

Copayments Overview

Medical Benefits At-A-Glance

The following is a basic overview of the out-of-pocket costs for the Performance Plus Plan offered to all licensed employees. This basic overview includes the most commonly utilized services and procedures accessed by Teachers Health Trust participants. The following is only a summary of major benefits. Detailed information regarding your plan can be found online in your Plan Document at teachershealthtrust.org.

SERVICES PROVIDED INSIDE OF THE MEDICAL HOME	
Preventive Care (Available Only at PCP unless services can not be performed)	\$0 copay for office visit (deductible does not apply)
PCP Provider (Inpatient or Outpatient Services)	\$10 copay for office visit (deductible does not apply); and 20% coinsurance for all other services (deductible does not apply).
Specialist Physician (In Physician's Office)	\$20 copay for office visit with referral (deductible does not apply); 20% coinsurance for all other services (deductible does not apply).
Specialist Physician (Out of Physician's Office)	20% coinsurance after \$600 deductible.
Medical Home Identified Chronic Condition Patients (Primary Care or Specialist Physician Office Visit - Diabetes, High-Risk Pregnancy, Cardiovascular, COPD and Asthma)	\$0 copay for office visit (deductible does not apply) 20% coinsurance for all other services (deductible does not apply).
In-Office Surgery	20% coinsurance with referral from PCMH PCP (deductible does not apply)
Obstetrician Services - OB/GYN, Inpatient or Outpatient Services (pregnancy, prenatal, delivery & post-natal: Normal Pregnancy)	\$10 copay for office visits applies, if billed separately from complete delivery services; 20% coinsurance for all other services (deductible does not apply)

ALL OTHER SERVICES PROVIDED OUTSIDE OF THE MEDICAL HOME	
Preventive Care (Available Only at PCP unless services can not be performed; in which case another in-network provider may be used.)	Not Covered
Primary Care Physician (Other than your chosen PCP)	20% coinsurance after deductible
Specialist Physician	WITHOUT REFERRAL: 20% coinsurance after deductible
Urgent Care	\$50 copay (deductible does not apply)
Minute Clinics	\$15 copay (deductible does not apply)
Emergency Room	\$250 True Emergency; \$400 non-emergency (deductible does not apply)
Anesthesia	WITH OR WITHOUT REFERRAL: 20% coinsurance after deductible

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ALL OTHER SERVICES PROVIDED OUTSIDE OF THE MEDICAL HOME	
<p>Facility (Includes Skilled Nursing and Mental Health/Chemical Dependency Facilities, Inpatient, Outpatient, Ambulatory Surgical Center, Long-Term Acute Care, or Acute Rehabilitation)</p> <p>When there is no facility copay, applicable copay and or coinsurance will apply:</p> <p>Outpatient services (such as but not limited to; clinics; radiation; radiology services; chemotherapy; sleep studies; physical, occupational and speech therapy; and testing)</p>	<p>WITH OR WITHOUT REFERRAL \$400 per day; \$800 max per stay (deductible does not apply)</p> <p>20% coinsurance (deductible does not apply)</p>
<p>Laboratory</p>	<p>WITH OR WITHOUT REFERRAL \$0 copay at Quest Diagnostics</p>
<p>Radiology</p>	<p>Freestanding Diagnostic Facility: \$0 copay (deductible does not apply)</p> <p>Hospital/Facility: 20% coinsurance (deductible does not apply) radiology coinsurance only applies when facility copay does not</p> <p>PCP Office: 20% coinsurance X-rays of chest, spine, pelvis and extremities, abdomen; ultrasound of abdomen, dexa bone density (deductible does not apply). All other radiology services in PCP office are not covered.</p> <p>All other in-network providers: 20% coinsurance with a referral (deductible does no apply); 20% coinsurance after \$600 deductible without a referral</p>

- These copayments only apply if in-network providers are utilized.
- The Eligible Medical Expenses (EME) are the amounts of the provider's billed charges that the Trust will consider for payment.

Choosing in-network providers will save you both time and money!

Although the Trust provides you with a large network of providers to choose from for your healthcare, there may be times when you receive services from an out-of-network provider. The Trust provides benefits for out-of-network services, but they are quite different from in-network benefits. You will pay more out of your own pocket for services received from out-of-network providers.