



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 | | | | | | |
| Contributions to Your Health Savings Account:* | | | | | | | | | | | | |
| Individual | Transocean contributes \$400 | | Transocean contributes \$150 | | N/A | | | | | | | |
| | You can contribute up to \$3,600 (this maximum includes Transocean's contribution) | | | | | | | | | | | |
| Family | Transocean contributes \$800 | | Transocean contributes \$300 | | N/A | | | | | | | |
| | You can contribute up to \$7,200 (this maximum includes Transocean's contribution) | | | | | | | | | | | |
| Deductible: You pay up to this amount before coinsurance. | | | | | | | | | | | | |
| 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 | | | | | | |
| Coinurance***: After you meet the deductible, Transocean pays the majority of the cost. | | | | | | | | | | | | |
| Transocean pays: | 90% | 60% | 80% | 60% | 80% | 60% | | | | | | |
| Out-of-Pocket Maximum (includes deductible and medical/Rx copays): After you meet the out-of-pocket maximum, Transocean pays 100%. | | | | | | | | | | | | |
| 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 | | | | | | |
| Preventive Care: Annual physicals, screenings, immunizations, etc. | | | | | | | | | | | | |
| Transocean covers: | 100% | 60% after deductible | 100% | 60% after deductible | 100% | 60% after deductible | | | | | | |
| Medical Services: | | | | | | | | | | | | |
| 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 | \$35 copay | 60% after deductible | | | | | | |
| Specialist | | | | | \$45 copay | | | | | | | |
| Urgent Care | 90% after in-network deductible | | 80% after in-network deductible | | \$45 copay | 80% after deductible | | | | | | |
| Hospital Inpatient & Outpatient | 90% after deductible | 60% after deductible | 80% after deductible | 60% after deductible | | 80% after deductible | | | | | | |
| Emergency Room | 90% after in-network deductible | | 80% after in-network deductible | | 80% after deductible | | | | | | | |
| Prescription Drugs:**** | | | | | | | | | | | | |
| Retail (30-day) | | | | | | | | | | | | |
| 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 | | | | | \$15 copay | | | | | | | |
| Tier 2 | 90% after deductible | | 80% after deductible | | 70% (\$30 min/\$100 max) | | | | | | | |
| Tier 3 | | | | | 50% (\$50 min/\$200 max) | | | | | | | |
| Mail (90-day) | | | | | | | | | | | | |
| 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 | | | | | \$30 copay | | | | | | | |
| Tier 2 | 90% after deductible | | 80% after deductible | | 70% (\$60 min/\$250 max) | | | | | | | |
| Tier 3 | | | | | 50% (\$100 min/\$400 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.

Coinsurance is the amount that the employee owes after the deductible has been met. This chart reflects Transocean's portion of the coinsurance amount. *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, not deductible.