



# 2020 MEDICAL OPTIONS AT A GLANCE

	HSA Plus		HSA Basic		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Contributions to Your Health Savings Account:*</b>						
Individual	Transocean contributes \$400		Transocean contributes \$150		N/A	
	You can contribute up to \$3,550 (this maximum includes Transocean's contribution)					
Family	Transocean contributes \$800		Transocean contributes \$300		N/A	
	You can contribute up to \$7,100 (this maximum includes Transocean's contribution)					
<b>Deductible: You pay up to this amount before coinsurance.</b>						
Individual	\$1,750	\$3,500	\$2,800	\$5,600	\$800	\$1,600
Family	\$3,500	\$7,000	\$5,600**	\$11,200**	\$1,600	\$3,200
<b>Coinsurance: After you meet the deductible, Transocean pays the majority of the cost.</b>						
Transocean pays:	90%	60%	80%	60%	80%	60%
<b>Out-of-Pocket Maximum (includes deductible and medical/Rx copays): After you meet the out-of-pocket maximum, Transocean pays 100%.</b>						
Individual	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000
Family	\$6,850	\$14,000	\$10,000**	\$20,000**	\$8,000	\$16,000
<b>Preventive Care: Annual physicals, screenings, immunizations, etc.</b>						
Transocean covers:	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
<b>Medical Services:</b>						
Virtual Visits	\$49 max before deductible and 90% after deductible	N/A	\$49 max before deductible and 80% after deductible	N/A	\$15 copay	N/A
PCP Office Visit	90% after deductible	60% after deductible	80% after deductible	60% after deductible	\$25 copay	60% after deductible
Specialist	90% after in-network deductible		80% after in-network deductible	60% after deductible	\$35 copay	
Hospital Inpatient & Outpatient	90% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room	90% after in-network deductible		80% after in-network deductible		80% after deductible	
<b>Prescription Drugs:***</b>						
<b>Retail (34-day)</b>						
Preventive	100% generic only (If no generic is available, the brand-name preventive prescription drug will be paid at 100%.)				Covered the same as any other prescription drug	
Tier 1	90% after deductible		80% after deductible		\$10 copay	
Tier 2					30% (\$30 min/\$100 max)	
Tier 3					40% (\$50 min/\$200 max)	
<b>Mail (90-day)</b>						
Preventive	100% generic only (If no generic is available, the brand-name preventive prescription drug will be paid at 100%.)				Covered the same as any other prescription drug	
Tier 1	90% after deductible		80% after deductible		\$25 copay	
Tier 2					30% (\$60 min/\$250 max)	
Tier 3					40% (\$100 min/\$350 max)	

\*If you are over age 55, you can contribute an additional \$1,000 in catch-up contributions each year. \*\*Includes embedded deductible and out-of-pocket maximum at the Individual level. \*\*\*All prescription drugs must be FDA approved to be covered. If a generic drug is available and you elect to purchase the brand-name drug instead, you will pay the difference between the generic and brand-name drug cost. If your doctor prescribes a brand-name drug, or if no generic is available, brand-name prescription drug will be paid per the plan. For some conditions, you may be required to try an equivalent but lower-cost drug first. PPO only: Prescription drug costs apply to out-of-pocket maximum, and not deductible.