

# COPPER + GAP PLAN COMPARISON



Trinity's Gap Program combines a lower cost, level-funded base benefit plan with a fully insured Gap Plan.

## Benefits:

- The employer will see an overall lower cost premium equivalent.
- By shifting to a higher deductible, base plan the Gap Program also decreases the employer's exposure to the higher frequency claims.

- The employer will be providing a better member benefit because the Gap Program will cover most/all coinsurance exposure. (Even though Rx member cost sharing is not covered by the Gap Plan, many generic, brand and specialty drugs are \$0 copay through Intercept Rx.)

## Copper Plan Coverage

	In-Network	OON
Deductible (individual/family)	(\$9,000/\$18,000)	(\$18,000/\$36,000)
Coinsurance	0%	0%
OOP Max (Individual/Family)	(\$9,000/\$18,000)	(\$18,000/\$36,000)
ACA Preventative Care	\$0 Copay	Deductible
Primary Care Office Visits	\$0	Deductible
Specialist Office Visits	\$0	Deductible
Urgent Care	\$50	\$150
Emergency Room (in network and out of network are the same. Coins and Ded are in network amounts.)	\$250	\$250
Inpatient Hospital	Deductible	Deductible
Outpatient Hospital	Deductible	Deductible
Ambulatory Surgery Center	Deductible	Deductible
Independent Lab (non-hospital)	\$0	Deductible
Independent Imaging (non-hospital)	\$0	Deductible
Mental Health/Substance Abuse Services Office (aligns with Primary Care cost share)	\$0	Deductible
Outpatient Mental Health/Substance Abuse Facilities	Deductible	Deductible
Inpatient Mental Health/Substance Abuse Facilities	Deductible	Deductible
Ambulance Services (In network Ded+Coins regardless of ambulance being in network or out of network)	Deductible	Deductible
Rehabilitative Services (PT, OT, ST, CT)	Deductible	Deductible
Habilitative	Deductible	Deductible
Chiropractic Services (manipulation only)	\$0	Deductible
DME	Deductible	Deductible
Cataracts	Deductible	Deductible
Transplants (in network only)	Deductible	Not Covered
Maternity: Prenatal visit	\$0	Deductible
Maternity: Facility & Physician Services	Deductible	Deductible
<b>Pharmacy Plan Design - combined with medical</b>		
Generics	\$0	Not Covered
Preferred Brands	\$50	Not Covered
Non-Preferred Brands	\$100	Not Covered
Preferred Specialty	\$250	Not Covered
Non-Preferred Specialty	30% coins, no deductible	Not Covered

## Administration

The Copper base plan is administered by Fringe Benefit Coordinators, Inc and the Gap Plans are administered by MediBridge.

## Underwriting

Both the base Copper Plan and the MediBridge Gap Plan(s) will be underwritten. The below MediBridge rates are for illustrative purposes only.

## Gap Options

	Platinum +			Gold +			Silver +		Bronze +
Deductible	\$250 per person			\$1,000 per person			\$2,500 per person		\$5,000 per person
Gap Benefit	\$4,750	\$6,750*	\$8,750*	\$4,000	\$6,000	\$8,000*	\$4,500	\$6,500*	\$4,000
RATES:									
EE	\$136.39	\$165.57	\$179.26	\$91.72	\$117.11	\$133.29	\$65.25	\$81.25	\$50.00
ES	\$271.02	\$328.48	\$355.46	\$184.42	\$235.19	\$267.56	\$119.92	\$149.38	\$91.37
EC	\$248.59	\$301.34	\$326.10	\$170.53	\$217.49	\$247.43	\$110.98	\$138.25	\$87.89
F	\$381.46	\$462.18	\$500.04	\$261.36	\$333.22	\$379.01	\$169.33	\$211.02	\$131.03

\* Only available to groups with 10+ enrolled.