



**TRH MAJOR MEDICAL 5000
HEALTH SCHEDULE OF BENEFITS**

TRH MAJOR MEDICAL 5000 Health Coverage Utilizes The Blue Network P

Deductible Amounts: Each covered person must satisfy one of the following deductibles during a benefit period:

For Network Provider Services	\$5,000
For Out-of-Network Provider Services	\$7,000
Annual Combined Calendar Year Deductible	\$7,000

Out-of-Pocket Maximums:

Benefits will be provided at 100% for a person or family during the remainder of a calendar year after the following out-of-pocket covered expenses have been incurred for the services of network providers:

Individual	\$10,000
Family	\$20,000

Coinsurance Percentages:

The program pays the following percentages of your eligible expenses after the deductible is satisfied:

Network Provider Services	80%
Out-of-Network Provider Services	60%

\$2,000,000 MAXIMUM LIFETIME PAYABLE FOR NETWORK PROVIDER AND/OR OUT-OF-NETWORK PROVIDER SERVICES.

Prescription Drugs:

Benefits are available for prescription drugs, subject to the Deductible and Coinsurance. Members should show their TRH ID card to a participating pharmacy in order to get the network pricing. Using an out-of-network pharmacy will decrease the amount that you are reimbursed on prescription drugs. Prescription purchases are paid by the member up front; members can then file prescription claims for any eligible reimbursement that might be available, subject to the deductible and coinsurance. Prescription Home Delivery service is also available for members. By using Prescription Home Delivery, members can enjoy the convenience of receiving many of their prescription drugs delivered right to their door and they may be able to save money.

Behavioral Health Care:

Inpatient/Outpatient Coinsurance (Network & Out-of-Network Providers).....	50%
Inpatient/Outpatient Maximum per Benefit Period (Network & Out-of-Network Providers).....	\$7,500
Inpatient/Outpatient benefits Lifetime Maximum (Network & Out-of-Network Providers).....	\$30,000
Out-of-Pocket expenses incurred for Behavioral Health Care will not apply to the out-of-pocket maximums.	

Well-Care Services:

Child Health Supervision Services.

Benefits include history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunization and laboratory tests, in keeping with prevailing medical standards, for Members under seven (7) years of age, subject to the following guidelines:

Physical Examinations:

Under age one:	4 exams
Age one:	2 exams
Age two through six:	1 exam per year

Immunizations/vaccinations/booster shots:

Diphtheria	Pertussis
Tetanus	Polio
Haemophilus Influenza type B	Rubella
Mumps	Pneumococcus
Hepatitis B	Varicella

Annual OB/GYN Exam:

Benefits will be provided for one routine OB/GYN exam per calendar year (including Pap smear) when provided and billed by a Network Provider in the physician's office.

No benefit is available for the OB/GYN exam if provided by an Out-of-Network Provider.

Colonoscopy:

Benefits will be provided for one routine colonoscopy every four years for Members age 50 and over when provided by a Network or Out-of-Network Provider, subject to the deductible and coinsurance.

Please keep in mind that your network plan payments are based on negotiated fees. If you use an Out-of-Network provider, your liability will increase significantly.

What Is Not Covered

Benefits will not be provided for any pre-existing condition until you have completed a waiting period of at least 12 months. Pre-existing condition waiting periods may vary in duration; please refer to the EOC for a complete explanation.

Maternity benefits will be available only after family coverage has been in effect for nine consecutive months.

Please note that the following is a partial listing of benefit exclusions; for a complete explanation of benefit exclusions, please refer to the Evidence of Coverage, (EOC).

Benefits will not be provided for:

- Expenses covered by any other group or individual coverage;
- Services or supplies not prescribed or performed by a physician or other professional provider (as defined in the definitions);
- Services provided before the Member's coverage begins, during the pre-existing condition waiting period or after this coverage is terminated;
- Any work related illness or injury (unless resulting from self-employment not subject to Worker's Compensation);
- Speech, hydrotherapy, occupational, recreational, educational therapy; non-medical self-care or self-help training;
- Self-treatment or services provided by the patient, or any person related to the patient by blood or marriage, or any person who resides in the patient's immediate household;
- Services for physical therapy which consist primarily in the use of exercise and physical fitness equipment;
- Illness or injury resulting from war;
- Services or supplies for dental care, except as in the EOC;
- The prescription or fitting of hearing aids, eyeglasses or contact lenses, except as in the EOC;
- Surgery mainly to improve appearance;
- Care which is not medically necessary;
- Routine or periodic physical examinations, and screening examinations, except as in the EOC;
- Immunization shots, except as in the EOC;
- Foot care only to improve comfort or appearance;
- Services or supplies covered by or which could have been covered by any government program, except TennCaresm (Medicaid) coverage provided by the state of Tennessee;
- Convalescent care, custodial care, or rest cures;
- Services or supplies in connection with the treatment of obesity;
- Services and supplies required as a result of attempted suicide or intentionally self-inflicted (whether sane or insane) illness or injury;
- Services required as a result of the commission of a crime by the patient, or the attempt to commit a crime;
- Surgical or medical care to modify the sex of a patient;
- In vitro fertilization or any other service, supply or drug designed to promote pregnancy;
- Well-baby care, except as in the EOC;
- Blood or blood plasma;
- Sexual Dysfunction;
- Personal hygiene and convenience items; air conditioners, humidifiers and similar items;
- Services which have been or could have been paid for under Medicare;
- Investigative services or supplies;
- Telephone and e-mail consultations, missed appointments or charges to complete forms or to provide requested medical information or records;
- Services or supplies for a radial keratotomy (laser vision services) or other similar surgery;
- Any transplant procedure, except as in the EOC;
- Any artificial organ or any associated expenses;
- Services or supplies for the reversal of sterilization;
- Non-eligible medical expenses;
- Charges in excess of the Maximum Allowable Charge for a service or supply.