

Plan Year 2022 - 2023

Copay-1500-7K ER Plan



This plan uses a preferred provider network. While you can use any doctor, clinic, hospital, or healthcare facility you want; you save money when you use providers in the Blue Cross and Blue Shield of Texas Blue Choice PPO network. It's important to have a relationship with a Primary Care Physician (PCP) who can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist, but you are not required to see a PCP before you see a specialist.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and a Medical Plan book for each plan. If there is any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY																				
Deductible																						
Individual	\$1,500	\$3,000																				
Family	\$3,000	\$6,000																				
Out of Pocket Maximum (includes deductible, copays, and coinsurance)																						
Individual	\$7,000	Unlimited																				
Family	\$14,000	Unlimited																				
Coinsurance	20%	50%																				
Office Visits																						
Primary Care	\$30 copay	50% after deductible																				
Specialist	\$45 copay																					
Preventive Care	No Charge	50% after deductible																				
Telehealth (general medicine)	No Charge	Not Covered																				
Diagnostic Lab / X-Ray (when associated with an office visit)	No Charge	50% after deductible																				
Major Imaging (CT scan, PET scan, MRI, nuclear medicine)	20% after deductible	50% after deductible																				
Inpatient Hospital (Prior Authorization required)																						
Facility Charges	20% after deductible	50% after deductible																				
Physician Charges	20% after deductible	50% after deductible																				
Emergency Room (non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)																						
Facility Charges – true emergency only	\$500 copay	\$500 copay																				
Physicians Charges	20% after deductible	20% after deductible																				
Urgent Care	\$75 copay	50% after deductible																				
Outpatient Surgery	20% after deductible	50% after deductible																				
Prescription Drug Plan (Per 30-day/60-day/90day supply Retail or Mail Order)																						
Disease Management Maintenance (generic)		Not Covered																				
Tier 1 (lower-cost generics and some brand name drugs)																						
Tier 2* (includes most brands and some higher cost generics)																						
Tier 3* (non-preferred drugs)																						
Tier 4 (specialty drugs)																						
Tier 5 (cost share drugs)																						
	<table border="1"> <thead> <tr> <th>30-day supply</th> <th>60-day supply</th> <th>90-day supply</th> </tr> </thead> <tbody> <tr> <td>\$0 copay</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$30 copay</td> </tr> <tr> <td>\$40 copay</td> <td>\$80 copay</td> <td>\$120 copay</td> </tr> <tr> <td>\$70 copay</td> <td>\$140 copay</td> <td>\$210 copay</td> </tr> <tr> <td>\$100 copay</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>\$150 copay</td> <td>\$300 copay</td> <td>\$450 copay</td> </tr> </tbody> </table>	30-day supply	60-day supply	90-day supply	\$0 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$30 copay	\$40 copay	\$80 copay	\$120 copay	\$70 copay	\$140 copay	\$210 copay	\$100 copay	N/A	N/A	\$150 copay	\$300 copay	\$450 copay
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* If a participant obtains a brand-name drug when a preferred generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the preferred generic drug.

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