

# What is Covered under my TPG Group Health Plan?

Medical Benefits - \$100,000 per person per injury or illness

Your TPG group health plan provides benefits in case of an accident and illness. Your plan will cover Primary Care, Specialists, Walk-in Clinics, Urgent Care, Emergency Room and Hospital Inpatient stays. The group plan also covers basic diagnostics such as x-rays, laboratory tests and prescription medications relating to accidents or illnesses.

Your TPG group health plan utilizes the UnitedHealthCare Provider Network. In the event of hospitalization, surgery, or scheduled MRI/CT/PET Scans, please have your physician contact ConciergeCare.

## Emergency and Non-Emergency Room visits

Your TPG group plan covers use of the ER for medical emergencies, as defined below. For non-emergency services, you are required to visit Urgent Care Centers or Walk-in-Clinics. **If you use a hospital emergency room for non-emergency care it will not be covered.**

SYMPTOM	convenience care center	doctor's office setting	urgent care	emergency room
Cold or Flu Symptom	✓	✓	✓	
Cough, Sore Throat	✓	✓	✓	
Ear, Sinus Pain	✓	✓	✓	
Fevers	✓	✓	✓	
Sprains, Strains		✓	✓	
Mild Asthma		✓	✓	
Nausea, Vomiting, Diarrhea		✓	✓	
Sudden or Unexpected Loss of Consciousness				✓
Signs of Heart Attack/Chest Pain or Pressure				✓
Sign of a stroke, such as numbness of the face, arm/leg on one side of the body; difficulty talking; sudden loss of vision.				✓
Coughing Up or Vomiting Blood				✓
Suicidal Feelings				✓

\* For illustrative purposes only. This information is not intended as medical advice.

**TIP 1:** If you are in a hospital, do not schedule the doctor's visit to be at the hospital, instead elect to visit his/ her office. It's less pricey!

**TIP 2:** Use Quest Diagnostics for your lab tests.

**TIP 3:** The flu can be scary, but for faster service and lower cost, visit an urgent care center, not a hospital. It's worth calling us to find an in-network provider. Please note that if you visit the ER for flu-like symptoms, your visit will most likely not be covered since that is not considered an emergency.

## Preventive Care Services

Preventive care and vaccinations are covered to a maximum of \$250. It is recommended that you visit a Walk-in Clinic or Pharmacy to acquire your vaccinations.

## Mental Health Benefits

Inpatient: Payable at 50% up to \$10,000, to a max of 45 days

Outpatient: Payable at 80% up to \$500

## Laboratory Tests

For laboratory tests, visit Quest Diagnostics.

## Basic Diagnostic Services e.g., X-rays

It is recommended that these Services be performed in an In-Network Physician's office or in an In-Network free-standing facility.

## Advanced Diagnostics e.g., CT Scans, MRI, PET Scans or Diagnostic Test

It is recommended that these Services be performed in an In-Network free-standing facility. Our In-Network free standing facilities are conveniently located and provide Advanced Imaging/Diagnostic Testing.

## Prescription Medications

Your group plan provides an Rx discount card which you may use at a pharmacy of your choice for all medications relating to a covered accident or illness. You will pay for the medication and file a claim for reimbursement.

## Traumatic Dental Injury

Dental Services for Treatment following a Traumatic Dental Injury as a result of a covered Accidental Injury. The Treatment must be at a Hospital and received within 72 hours of the Emergency event.

## Emergency Eye Examination

Services for a Medically Necessary Emergency eye examination with a prescription for corrective lenses that were lost or damaged due to a covered Accident. Replacement of corrective lenses or contact lenses are not covered.

## Repatriation and Medical Evacuation benefits are included in your coverage

Your policy documents are available to view and download in your member portal.