



MEDICAL & PHARMACY PLAN CHOICES AND PREMIUMS

		GOLD HDHP	SILVER HDHP	BRONZE HDHP
Annual Deductible	Per Person	\$2,800	\$2,800	\$5,250
	Per Family	\$5,600	\$5,600	\$10,500
Annual Out-of-Pocket Max	Per Person	\$4,100	\$5,600	\$6,900
	Per Family	\$8,200	\$11,200	\$13,800
Preventive Health Care Services (In-Network)		100%	100%	100%
All Other Covered Services		85% after deductible	70% after deductible	70% after deductible
TSC HSA Contribution (Jan 1, Apr 1, Jul 1, Oct 1)	Team Member Only	\$125 quarterly	\$125 quarterly	\$75 quarterly
	TM + Dependent(s)	\$250 quarterly	\$250 quarterly	\$150 quarterly
Prescription Drug Coverage				
Lower Cost Generic Medications after deductible	30 Days @ Retail	85%	70%	70%
	90 Days @ Retail *	85%	70%	70%
	90 Days @ Mail Order	85%	80%	80%
Mid-Range Cost-Preferred Brand Medications after deductible	30 Days @ Retail	85%	70%	70%
	90 Days @ Retail *	85%	70%	70%
	90 Days @ Mail Order	85%	80%	80%
Higher Cost Non-Preferred Brand Medications after deductible	30 Days @ Retail	60%	50%	50%
	90 Days @ Retail *	60%	50%	50%
	90 Days @ Mail Order	67%	67%	67%
Specialty Drugs	Filled through OptumRx/Briova	50%	50%	50%
Preventive Medications		Deductible does not apply to designated preventive medications		
Tobacco Use Surcharge (all forms of tobacco use **)	TM OR Spouse (bi-weekly)	+\$25	+\$25	+\$25
	TM AND Spouse (bi-weekly)	+\$50	+\$50	+\$50
BI-WEEKLY PREMIUMS	Single	\$83.35	\$51.30	\$23.62
	TM Plus Spouse	\$175.03	\$107.72	\$49.60
	TM Plus Child(ren)	\$150.03	\$92.34	\$42.52
	Family	\$250.05	\$153.89	\$70.86

* Maintenance medications must be filled at Walgreens or via Mail Order

** Use of e-cigarettes/vape devices is not currently included in TSC's tobacco use surcharge policy. TSC reserves the right to amend the policy as new information becomes available pertaining to healthcare risks associated with e-cigarettes/vape devices. If you are trying to quit smoking, please refer to TSC's Tobacco Cessation Program for assistance. More information is available on TractorAdvantage.com.