

2022 Medical Plans

	TCHHN PCP Basic HDHP			Basic HDHP			TCHHN PCP Standard HDHP			Standard HDHP			TCHHN PCP Core PPO			Core PPO		
Deductible	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	\$4,500	\$4,500	\$2,000	\$4,500	\$4,500	\$500	\$1,500	\$1,500	\$500	\$1,500	\$1,500
Employee + 1	\$6,000	\$12,000	\$12,000	\$6,000	\$12,000	\$12,000	\$4,000	\$9,000	\$9,000	\$4,000	\$9,000	\$9,000	\$750	\$2,250	\$2,250	\$750	\$2,250	\$2,250
Family	\$6,000	\$12,000	\$12,000	\$6,000	\$12,000	\$12,000	\$4,000	\$9,000	\$9,000	\$4,000	\$9,000	\$9,000	\$1,000	\$3,000	\$3,000	\$1,000	\$3,000	\$3,000
Out-of-Pocket Maximum (OOPM)																		
Employee	\$4,200	\$6,000	\$6,000	\$4,200	\$6,000	\$6,000	\$3,500	\$7,050	\$7,500	\$3,500	\$7,050	\$7,500	\$3,000	\$7,500	\$7,500	\$3,000	\$7,500	\$7,500
Employee + 1	\$8,400*	\$12,000*	\$12,000*	\$8,400*	\$12,000*	\$12,000*	\$5,625	\$11,250*	\$11,250*	\$5,625	\$11,250*	\$11,250*	\$5,625	\$11,250	\$11,250	\$5,625	\$11,250	\$11,250
Family	\$12,600*	\$12,900*	\$12,900*	\$12,600*	\$12,900*	\$12,900*	\$7,500	\$14,100*	\$15,000*	\$7,500	\$14,100*	\$15,000*	\$7,500	\$15,000	\$15,000	\$7,500	\$15,000	\$15,000
Health Savings Account (HSA) TCHHN contributions**																		
EE only / EE + Domestic Partner	Not eligible for employer contributions			Not eligible for employer contributions			Health Savings Account (HSA) TCHHN contributions** \$500 annual (\$19.25 per payroll)			Health Savings Account (HSA) TCHHN contributions** \$500 annual (\$19.25 per payroll)			Not eligible for employer contributions			Not eligible for employer contributions		
EE + 1 / Family	Not eligible for employer contributions			Not eligible for employer contributions			Health Savings Account (HSA) TCHHN contributions** \$1000 annual (\$38.50 per payroll)			Health Savings Account (HSA) TCHHN contributions** \$1000 annual (\$38.50 per payroll)			Not eligible for employer contributions			Not eligible for employer contributions		
Common Medical Event Coinsurance - What You Pay																		
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
Behavioral Health (Counseling/Therapy)	0%	10%	30%	0%	10%	30%	0%	10%	30%	0%	10%	30%	\$0 copay	\$25 copay	30%	\$0 copay	\$25 copay	30%
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%

*No Individual to exceed \$8,150 OOPM

**You must contribute at least \$5 per payroll to an HSA in order to receive the TCHHN HSA contribution

The TCHHN Network and Anthem Network deductibles and OOPMs will cross reduce but will not reduce the Out-of-Network deductible and OOPM. [Click here](#) to access Anthem's provider finder tool to view TCHHN and Anthem Network providers. Set the 'Recognitions/Tier' filter on 'Tier 1' to only view TCHHN Network providers.

2022 Prescription Drugs (same for all Medical plans)

Tier	Retail- 30 day supply	Retail- 90 day supply	Mail Order- 90 day supply
Generic	25% Coinsurance* \$40 maximum Copayment	25% Coinsurance* \$120 maximum Copayment	25% Coinsurance* \$105 maximum Copayment
Preferred	25% Coinsurance* \$75 maximum Copayment	25% Coinsurance* \$225 maximum Copayment	25% Coinsurance* \$205 maximum Copayment
Non-Preferred	50% Coinsurance* \$100 maximum Copayment	50% Coinsurance* \$300 maximum Copayment	50% Coinsurance* \$300 maximum Copayment
Specialty	50% Coinsurance* \$225 maximum Copayment	50% Coinsurance* \$450 maximum Copayment	Not Available

*For the HDHP plans, prescriptions drug coinsurance applicable after TCHHN Network medical deductible has been met. For the PPO plans, there is no deductible that applies to prescription drugs. All prescription drug payments made by the member will be applied toward TCHHN Network and Anthem Network Out-of-Pocket (OOP) maximums.

Note: Certain Insulin prescriptions filled at the TCHHN Apothecary are available for a \$10 Copayment (deductible waived) for a 30-day supply. Contact the Apothecary for more information.

Benefits shown are for prescriptions filled at an in-network pharmacy. Prescriptions filled at an out-of-network pharmacy can be submitted to MedImpact for reimbursement and reimbursement will be at 50% of the default rate after the applicable coinsurance has been applied.