

TDC BENEFITS COMPARISON OF PLANS

PLAN BENEFITS (AMOUNTS YOU PAY)								
	Classic 500		Classic 1000		Classic 2000		Classic 3500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Individual	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$3,500	\$7,000
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$7,000	\$14,000
Out-of Pocket Maximum	<i>Includes ALL Expenses</i>							
Individual	\$3,000	Unlimited	\$4,000	Unlimited	\$5,000	Unlimited	\$7,150	Unlimited
Family	\$6,000	Unlimited	\$8,000	Unlimited	\$10,000	Unlimited	\$14,300	Unlimited
Physician Office Copay								
Primary	\$25 Copay	40% after Ded	\$30 Copay	40% after Ded	\$30 Copay	40% after Ded	\$30 Copay	40% after Ded
Specialist and Urgent Care	\$35 Copay	40% after Ded	\$40 Copay	40% after Ded	\$50 Copay	40% after Ded	\$50 Copay	40% after Ded
Preventive/Wellness	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Hospitalization								
Inpatient Facility	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded	30% after Ded	40% after Ded
Outpatient Surgery	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded	30% after Ded	40% after Ded
Emergency Room	20% after \$250 Copay	20% after \$250 Copay	20% after \$250 Copay	20% after \$250 Copay	20% after \$250 Copay	20% after \$250 Copay	30% after \$250 Copay	30% after \$250 Copay
Prescription Drugs	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1-Generic Drugs	0% after \$15 Copay	0% after \$45 Copay	0% after \$15 Copay	0% after \$45 Copay	0% after \$15 Copay	0% after \$45 Copay	0% after \$15 Copay	0% after \$45 Copay
Tier 2-Preferred Brands	0% after \$30 Copay	0% after \$90 Copay	0% after \$30 Copay	0% after \$90 Copay	0% after \$30 Copay	0% after \$90 Copay	0% after \$30 Copay	0% after \$90 Copay
Tier 3-Non-Preferred Brands	0% after \$50 Copay	0% after \$150 Copay	0% after \$50 Copay	0% after \$150 Copay	0% after \$50 Copay	0% after \$150 Copay	0% after \$50 Copay	0% after \$150 Copay
Tier 4-Specialty	25% max of \$200	25% max of \$200	25% max of \$200	25% max of \$200	25% max of \$200	25% max of \$200	25% max of \$200	25% max of \$200

PLAN BENEFITS (AMOUNTS YOU PAY)						
	Classic 5000		HSA 3000		HSA 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$5,000	\$10,000	\$3,000	\$3,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$6,000	\$6,000	\$10,000	\$20,000
Out-of Pocket Maximum	<i>Includes ALL Expenses</i>					
Individual	\$7,150	Unlimited	\$5,950	\$9,000	\$6,550	\$15,000
Family	\$14,300	Unlimited	\$11,900	\$18,000	\$13,100	\$30,000
Physician Office Copay						
Primary	\$30 Copay	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded
Specialist and Urgent Care	\$50 Copay	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded
Preventive/Wellness	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Hospitalization						
Inpatient Facility	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded
Outpatient Surgery	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded
Emergency Room	20% after \$250 Copay	20% after \$250 Copay	20% after Ded	40% after Ded	20% after Ded	40% after Ded
Prescription Drugs	Retail	Mail Order				
Tier 1-Generic Drugs	0% after \$15 Copay	0% after \$45 Copay				
Tier 2-Preferred Brands	0% after \$30 Copay	0% after \$90 Copay	20% after Ded		20% after Ded	
Tier 3-Non-Preferred Brands	0% after \$50 Copay	0% after \$150 Copay				
Tier 4-Specialty	25% max of \$200	25% max of \$200				

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This is not a legal document, but a brief description of the benefits offered. Nothing in this Comparison of Plans will alter any of the terms or conditions of the Master Policy. Actual rates may vary based on actual enrollment.