

Group PPO

Trustmark

# Group Benefits

*Cost Control, Flexible Plan Designs,  
Funding Options with a Trustmark PPO*

***Trustmark***  
GROUP BENEFITS

## 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 to \$500 are selected.

- \$100 to \$750 in \$50 increments
- \$1,000 to \$2,000 in \$250 increments
- \$2,500 to \$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.

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## Trustmark PPO Plan Highlights

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

### 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.

#### In-Network/Out-of-Network

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

### 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

*\*May not be available with all PPO networks.*

### Non-Routine X-Ray and Laboratory Expense Benefit

Not available for plans with out-of-network deductibles greater than \$1,500. The first three options are paid at 100%, then subject to deductible and coinsurance.

- \$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; does not apply to emergency services.

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

### Physical Therapy Options

Subject to deductible and coinsurance.

- 12 visits per year
- 24 visits per year
- 60 visits per year
- Same as any other

### Speech Therapy Options

Subject to deductible and coinsurance.

- 12 visits per year
- 24 visits per year
- 60 visits per year
- Same as any other

### Prescription Drug Options

- Outpatient prescription drug card with mail service
- Price Assurance Program
- No benefit

### In-Store Health Clinic Copay Option

Trustmark offers an option enabling your employees to pay a copay when they visit an in-store health clinic (such as a clinic within a CVS/pharmacy, Walgreens or Walmart). 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-network in-store health clinics, the member pays the copay at the time of service.
  - For out-of-network in-store health clinics, 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 covered under a physician office copay are also covered with the in-store health clinic copay.

## Preventive Care Services

Preventive care services, as defined by federal regulation, are paid at 100 percent when received in-network. Age and frequency schedules apply. Covered preventive care services include, but are not limited to:

- Physician office visits for preventive care services
  - Adult physicals
  - Routine ob/gyn visits
  - Well-child visits
- Routine mammograms
- PSA (prostate-specific antigen)
- Colonoscopy
- Adult and child immunizations (including flu and pneumonia shots)

Please refer to the *Features and Descriptions* brochure and the policy for more details, including limitations and exclusions. Plan benefits are subject to change to comply with federal healthcare reform as necessary.

**State mandates apply.**