

2023 HEALTH BENEFIT PLAN COMPARISON

In-Network



MEDICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE	\$0 / Single \$0 / Family	\$1,000 / Single \$2,000 / Family	\$2,500 / Single \$5,000 / Family	\$5,000 / Single \$10,000 / Family	\$3,000 / Single \$6,000 / Family	\$5,000 / Single \$10,000 / Family
OUT-OF-POCKET MAXIMUM¹	\$2,000 / Single \$4,000 / Family	\$4,000 / Single \$8,000 / Family	\$6,000 / Single \$12,000 / Family	\$8,000 / Single \$16,000 / Family	\$6,000 / Single \$12,000 / Family	\$7,500 / Single \$15,000 / Family
PREVENTATIVE SERVICES	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 SERVICES	\$0 Copay	\$20 Copay	\$35 Copay	\$50 Copay	80% Coverage after deductible	70% Coverage after deductible
SPECIALTY CARE SERVICES	\$35 Copay	\$50 Copay	\$75 Copay	\$100 Copay	80% Coverage after deductible	70% Coverage after deductible
URGENT CARE CENTER SERVICES	\$50 Copay	\$75 Copay	\$100 Copay	\$100 Copay	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY ROOM SERVICES	\$150 Copay	90% Coverage after \$250 Copay	80% Coverage after \$2,500/\$5,000 deductible	70% Coverage after \$5,000/\$10,000 deductible	80% Coverage after \$3,000/\$6,000 deductible	70% Coverage after \$5,000/\$10,000 deductible
INDEPENDENT LAB SERVICES	\$50 Copay	\$75 Copay	\$75 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
INDEPENDENT IMAGING SERVICES	\$75 Copay	\$150 Copay	\$150 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
OUTPATIENT SURGERY	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
HOSPITAL INPATIENT SERVICES	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
MATERNITY SERVICES: • Office Visit • Childbirth/Delivery Professional & Facility Services	\$0 Copay 100% Coverage of allowed amount	\$20 Copay 90% Coverage after deductible	\$35 Copay 80% Coverage after deductible	\$50 Copay 70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY AMBULANCE SERVICES	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
REHABILITATION SERVICES	\$35 Copay	\$50 Copay	\$75 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
MENTAL HEALTH & SUBSTANCE ABUSE • Professional Services • Facility Services	\$0 Copay 100% Coverage of allowed amount	\$20 Copay 90% Coverage after deductible	\$35 Copay 80% Coverage after deductible	\$50 Copay 70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible

PHARMACEUTICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
RETAIL² • Generic Drugs • Brand Drugs • Non-Preferred Drugs	\$0 \$50 \$100	\$0 \$50 \$100	\$0 \$50 \$100	\$0 \$50 \$100	80% Coverage after deductible	70% Coverage after deductible
MAIL ORDER³ • Generic Drugs • Brand Drugs • Non-Preferred Drugs • Specialty Drugs ⁴ • Preferred Drugs • Non-Preferred Drugs	\$0 \$125 \$250 \$250 70% Coverage no deductible	\$0 \$125 \$250 \$250 70% Coverage no deductible	\$0 \$125 \$250 \$250 70% Coverage no deductible	\$0 \$125 \$250 \$250 70% Coverage no deductible	80% Coverage after deductible	70% Coverage after 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 is only a brief summary of benefits. Limitations and coverage maximums apply. See the Schedule of Benefits for each plan and Summary Plan Document for more information.

¹ In- and out-of-network out-of-pocket maximums are combined.
² Retail rates based on 30-day supply.
³ Mail order rates based on a 90-day supply.
⁴ Specialty is only available as a 30-day supply through mail order.