

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$15,000 for each covered active employee/official Reductions in benefit for those age 65 and up
Provider Access <i>Map directory available via online participant account at http://www.mytrustmarkbenefits.com</i>	Directly Contracted Providers with Patient Advocacy Team (PAT)

MAJOR MEDICAL PLAN	Provider Type		
	Preferred	Standard	Out-of-Contract
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$0	\$2,500	
Family Deductible	\$0	\$7,500	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$4,500	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$12,700	Unlimited

After deductible (if applicable), you pay:

Physician Office Visit (OV)	\$0 (deductible n/a)		
Telmedicine Visit via Teladoc (or if otherwise approved by plan)	\$0 (deductible n/a)		
Preventive Services	0% (deductible n/a)	50% (OOP n/a)	
Any Covered Services of Plan at Participating Health Departments	0% (deductible n/a)	n/a	
Chiropractic Services (40 visits maximum per year)	0%	20%	
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	20%	
Facility Services (Hospital, Lab, Surgery Center, Ambulance)	0%	20%	50% (OOP n/a)

Prescription Drug Program

Prescription drugs not subject to deductible.

Preventive Drugs (& PAT Rx Program Drugs)	\$0	Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of-Network Pharmacies)
Generic Drugs	\$7	
Formulary Brand Drugs	\$30	
Non-Formulary Brand Drugs	\$45	
Specialty Drugs	20%	
90-Day Supply of Maintenance Drugs	\$14/\$60/\$90	
Prescription Drug Out-of-Pocket (OOP) Limit (includes drug co-pays & drug co-insurance)	\$2,750 per person	

HEALTH REIMBURSEMENT PLAN (HRP) (Alternative Benefit)

Reimbursement for In-Network Deductible, Co-insurance, & Co-pay Expenses Incurred Under Other Group Medical or Prescription Drug Plan <i>(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)</i>	100% reimbursement (no dollar limit)	Out-of-Network Expenses Not Reimbursable
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This document contains benefit highlights only. You should review the Summary Plan Description (SPD) for complete benefits, limitations, and exclusions.

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MAJOR MEDICAL PLAN (QHDHP/HSA-Compatible)	Provider Type		
	Preferred	Standard	Out-of-Contract
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$1,400	\$4,000	
Family Deductible	\$4,200	\$12,000	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$1,400	\$4,000	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$4,200	\$12,000	Unlimited

*Preferred, Standard, & Out-of-Contract expenses will be applied equally to the satisfaction of Preferred and Standard/Out-of-Contract Deductibles.
Preferred & Standard expenses will be applied equally to the satisfaction of Preferred and Standard OOP Limits.*

After deductible (if applicable), you pay:		
Physician Office Visit (OV)	\$0	
Telmedicine Visit via Teladoc (or if otherwise approved by plan)	\$0 (deductible n/a)	
Preventive Services, including at Participating Health Departments	0% (deductible n/a)	50% (OOP n/a)
Any Covered (Non-Preventive) Services of Plan at Participating Health Departments	0%	n/a
Chiropractic Services (40 visits maximum per year)	0%	
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	
Facility Services (Hospital, Lab, Surgery Center, Ambulance)	0%	50% (OOP n/a)

Prescription Drug Program	Prescription drugs subject to shared medical/Rx deductible.		
PAT Rx Program Drugs	0%	n/a	
Preventive Drugs	0% (deductible n/a)		
Generic Drugs	n/a	0%	Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of-Network Pharmacies)
Formulary Brand Drugs	n/a	0%	
Non-Formulary Brand Drugs	n/a	0%	
Specialty Drugs	n/a	0%	
90-Day Supply of Maintenance Drugs	n/a	0%	
Prescription Drug Out-of-Pocket (OOP) Limit	Included in Medical OOP		

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