

Teachers' Choice Health Plan (TCHP) Benefits - Aetna

Plan Year Maximums and Deductibles			
Plan Year Maximum	Unlimited		
Lifetime Maximum	Unlimited		
Plan Year Deductible	\$500 per recipient		
Additional Deductibles*	Each emergency room visit	\$400	
	TCHP hospital admission	\$200	
	Non-TCHP hospital admission	\$400	
	Transplant deductible	\$200	
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
Hospital Services			
TCHP Hospital Network	\$200 deductible per hospital admission. 80% after the annual plan deductible.		
Non-TCHP Hospitals	\$400 deductible per hospital admission. 60% of allowable charges after the annual plan deductible.		
Outpatient Services			
Preventive Services, including immunizations	100% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.		
Diagnostic Lab/X-ray	80% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.		
Approved Durable Medical Equipment (DME) and Prosthetics			
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 out-of-network, 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, Aetna. To assure coverage, the transplant candidate must contact Aetna prior to beginning evaluation services.		
Prescription Drugs			
Copayments (30-day supply)		Minimum	Maximum
TCHP applies 20% coinsurance to the retail cost of the drug not to exceed the maximum copayment or be less than the minimum copayment	Generic	Greater of 20% or \$7	Lesser of 20% or \$50
	Preferred Brand	Greater of 20% or \$14	Lesser of 20% or \$100
	Nonpreferred Brand	Greater of 20% or \$28	Lesser of 20% or \$150

* These are in addition to the plan year deductible.

** Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your annual out-of-pocket maximum; this varies by plan and geographic region.