

2022 Health Plan Comparison, page 2

PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible with the exception of in-network preventive care. In the table, \$ = your copayment amount; % = your coinsurance; No Charge = you pay \$0 in-network. See footnotes on page 19.

Note: This grid is available in a one-page, easy-to-use format at this link on the Benefits Administration website:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/benefit_grid_2021_le_lg_final.pdf

HEALTH CARE OPTION	PREMIER PPO Member Costs		STANDARD PPO Member Costs	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OUTPATIENT FACILITIES				
• Recommended screenings such as colonoscopy, mammogram, colorectal and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%
OTHER SERVICES				
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Inpatient behavioral health and substance use ^[2] ^[6]	10%	40%	20%	40%
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	10%	40%	20%	40%
Home Care ^[4] • Home health; home infusion therapy	10%	40%	20%	40%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] ; outpatient • IN-NETWORK outpatient PT/ST/OT ^[5]	10%	40%	20%	40%
X-Ray, Lab and Diagnostics (not including advanced X-rays, scans and imaging) ^[5]	10%		20%	
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	10%	40%	20%	40%
Pathology and Radiology Reading, Interpretation and Results ^[5]	10%		20%	
Ambulance (medically necessary, air and ground)	10%		20%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	10%	40%	20%	40%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered.			
DEDUCTIBLE				
Employee Only	\$500	\$1,000	\$1,000	\$2,000
Employee + Child(ren)	\$750	\$1,500	\$1,500	\$3,000
Employee + Spouse	\$1,000	\$2,000	\$2,000	\$4,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$2,500	\$5,000
OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM				
Employee Only	\$3,600	\$7,200	\$4,000	\$8,000
Employee + Child(ren)	\$5,400	\$10,800	\$6,000	\$12,000
Employee + Spouse	\$7,200	\$14,400	\$8,000	\$16,000
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$10,000	\$20,000

