



TRUECHOICES

BENEFITS CREATED EXCLUSIVELY FOR TSA MEMBERS

Benefits Enrollment

MEDICAL Plan

STEP 1

AFFORDABLE
HEALTH INSURANCE

1-800-877-9637

MONDAY - FRIDAY

8:00 A.M. - 5:00 P.M. CST

www.TrueChoicesMarketplace.com


TRUE NORTH[®]
Insurance and Financial Strategies



The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact TrueNorth Companies.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.

ENROLLMENT Begins NOV 8th.! Call the TrueChoices Enrollment Hotline at: **(800)-877-9637**



MEDICAL BENEFITS

WHO IS ELIGIBLE?

Benefit eligible employees of Eagle KMC, LLC are eligible for the new fully insured medical plans effective January 1, 2018

HOW TO ENROLL/RE-ENROLL

Open Enrollment will take place November 8, 2017 – December 1, 2017. This is your annual opportunity to elect Medical benefits for the 2018 plan year. Once you have made your elections, you will not be able to change them until the 2019 re-enrollment, unless you have a qualified life event change in status.

QUALIFIED CHANGES FOR 2018

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, or termination of adoption proceedings, or change in spouse's benefits or employment status.

When you decide to enroll in the plan with a life event change, you will be required to do so within 30 calendar days of the event.

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MEDICAL & PRESCRIPTION DRUG

BC/BS	Plan Option 1	Plan Option 2	Plan Option 3 *
Deductible	\$1,500 Single \$3,000 Family	\$2,000 Single \$4,000 Family	\$6,000 Single \$12,000 Family
80/20 Coinsurance Max OOP- In Net	\$4,500 Single \$9,000 Family	\$6,000 Single \$12,000 Family	\$6,400 Single \$12,800 Family
Office Visit Copay	\$35 PCP \$50 Non-PCP \$10 Telehealth	\$50 PCP \$75 Non- PCP \$15 Telehealth	20% Coinsurance after Deductible
Preventive Office Copay	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Room Copay	\$150 copay then 20% coins after ded.	\$200 copay then 20% coins after ded.	20% Coinsurance after Deductible
Prescription Drug	\$15/\$40/\$60 Specialty: \$100	\$10/\$35/\$70 Specialty: Same as Retail	20% Coinsurance after Deductible

* Plan Option 3 is considered a qualified high deductible health plan. You may be eligible to open a Health Savings Account (HSA) if you enroll in this plan. Please contact the TrueChoices Team for additional information.

Coverage Level Weekly deductions	Plan 1	Plan 2	Plan 3
Single	\$41.40	\$35.91	\$16.87
Single + Spouse	\$188.51	\$177.26	\$138.32
Single + Child(ren)	\$176.11	\$166.59	\$133.41
Family	\$200.62	\$184.76	\$142.93

* Note: Under plan option 1, deductibles, copays and out of pocket maximums are not increasing from 2017 to 2018. Medical Plans offered in conjunction with Werner Enterprises OOP as part of TSA Association Program written through TrueNorth Benefits.

The plan illustrations above do not represent the complete Coverage and limitations, terms and conditions of the policy. Refer to the plan document for a complete review

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