Transwestern
Insurance Administrators, Inc.

Benefits	
Service	**Stateside Plan**
Annual Deductible	
Per Person	$300
Per Family	$600
Percentage Payable	75% 130% of Medicare Pricing for all facilities
Professional Services	Services must be provided by Providers within the PHCS Network
Office visit	$25 co-pay (Maximum of 3 office visits per calendar year)
Specialist Office Visit	$25 co-pay (Maximums are combined with office visits – 3 visits per calendar year)
Additional Services/Lab & X-ray in office	20% - member Plan pays 80%
Preventative Services - Child & Adult	100%
Outpatient Lab & X-Ray*	130% of Medicare Pricing (3 per calendar year)
Specialty Testing/Scans	130% of Medicare Pricing (Procedures/tests are combined with Lab & X-Ray – 3 per calendar year)
Outpatient Services Facility*	130% of Medicare Pricing (1 per calendar year)
Outpatient Services Physician*	130% of Medicare Pricing (1 per calendar year)
Emergency Services	
Emergency Room	$250 co-pay 130% of Medicare Pricing (1 ER visit per calendar year)
Ambulance*	130% of Medicare Pricing (1 use per year)
Hospital Benefits	
Inpatient	130% of Medicare Pricing (2 day inpatient stay maximum for calendar year)
Additional Outpatient Services	
Skilled Nursing*	130% of Medicare Pricing $1,000 per calendar year maximum
Chiropractic Services*	$25.00 per visit Maximum of 10 visits per calendar year
Acupuncture Services*	$25.00 per visit Maximum of 10 visits per calendar year
Rehabilitation Services (Physical, Speech & Occupational Therapy)*	$50 per visit Maximum of 10 visits per calendar year
Mental Outpatient	$25 co-pay 10 visits per year
Substance Abuse Outpatient	75% 10 visits calendar year max
Pediatric Dental & Vision	Not Covered
Prescriptions	
Generic	$15 co-pay
Brand Formulary (only if generic drug is not available)	$25 co-pay
Brand Non-Formulary	$40 co-pay
Specialty Medication	Not Covered
(5 per calendar year maximum – Formulary and Non-Formulary combined)	

***Subject to deductible**

LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
Employee Life	$5,000.00
Benefits reduce 65% at age 65; 45% at age 70; 30% at age 75; Coverage terminates at retirement.	
Accidental Death & Dismemberment	
Maximum Employee Benefit	$5,000.00
Dependent Life	
Spouse	$2,000.00
Children	
Six months and older	$2,000.00
14 days to less than six months	$100.00
Less than 14 days	$100.00