

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 Specialist	\$30 copay \$45 copay	50% after deductible																					
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)	<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	Not Covered
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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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