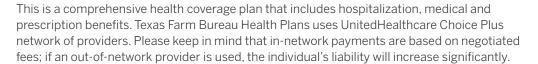
# **High Deductible Health Plan Schedule** of Benefits (for individuals & families)





In-Network		Out-of-Network	
CALENDAR YEAR DEDUCTIBLE (CYD) <sup>1</sup>			
Unless otherwise indicated, all benefits apply	\$2,250 for individual	\$2,250 for individual	
toward CYD.	\$3,750 for individual	\$3,750 for individual	
Family Deductible can be satisfied by one or more	\$4,500 for family	\$4,500 for family	
covered individuals during a calendar year.	\$7,500 for 2-person/3-person/family	\$7,500 for 2-person/3-person/family	
<ul> <li>In-Network and Out-of-Network deductibles are met separately.</li> </ul>			
OUT OF POCKET MAXIMUM (OOP) <sup>2</sup>			
Once the OOP maximum is met, eligible benefits are	\$4,500 for \$2,250 deductible		
provided at 100% for the remainder of the calendar year.	\$5,625 for \$3,750 deductible	Unlimited	
Family Out of Pocket Maximum can be satisfied by	\$9,000 for \$4,500 deductible	Offillfilled	
one ore more covered individuals during a calendar year.	\$11,250 for \$7,500 deductible		
<ul> <li>OOP maximum applies to eligible in-network provider services only.</li> </ul>			
LIFETIME BENEFIT MAXIMUM	Unlimited		

## **SERVICES**

COINSURANCE	In-Network		Out-of-Network	
	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
Based on the maximum allowable charges for eligible benefits.	80%	20%	60%	40%
• Family deductible can be satisfied by one or more covered individuals during a calendar year.				
PREVENTATIVE CARE BENEFITS				
Subject to CYD.	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
• Well Child Services <sup>3</sup>	80%	20%	Not Covered	
• Routine Colonoscopy <sup>4</sup>	80%	20%	60%	40%
• Annual Routine PSA <sup>5</sup>	80%	20%	60%	40%
Annual Routine OB/GYN Exam <sup>6</sup>	80%	20%	Not Covered	
Annual Routine Pap Smear <sup>7</sup>	80%	20%	60%	40%
• Mammogram <sup>8</sup>	80%	20%	60%	40%
PRESCRIPTION DRUG COVERAGE®	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
Generic and Brand Prescriptions	80%	20%	60%	40%
Unlimited calendar year maximum per individual				
Home Delivery Services are available				

### TELADOC® AND TELADOC® EXPERT MEDICAL SERVICES

Your Responsibility:

- Individual must pay 100% of current TELADOC® copay until CYD is met. No charge after CYD is met
- All TELADOC® Expert Medical Services are at no charge

THIS SCHEDULE IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

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#### **FOOTNOTES**

- 1. Deductible the dollar amount of covered services that must be incurred and paid first by an individual each calendar year before plan benefits begin.
- 2. Once the OOP maximum is met, benefits are provided at 100% for an individual(s) for the remainder of the calendar year. This applies to in-network provider services only. There is no Out of Pocket Maximum when out-of-network providers are used.
- 3. Benefits are available, subject to deductible and coinsurance, for an individual under the age of 7 (on plan deductibles \$3,000 and \$5,000) for physical examinations and appropriate immunizations/vaccinations when services are rendered by an in-network provider. Exams not used during the time periods below do not carry over to the next time period.

AGE	NUMBER OF EXAMS
Under age one	Four exams from birth to the child's first birthday
Age one	Two exams from the child's first birthday to the child's second birthday
Age two through six	One exam per year (determined by the child's birthday)

- 4. Benefits will be provided for colorectal cancer screening as recommended by the United States Preventive Task Force (USPSTF) when provided by an in-network or out-of- network provider, subject to the deductible and coinsurance.
- 5. Benefits will be provided, subject to deductible and coinsurance, for one routine PSA per calendar year when services are rendered by an independent laboratory or other outpatient setting.
- 6. Benefits will be available for one routine OB/GYN exam per calendar year, subject to deductible and coinsurance. Services must be rendered by an in-network physician's office and billed by the in-network provider. Related pathology, including pap smear, which is provided as a part of the routine OB/GYN exam, will be covered when the services are rendered by an in-network physician's office and billed by the in-network provider. Related pathology that the physician sends to an independent laboratory will be subject to deductible and coinsurance. No benefit is available for routine OB/GYN exams provided by an out-of-network provider.
- 7. Benefits will be provided for the interpretation of one routine pap smear per calendar year when services are rendered by an independent laboratory or other outpatient setting, subject to deductible and coinsurance.
- 8. For routine mammography screening provided such examinations are conducted upon the recommendation of the individual's physician. One baseline routine mammogram will be allowed for individuals between the ages of 35-39. One routine mammogram will be allowed annually for individuals age 40 and above. All routine mammography screens are subject to deductible and coinsurance.
- 9. Benefits will be provided, subject to deductible and coinsurance.

#### **MATERNITY BENEFITS**

Maternity Benefits will be available after an individual's coverage on a 2-person, 3-person or family contract has been in effect for six consecutive months. Individual coverage has NO maternity benefits.

#### PRE-EXISTING CONDITION WAITING PERIOD

Benefits will not be provided for any pre-existing condition until an individual has completed a waiting period of at least six months. A pre-existing condition is defined in the contract as "An illness, injury, pregnancy or any other medical condition which existed at any time preceding the effective date of coverage under this contract for which: Medical advice or treatment was recommended by, or received from, a provider of health care services; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."

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