

## Personal Convertible Health Plan <sup>SM</sup> Illustration

### TSI Plastics

#### Single Plan

#### Family Plan

\$5,500 Deductible

\$11,000 Deductible

Medical  
CHP  
Account  
\$500

Medical  
CHP  
Account  
\$1,000

**1<sup>st</sup>**  
100% coverage up  
to CHP amount  
Office Call  
Emergency Room  
Medically necessary services  
**YOU KEEP 70% OF \$  
YOU DO NOT USE!**

TSI 105  
\$3,000

TSI 105  
\$6,000

**2<sup>nd</sup>**  
Additional  
coverage at 100%  
Only available for claims  
applied to your Deductible or  
Out-Of-Pocket.

Out of Pocket  
\$2,000

Out of Pocket  
\$4,000

If needed,  
you could have an  
out-of-pocket cost

After  
deductible,  
**PreferredOne**  
  
Pays 100% of  
claims up to  
**UNLIMITED**

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**100% Coverage**  
Routine Physical  
Routine Eye Exam  
Cancer Screening  
Pap Smear  
Mammogram  
Prenatal  
Well Child Care  
PSAT  
Rx -Generic \$0  
Preferred \$30  
Non-Pref, Specialty \$90  
**4<sup>th</sup>**  
**100% coverage after  
deductible.  
Unlimited per insured.**