOP)** | | | | | | | | | | | | | | | | | | |
| Employee | $4,200 | $6,000 | $6,000 | $4,200 | $6,000 | $6,000 | $3,500 | $5,325 | $5,325 | $3,500 | $5,325 | $5,325 | $3,000 | $6,000 | $6,000 | $3,000 | $6,000 | $6,000 |
| Employee + 1 | $8,400 | $12,000 | $12,000 | $8,400 | $12,000 | $12,000 | $7,000 | $10,650 | $10,650 | $7,000 | $10,650 | $10,650 | $6,000 | $9,000 | $9,000 | $6,000 | $9,000 | $9,000 |
| Family | $12,600 | $12,900 | $12,900 | $12,600 | $12,900 | $12,900 | $10,500 | $12,900 | $12,900 | $10,500 | $12,900 | $12,900 | $9,000 | $12,000 | $12,000 | $9,000 | $12,000 | $12,000 |
| **Health Savings Account (HSA) TCH contributions per pay** | | | | | | | | | | | | | | | | | | |
| EE only / EE + Domestic Partner | Not eligible for employer contributions | | | Not eligible for employer contributions | | | **$500 annual** ($19.25 per payroll) | | | **$500 annual** ($19.25 per payroll) | | | Not eligible for employer contributions | | | Not eligible for employer contributions | | |
| EE + 1 / Family | | | | | | | **$1000 annual** ($38.50 per payroll) | | | **$1000 annual** ($38.50 per payroll) | | | | | | | | |
| **Common Medical Event Coinsurance - What You Pay** | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network | TCHHN Network | Anthem Network | Out-of-Network |
| **Employee/Spouse:** Primary care visit to treat an injury or illness | 20% | Not Covered | Not Covered | 20% | 35% | 50% | 20% | Not Covered | Not Covered | 20% | 35% | 50% | $25 copay | Not Covered | Not Covered | $25 copay | $50 copay | 50% |
| **Dependent Child(ren):** Primary care visit to treat an injury or illness | 20% | 20% (if visiting Anthem Pediatrician only. Otherwise, Not Covered.) | Not Covered | 20% | 20% | 50% | 20% | 20% (if visiting Anthem Pediatrician only. Otherwise Not Covered.) | Not Covered | 20% | 20% | 50% | $25 copay | $25 copay (if visiting an Anthem Pediatrician only.) | Not Covered | $25 copay | $25 copay | 50% |
| **Specialist Visit** | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | $45 copay | $65 copay | 50% | $45 copay | $65 copay | 50% |
| **Preventive care/screening/ immunization** | No Charge | No Charge (if visiting an Anthem Pediatrician or Anthem specialist) | Not Covered | No Charge | No Charge | Not Covered | No Charge | No Charge (if visiting an Anthem Pediatrician or Anthem specialist) | Not Covered | No Charge | No Charge | Not Covered | No Charge | No Charge (if visiting an Anthem Pediatrician or Anthem specialist) | Not Covered | No Charge | No Charge | Not Covered |
| **Inpatient Hospital** | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% |
| **Outpatient Surgery** | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% |
| **Emergency Room Care** | 20% | Same as TCHHN | Same as TCHHN | 20% | Same as TCHHN | Same as TCHHN | 20% | Same as TCHHN | Same as TCHHN | 20% | Same as TCHHN | Same as TCHHN | 20% | Same as TCHHN | Same as TCHHN | 20% | Same as TCHHN | Same as TCHHN |
| **Urgent care** | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | 20% | 30% | 50% | $30 copay | $50 copay | 50% | $30 copay | $50 copay | 50% |

# 2021 Prescription Drugs

| | TCH PCP Basic HDHP Network Pharmacies | | | Basic HDHP Network Pharmacies | | | TCH PCP Standard HDHP Network Pharmacies | | | Standard HDHP Network Pharmacies | | | TCH PCP Core PPO Network Pharmacies | | | Core PPO Network Pharmacies | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Tier | Co-insurance | Copayment min / max | Tier | Co-insurance | Copayment min / max | Tier | Co-insurance | Copayment min / max | Tier | Co-insurance | Copayment min / max | Tier | Co-insurance | Copayment min / max | Tier | Co-insurance | Copayment min / max |
| **Retail (30 day supply)** | Generic | 25% | $10 / $40 | Generic | 25% | $10 / $40 | Generic | 25% | $10 / $40 | Generic | 25% | $10 / $40 | Generic | 25% | $10 / $40 | Generic | 25% | $10 / $40 |
| | Preferred | 25% | $35 / $75 | Preferred | 25% | $35 / $75 | Preferred | 25% | $35 / $75 | Preferred | 25% | $35 / $75 | Preferred | 25% | $35 / $75 | Preferred | 25% | $35 / $75 |
| | Non-Preferred | 50% | $55 / $100 | Non-Preferred | 50% | $55 / $100 | Non-Preferred | 50% | $55 / $100 | Non-Preferred | 50% | $55 / $100 | Non-Preferred | 50% | $55 / $100 | Non-Preferred | 50% | $55 / $100 |
| | Specialty | 50% | $100 / $225 | Specialty | 50% | $100 / $225 | Specialty | 50% | $100 / $225 | Specialty | 50% | $100 / $225 | Specialty | 50% | $100 / $225 | Specialty | 50% | $100 / $225 |
| **Retail (90 day supply)** | Generic | 25% | $30 / $120 | Generic | 25% | $30 / $120 | Generic | 25% | $30 / $120 | Generic | 25% | $30 / $120 | Generic | 25% | $30 / $120 | Generic | 25% | $30 / $120 |
| | Preferred | 25% | $105 / $225 | Preferred | 25% | $105 / $225 | Preferred | 25% | $105 / $225 | Preferred | 25% | $105 / $225 | Preferred | 25% | $105 / $225 | Preferred | 25% | $105 / $225 |
| | Non-Preferred | 50% | $165 / $300 | Non-Preferred | 50% | $165 / $300 | Non-Preferred | 50% | $165 / $300 | Non-Preferred | 50% | $165 / $300 | Non-Preferred | 50% | $165 / $300 | Non-Preferred | 50% | $165 / $300 |
| | Specialty | 50% | $200 / $450 | Specialty | 50% | $200 / $450 | Specialty | 50% | $200 / $450 | Specialty | 50% | $200 / $450 | Specialty | 50% | $200 / $450 | Specialty | 50% | $200 / $450 |
| **Mail Order (Up to 90 day supply)** | Generic | 25% | $21 / $105 | Generic | 25% | $21 / $105 | Generic | 25% | $21 / $105 | Generic | 25% | $21 / $105 | Generic | 25% | $21 / $105 | Generic | 25% | $21 / $105 |
| | Preferred brand | 25% | $60 / $205 | Preferred brand | 25% | $60 / $205 | Preferred brand | 25% | $60 / $205 | Preferred brand | 25% | $60 / $205 | Preferred brand | 25% | $60 / $205 | Preferred brand | 25% | $60 / $205 |
| | Non-Preferred | 50% | $150 / $300 | Non-Preferred | 50% | $150 / $300 | Non-Preferred | 50% | $150 / $300 | Non-Preferred | 50% | $150 / $300 | Non-Preferred | 50% | $150 / $300 | Non-Preferred | 50% | $150 / $300 |