

TD Consortium Benefits Trust Overview Summary

	Classic 500		Classic 1000		Classic 2000		Classic 3500		Classic 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-Pocket Maximum Individual/Family	<i>Includes All Expenses</i>									
	\$3,000/\$6,000	Unlimited	\$4,000/\$8,000	Unlimited	\$5,000/\$10,000	Unlimited	\$6,150/\$12,300	Unlimited	\$7,350/\$14,700	\$20,000/\$40,000
Preventative Care Services	100%, Ded Waived	60% after Ded	100%, Ded Waived	60% after Ded	100%, Ded Waived	60% after Ded	100%, Ded Waived	50% after Ded	100%, Ded Waived	50% after Ded
Physician Office Visit Primary Care/Specialist	\$25 Copay/\$35 Copay	60% after Ded	\$30 Copay/\$40 Copay	60% after Ded	\$30 Copay/\$50 Copay	60% after Ded	\$30 Copay/\$50 Copay	50% after Ded	\$45 Copay/\$90 Copay	60% after Ded
Facility Charges										
Emergency Room Services	\$500 copay/visit, then 100%		80% after Ded		80% after Ded		80% after Ded		70% after Ded	
Inpatient Hospital Services	\$500 copay/day for up to 5 days, then 100%	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded	70% after Ded	50% after Ded	70% after Ded	50% after Ded
Outpatient Hospital Facility	\$500 copay/then 100%		80% after Ded		80% after Ded		70% after Ded		50% after Ded	
Urgent Care Services	\$50 copay		\$50 copay		\$75 copay		\$75 copay		\$90 copay	

	HSA 5000		HSA 6650		Value 7350		ACO 0		ACO 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Preferred Providers	Non-Preferred Providers	Preferred Providers	Non-Preferred Providers
Annual Deductible Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$10,000/\$20,000	\$7,350/\$14,700	\$14,700/\$29,400	\$0/\$0	\$10,000/\$20,000	\$5,000/\$10,000	\$7,000/\$14,000
Out-of-Pocket Maximum Individual/Family	<i>Includes All Expenses</i>									
	\$6,550/\$13,100	\$15,000/\$30,000	\$6,900/\$13,800	\$20,000/\$40,000	\$7,350/\$14,700	Unlimited	\$3,000/\$6,000	\$6,000/\$9,000	\$6,150/\$12,300	\$8,150/\$16,300
Preventative Care Services	100%, Ded Waived	60% after Ded	100%, Ded Waived	60% after Ded	100%, Ded Waived	60% after Ded	100%, Ded Waived	100%, Ded Waived	100%, Ded Waived	100%, Ded Waived
Physician Office Visit Primary Care/Specialist	80% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	60% after Ded	\$25 Copay/\$50 Copay	60% after Ded	\$50 Copay/\$70 Copay	60% after Ded
Facility Charges										
Emergency Room Services	80% after Ded		100% after Ded		100% after Ded		80% after Ded		80% after Ded	
Inpatient Hospital Services	80% after Ded	60% after Ded	100% after Ded	60% after Ded	100% after Ded	60% after Ded	\$500 copay/day for up to 5 days, then 100%	60% after Ded	80% after Ded	60% after Ded
Outpatient Hospital Facility	80% after Ded		100% after Ded		100% after Ded		60% after Ded		80% after Ded	
Urgent Care Services	80% after Ded		100% after Ded		100% after Ded		\$75 copay		\$75 copay	

*Members must live in ACO service area to enroll in ACO Plan

	RX Plan 1		RX Plan 2		RX Plan 3	
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1-Generic Drugs	\$10 Copay	\$30 Copay	\$15 Copay	\$25 Copay	Deductible, then \$15 Copay	Deductible, then \$45 Copay
Tier 2-Preferred Brands	\$45 Copay	\$90 Copay	\$65 Copay	\$87.50 Copay	Deductible, then 80% coverage	
Tier 3-Non-Preferred Brands	\$85 Copay	\$150 Copay	\$100 Copay	\$162.50 Copay	Deductible, then 50% coverage	
Tier 4-Specialty	Deductible, then 80% coverage		Deductible, then 80% coverage		Deductible, then 50% coverage	

All RX Plans - Available with all Medical Plans except HSA options. RX Plan 3 is HSA compatible when paired with 5000 HSA or 6650 HSA Medical Plans



*All plans available for October 1, 2020 Enrollment

This is not a legal document, but a brief description of the benefits offered. Nothing in this summary will alter any of the terms or conditions of the Summary Plan Document and contracts. Actual rates may vary based on actual enrollment.