

# Teachers Health Trust: Performance Plus Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2016 – 12/31/2016

Coverage for: Individual | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org) or by calling 1-800-432-5859.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	<b>\$2,500</b> for Out-Of-Network Services.	This is applied to services rendered by doctors that are not contracted with the Teachers Health Trust.
Are there other <b>deductibles</b> for specific services?	<b>\$600</b> PPO for some services.	See the list of benefits for which the deductible applies.
Is there an <b>out-of-pocket limit</b> on my expenses?	<b>\$6,850.00</b> per individual/ <b>\$13,700</b> per family.	This is the maximum amount you will have to pay for co-payments and coinsurance for all in-network services in a calendar year.
What is not included in the <b>out-of-pocket limit</b> ?	Services rendered by out-of-network providers.	There is not an out-of-pocket maximum for services rendered by out-of-network providers.
Is there an overall <b>annual limit</b> on what the plan pays?	No	There are limits for some individual services. A complete listing of limitations is available in the plan document located at <a href="http://www.teachershealthtrust.org">www.teachershealthtrust.org</a> .
Does this plan use a <b>network of providers</b> ?	Yes. See <a href="http://www.teachershealthtrust.org">www.teachershealthtrust.org</a> or call (702) 794-0272 for a list of participating providers.	The Teachers Health Trust contracts with different providers who agree to specific allowables for specific services. Any amount the in-network provider bills in excess of the contracted amount will be written off.
Do I need a referral to see a <b>specialist</b> ?	Yes	You may make an appointment directly with a specialist without seeing a primary care provider first, however your out-of-pocket cost will be higher.
Are there services this plan doesn't cover?	Yes. Examples are: Infertility treatment, cosmetic services and any non-medically necessary services.	A complete list of exclusions and limitations can be found in the complete plan document located at <a href="http://www.teachershealthtrust.org">www.teachershealthtrust.org</a> .

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount** or **UCR (Usually, Customary & Reasonable)**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan does encourage you to use Patient Centered Medical Home (PCMH) **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
<b>If you visit a health care provider's office or clinic</b>	PCMH Primary care visit to treat an injury or illness	\$10 +20% co-insurance for all other services	After deductible: 40% + any in excess of <b>UCR</b>	If you do not use a PCMH provider, cost will be 20% co-insurance after deductible.
	PPO Specialist visit (with a referral)	\$20 +20% co-insurance for all other services	After deductible: 40% + any in excess of <b>UCR</b>	If you do not use a PCMH provider, cost will be 20% co-insurance after deductible.
	PPO Provider (without referral)	20% co-insurance after deductible	After deductible: 40% + any in excess of <b>UCR</b>	
	Essential Preventive care/screening/immunization	\$0	After deductible: 40% + any in excess of <b>UCR</b>	
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	\$0	After deductible: 40% + any in excess of <b>UCR</b>	If you use a contracted PPO provider within their free-standing office. See the Trust website for a contracted laboratory and diagnostic providers.
	Imaging (CT/PET scans, MRIs)	\$50/\$200/\$75	After deductible: 40% + any in excess of <b>UCR</b>	Prior Authorization Required

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<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://mp.medimpact.com">mp.medimpact.com</a>.</p>	Generic drugs (Under \$25 Retail)	\$5	40% with \$2,500 deductible.	\$10 Pharmacy Choice Fee is filled at pharmacy other than CVS, Walmart, Sam's Club, Vons or Lin's in Overton.
	Generic drugs (Over \$25 Retail)	25%	40% with \$2,500 deductible.	\$10 Pharmacy Choice Fee is filled at pharmacy other than CVS, Walmart, Sam's Club, Vons or Lin's in Overton.
	Preferred brand formulary drugs	25% (min. \$30)	40% with \$2,500 deductible.	\$10 Pharmacy Choice Fee is filled at pharmacy other than CVS, Walmart, Sam's Club, Vons or Lin's in Overton.
	Non-preferred brand drugs	40% (min. \$50)	40% with \$2,500 deductible.	Excluded drugs are not covered by the plan. List of excluded drugs can be found at <a href="http://www.teachershealthtrust.org">www.teachershealthtrust.org</a> .
	Specialty drugs (Under \$25/Over \$25)	\$5/25%	40% with \$2,500 deductible.	Specialty Drugs must be filled at CVS Specialty Pharmacy.
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	\$400	After deductible: 40% + any in excess of <b>UCR</b>	Prior authorization may be required. See the plan document for a list of services that require prior authorization.
	Physician/surgeon fees	20% co-insurance after deductible	After deductible: 40% + any in excess of <b>UCR</b>	Prior authorization may be required. See the plan document for a list of services that require prior authorization.
<p><b>If you need immediate medical attention</b></p>	Emergency room services	\$250	After deductible: 40% + any in excess of <b>UCR</b>	True emergencies, services are paid in-network.
	Emergency medical transportation	20% co-insurance	20% co-insurance	
	Urgent care	\$50	After deductible: 40% + any in excess of eligible medical expense	Out-of-Area: 40% of <b>UCR</b> and any amount in excess of <b>UCR</b> .
<p><b>If you have a hospital stay</b></p>	Facility fee (e.g., hospital room)	\$400 per day to \$800 max per admission	After deductible: 40% + any in excess of eligible medical expense	Authorization required.

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	Physician/surgeon fee	20% co-insurance after deductible	After deductible: 40% + any in excess of <b>UCR</b>	Authorization required.
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$20	After deductible: 40% + any in excess of <b>UCR</b>	Authorization required for all psychiatrist, nurse practitioners or physician assistants. Authorization for all other provider types after the 24 <sup>th</sup> visit.
	Mental/Behavioral health inpatient services	\$400 per day to \$800 max per admission	After deductible: 40% + any in excess of <b>UCR</b>	Annual maximum benefit of 100 days for inpatient, partial stay or residential treatment center - Authorization required.
	Substance use disorder outpatient services	\$20	After deductible: 40% + any in excess of <b>UCR</b>	Authorization required for all psychiatrist, nurse practitioners or physician assistants. Authorization for all other provider types after the 24 <sup>th</sup> visit.
	Substance use disorder inpatient services	\$400 per day to \$800 max per admission. 100 day maximum	After deductible: 40% + any in excess of <b>UCR</b>	Annual maximum benefit of 100 days for inpatient, partial stay or residential treatment center - Authorization required.
<b>If you are pregnant</b>	Prenatal and postnatal care	\$10 office co-payment. 20% co-insurance	After deductible: 40% + any in excess of <b>UCR</b>	
	Delivery and all inpatient services	\$400 per day to \$800 for the hospital. 20% co-insurance after deductible for the anesthesia, surgeon and assistant surgeon.	After deductible: 40% + any in excess of <b>UCR</b>	

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		In-network Provider	Out-of-network Provider	
<b>If you need help recovering or have other special health needs</b>	Home health care	20% co-insurance	After deductible: 40% + any in excess of <b>UCR</b>	Authorization Required.
	Rehabilitation services	\$400 per day to \$800 max per admission	After deductible: 40% + any in excess of <b>UCR</b>	Authorization maximum benefit of 100 days for inpatient, partial stay or residential treatment center –Authorization required.
	Habilitation services	\$400 per day to \$800 max per admission	After deductible: 40% + any in excess of <b>UCR</b>	Authorization maximum benefit of 100 days for inpatient, partial stay or residential treatment center –Authorization required.
	Skilled nursing care	\$400 per day to \$800 max per admission	After deductible: 40% + any in excess of <b>UCR</b>	Authorization Required. Limit of 100 days per calendar year.
	Durable medical equipment	20% co-insurance	After deductible: 40% + any in excess of <b>UCR</b>	Authorization Required for Durable Medical Equipment over \$500. Rental is paid up to the purchase price of the equipment.
	Hospice service	20% co-insurance	After deductible: 40% + any in excess of <b>UCR</b>	
<b>If your child needs dental or eye care</b>	Eye exam	Not applicable	Not applicable	Refer to the Vision section of the Plan Document.
	Glasses	Not applicable	Not applicable	Refer to the Vision section of the Plan Document.
	Dental check-up	100% up to 2 exams per year	100% of <b>UCR</b> for 2 exams per year.	Refer to the Dental section of the Plan Document.

## Excluded Services & Other Covered Services:

<b>Services Your Plan Does NOT Cover</b> (This isn't a complete list. Check your policy or plan document for other <b>excluded services</b> .)		
• Infertility Treatment	• Bariatric Surgery	• Cosmetic Services

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**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Orthotics and Prosthetics
- Hearing Aids
- Chiropractic Services

## Your Rights to Continue Coverage:

You can keep this insurance for a specified time as long as you pay your premium unless one or more of the following happens:

- You commit fraud
- The Teachers Health Trust no longer exists
- You fail to comply with any request made or condition imposed by the Trust

For more information on COBRA continuation of coverage, refer to the Legal Notices section of the plan document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org), click on plan benefits.

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Call (702) 794-0272 or 1 (800) 432-5859 Monday through Thursday from 7:00 a.m. to 5:45 p.m., and 9:00 a.m. to 11:45 a.m., Friday. You may also e-mail the service team at [serviceteam@teachershealthtrust.org](mailto:serviceteam@teachershealthtrust.org). The complete plan document is available on our web site [www.teachershealthtrust.org](http://www.teachershealthtrust.org), click on Plan Benefits.

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum standard is 60% (actuarial value).

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers: \$7,540**
- **Plan pays \$5,530**
- **Patient pays \$2,010**

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory, diagnostic tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$600
Co-pays	\$800
Co-insurance	\$460
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,010</b>

### Type 2 Diabetes

(routine maintenance of a well-controlled condition)

- **Amount owed to providers: \$5,400**
- **Plan pays \$4,410**
- **Patient pays \$990**

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Co-pays	\$200
Co-insurance	\$710
Prescriptions	\$80
<b>Total</b>	<b>\$990</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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