

The Teachers' Choice Health Plan (TCHP)

Plan Year Maximums and Deductibles

Plan Year Maximum	Unlimited								
Lifetime Maximum	Unlimited								
Plan Year Deductible	\$500 per benefit recipient								
Additional Deductibles*	<table border="0"> <tr> <td>Each emergency room visit</td> <td>\$400</td> </tr> <tr> <td>TCHP hospital admission</td> <td>\$200</td> </tr> <tr> <td>Non-TCHP hospital admission</td> <td>\$400</td> </tr> <tr> <td>Transplant deductible</td> <td>\$200</td> </tr> </table>	Each emergency room visit	\$400	TCHP hospital admission	\$200	Non-TCHP hospital admission	\$400	Transplant deductible	\$200
Each emergency room visit	\$400								
TCHP hospital admission	\$200								
Non-TCHP hospital admission	\$400								
Transplant deductible	\$200								

* These are in addition to the plan year deductible.

Out-of-Pocket Maximum Limits

In-Network Individual \$1,200	In-Network Family \$2,750	Out-of-Network Individual \$4,400	Out-of-Network Family \$8,800
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Hospital Services

TCHP Hospital Network	\$200 deductible per hospital admission. 80% after annual plan deductible.
Non-TCHP Hospitals	\$400 deductible per hospital admission. 60% of allowable charges after annual plan deductible.

Outpatient Services

Preventive Services, including immunizations	100% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Diagnostic Lab/X-ray	
Approved Durable Medical Equipment (DME) and Prosthetics	80% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Licensed Ambulatory Surgical Treatment Centers	

Professional and Other Services

Services included in the TCHP Network	80% after the annual plan deductible.
Services not included in the TCHP Network	60% of allowable charges after the annual plan deductible.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	80% in-network, 60% of allowable charges after the annual plan deductible.

Transplant Services

Organ and Tissue Transplants	80% after \$200 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.
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Prescription Drugs

Copayments (30-day supply) TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment		Minimum	Maximum
	Generic		Greater of 20% or \$7
Preferred Brand		Greater of 20% or \$14	Lesser of 20% or \$100
Nonpreferred Brand		Greater of 20% or \$28	Lesser of 20% or \$150