

Group PPO

Trustmark PPO Plan Highlights

- Cost management
- Flexible plan designs
- Funding options
- Affordable prescription drug coverage
- Integrated, innovative care management programs

Pick a Plan That Meets Your Needs

Combining flexibility with cost control, the Trustmark Group Benefits PPO Plan offers significant savings to you and your covered employees. Our PPO encourages employees to obtain healthcare services from hospitals, physicians and other preferred providers at reduced rates.

Employees may select any physician or hospital they wish, but will pay less when medical care is received from a Trustmark PPO network provider. Develop a flexible health program tailored to your needs by selecting from a series of deductibles, coinsurance percentages, prescription drug options and other benefit options.

Calendar Year Deductible Options

Using in-network providers maximizes savings. Choice of separate in-network and out-of-network deductibles. Out-of-network deductibles must be at least \$100 higher than in-network deductibles. Choice of deductible waived when in-network deductibles of \$100-\$500 are selected.

- \$100 – \$750 in \$50 increments
- \$1,000 – \$2,000 in \$250 increments
- \$2,500 – \$10,000 in \$500 increments

Maximum Family Deductible

- Two times the individual deductible
- Three times the individual deductible
- No maximum family deductible

Out-of-Pocket Maximums

The out-of-pocket maximum excludes deductible and is based on the chosen coinsurance percentages. In-network maximums range from \$0 to \$10,000, and out-of-network out-of-pocket maximums range from \$400 to \$15,000.

Coinsurance Percentage Level Options

Coinsurance is the amount covered under a medical plan after the appropriate deductible is met, up to the out-of-pocket maximum.

**May not be available with all PPO Networks

In-network/Out-of-network

- 100/80** • 85/75
- 100/70** • 85/65
- 100/60** • 80/70
- 100/50** • 80/60
- 90/80 • 80/50**
- 90/70 • 70/50
- 90/60 • 60/40
- 90/50

Separate In- and Out-of-Network Accumulator*

- Accumulates deductible and Out-of-pocket separately for In- and Out-of-Network
- Cross-accumulates deductible and Out-of-pocket for In- and Out-of-Network

Per Occurrence Out-of-Network Inpatient Hospital Deductibles

Does not accumulate toward out-of-pocket maximum.

- \$100
- \$200
- \$300
- \$500
- \$750
- Not Selected

Supplemental Accident Benefit

Not available for plans with out-of-network deductibles greater than \$1,500

- \$300
- \$500
- Deductible waived for accidents
- Covered same as any other illness

X-Ray and Laboratory Expense Benefit

Not available for plans with out-of-network deductibles greater than \$1,500

- \$150
- \$300
- \$500
- Deductible waived for X-ray and lab work
- Covered same as any other illness

Emergency Room Access Fee Choices

- \$50
- \$75
- \$100
- Not selected

Preadmission Testing

Expenses incurred for X-rays and tests related to the proposed surgery and deemed necessary by the physician.

- Covered same as any other illness (subject to deductible and coinsurance)
- Paid at 100%, deductible waived

Physician Copay Options

- \$0 (not applicable with 100% coinsurance plan, subject to deductible and coinsurance)
- \$10
- \$15
- \$20
- \$25
- \$30

Physician Copay Options*

(options available in addition to above copay chosen)

- Exclude durable medical equipment and Therapies from copay; deductible and coinsurance apply
- Exclude diagnostic X-ray and laboratory services from copay; deductible and coinsurance apply
- Add \$500 limit per visit, subject to deductible and coinsurance thereafter

Urgent Care Copay Fee*

(must be equal to or higher than physician copay)

Subject to deductible and coinsurance

Out-of-network only

- \$10 – \$80 in \$5 increments
- \$90
- \$100
- No benefit

Plan Options (continued)

Durable Medical Equipment*

Subject to deductible and coinsurance

- \$1,000
- \$5,000
- \$10,000
- Same as any other

Physical Therapy Options*

Subject to deductible and coinsurance

- \$1,000
- \$2,500
- \$5,000
- Same as any other

Speech Therapy Options*

Subject to deductible and coinsurance

- \$1,000
- \$2,500
- \$5,000
- Same as any other

Temporomandibular Joint Syndrome (TMJ)*

Subject to deductible and coinsurance

- \$1,000 lifetime
- \$2,500 lifetime
- Same as any other
- No benefit

Lifetime Maximum

(In-network and out-of-network combined)

In-network/Out-of-network

- \$5,000,000/\$2,000,000

** All benefit levels are contingent upon approval of the current version of Trustmark Life's policy in your state*

Prescription Drug Options

- Outpatient prescription drug card with mail order
- Rx Price Assurance
- No benefit

In-Store Health Clinic Copay Option

Trustmark offers an option so that your employees can pay a copay when they visit an In-Store Health Clinic (like a clinic within a CVS, Walgreens or Wal-Mart). This option can save your employees out-of-pocket expenses, since In-Store Health Clinics typically cost less than a visit to a doctor's office or an urgent care center.

Features:

- You choose the copay amount, which ranges from \$5 to \$50, in \$5 increments
- The copay applies for both in- and out-of-network In-Store Health Clinic providers
 - For In-Store Health Clinics that are in-network, the member will pay the copay at the time of service
 - For In-Store Health Clinics that are out-of-network, the member may be asked to pay retail price at the time of service, and then must submit a claim to Trustmark
 - The same healthcare services that are not covered under a physician office copay will also not be covered with the In-Store Health Clinic copay

Please refer to the Features and Descriptions brochure and the Policy for more details, including limitations and exclusions.

State Mandates Apply.

Preventive Care and Wellness Benefits

There are three options to choose from for preventive and wellness benefits. The Standard Preventive Benefit may be upgraded to either the Enhanced or Premier option.

Preventive Care is a cornerstone of our PPO plans. We encourage regular physical checkups to help promote healthier lifestyles and, as a result, fewer medical costs.

Standard Preventive Benefit

Covered Services	
What is covered?	<ul style="list-style-type: none"> a. Mammograms b. Gynecological Exams c. Pap Tests d. Prostate Exams e. PSA Tests f. Well Child care including exams, screenings and immunizations to age 21, following the American Academy of Pediatrics guidelines. g. Adult routine Physical Exam and associated nondiagnostic lab tests, limited to \$100 per calendar year. Expenses in excess of \$100 per calendar year are not covered.
How is it covered?	<ul style="list-style-type: none"> • 100% coverage in an in-network physician's office, after office visit copay • Deductible waived and in- or out-of-network coinsurance applies when services are not performed in a physician's office • No benefit limits on services a through f

Enhanced and Premier Options

Below is a combined description of the Enhanced and Premier options. These two wellness options differ only by the in-network maximum benefit level available, \$300 or \$600, prior to the in-network deductible and coinsurance.

	Standard Preventive Benefit-Covered Services	Enhanced & Premier-Additional Covered Services
What is covered?	<ul style="list-style-type: none"> a. Mammograms b. Gynecological Exams c. Pap Tests d. Prostate Exams e. PSA Tests f. Well Child care including exams, screenings and immunizations to age 21, following the American Academy of Pediatrics guidelines. 	<ul style="list-style-type: none"> g. Adult Routine Physical Exam and associated nondiagnostic lab tests h. Adult immunizations i. Electrocardiogram (ECG) j. Bone density screening k. Colonoscopy l. Sigmoidoscopy m. Hearing Screening n. Basic Eye Exam
How is it covered?	<ul style="list-style-type: none"> • 100% coverage in an in-network physician's office, after office visit copay • Deductible waived and in- or out-of-network coinsurance applies when services are not performed in a physician's office • No benefit limits on services a through f 	<ul style="list-style-type: none"> • Office visit copay applies to physician visits • 100% of first \$300 or \$600 per calendar year • Charges in excess of the \$300 or \$600 limit are subject to deductible and coinsurance • In-network coverage only

Trustmark
GROUP BENEFITS

Trustmark Group Benefits is a division of Trustmark Life Insurance Company
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