

2022 HEALTH BENEFIT PLAN COMPARISON

This is a brief summary of benefits and limitations. For more information and full plan comparison, please visit www.trinitymarketing.services.

MEDICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
DEDUCTIBLE:	\$0/Single \$0/Family	\$1,000/Single \$2,000/Family	\$2,500/Single \$5,000/Family	\$5,000/Single \$10,000/Family	\$2,800/Single \$5,600/Family	\$5,000/Single \$10,000/Family
OUT-OF-POCKET MAXIMUM:	\$2,000/Single \$4,000/Family	\$4,000/Single \$8,000/Family	\$6,000/Single \$12,000/Family	\$8,550/Single \$17,100/Family	\$6,000/Single \$12,000/Family	\$7,050/Single \$14,100/Family
PREVENTATIVE:	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible
PRIMARY CARE:	\$0 Copay	\$20 Copay	\$35 Copay	\$50 Copay	80% Coverage after deductible	70% Coverage after deductible
SPECIALTY CARE:	\$35 Copay	\$50 Copay	\$75 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
URGENT CARE:	\$50 Copay	\$75 Copay	\$100 Copay	\$100 Copay	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY ROOM:	\$150 Copay	90% Coverage after \$250 Copay	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
INPATIENT SERVICES:	100% Coverage no deductible	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
OUTPATIENT SURGERY:	100% Coverage no deductible	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible

PRESCRIPTION BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
RETAIL: ¹						
Generic	\$0	\$0	\$0	\$0	80% Coverage after deductible	70% Coverage after deductible
Brand	\$50	\$50	\$50	\$50		
Non-Preferred	\$100	\$100	\$100	\$100		
MAIL ORDER: ²						
Generic	\$0	\$0	\$0	\$0	80% Coverage after deductible	70% Coverage after deductible
Brand	\$125	\$125	\$125	\$125		
Non-Preferred	\$250	\$250	\$250	\$250		
Specialty Preferred	\$250	\$250	\$250	\$250		
Non-Preferred	70% Coverage no deductible	70% Coverage no deductible	70% Coverage no deductible	70% Coverage no deductible		

Nondiscrimination Notice: Trinity Marketing Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Note: This document is for comparison only and is not an official plan document. Limitations and coverage maximums apply. See the Plan Summary for each plan and Summary Plan Document for more information.

¹ Retail is only available as a 30 day supply.

² Mail order for non-specialty is only available as a 90 day supply, and for specialty is only available as a 30 day supply.