



## TCHP PPO Plan Description of Coverage (TRIP)

		In Network	Out of Network
<b>Basic Care</b> (See Provider Directory to select an in-network provider)			
Plan-year deductible	\$500 per benefit recipient		
Plan-year and lifetime maximums	Unlimited		
Out-of-pocket maximums	Individual	\$1,200	\$4,400
	Family	\$2,750	\$8,800
<b>Description of Coverage</b>			
<b>Hospital</b>			
Number of days of inpatient care	Unlimited when authorized	\$200 ded. per hospital admission 80% after the annual plan ded.	\$400 ded. per hospital admission 60% of allowable charges after the annual plan ded.
Room and board	Semi-private room, intensive care	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Surgeon's fees	Inpatient or outpatient	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Provider's visit		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Medications		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Other miscellaneous charges	Except personal comfort items	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Emergency</b>			
Emergency services (medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part)	Copay waived if admitted as an inpatient for same condition within 48 hours	\$400 deductible 80% after the annual plan ded.	\$400 deductible 60% of allowable charges after the annual plan ded.
<b>Provider's Office</b>			
Provider's office visits	Exam, diagnosis, treatment	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Preventive care	ACA guidelines apply	100% coverage	60% of allowable charges after the annual plan ded.
Diagnostic tests and X-rays	May require authorization	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Immunizations		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Allergy treatment and testing		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Medical Services</b>			
Outpatient surgery	Surgery and observation; may require authorization	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Maternity care	Hospital care	\$200 deductible per admission 80% after the annual plan ded.	\$400 deductible per admission 60% of allowable charges after the annual plan ded.
	Provider care	\$200 deductible per admission 80% after the annual plan ded.	\$400 deductible per admission 60% of allowable charges after the annual plan ded.
Infertility services	See benefits certificate for details on coverage		
Mental health treatment		Administered through the state self-insured behavioral health benefits manager	
Substance abuse treatment		Administered through the state self-insured behavioral health benefits manager	
Outpatient rehabilitation services	60-day treatment period per condition	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Other Services</b>			
Durable medical equipment	Prosthetic devices included	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Hospice		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Home health care		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Skilled nursing facility	When authorized	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Ambulance	When medically necessary	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Chiropractic services	30 visits per plan year	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Organ transplants	Out-of-pocket maximum applies	80% after \$200 transplant ded.	Not covered
Prescription drugs		Administered through the state self-insured prescription benefits manager	
Dental services	Not covered	n/a	n/a
Vision care	Not covered	n/a	n/a

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Disclaimer:

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