

# Plan Year 2022 - 2023

## Copay-1200-7K 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																					
<b>Deductible</b>																							
Individual	\$1,200	\$2,400																					
Family	\$2,400	\$4,800																					
<b>Out of Pocket Maximum</b> <i>(includes deductible, copays, and coinsurance)</i>																							
Individual	\$7,000	Unlimited																					
Family	\$14,000	Unlimited																					
<b>Coinsurance</b>	20%	50%																					
<b>Office Visits</b>																							
Primary Care	\$30 copay	50% after deductible																					
Specialist	\$45 copay																						
<b>Preventive Care</b>	No Charge	50% after deductible																					
<b>Telehealth</b> <i>(general medicine)</i>	No Charge	Not Covered																					
<b>Diagnostic Lab / X-Ray</b> <i>(when associated with an office visit)</i>	No Charge	50% after deductible																					
<b>Major Imaging</b> <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible	50% after deductible																					
<b>Inpatient Hospital</b> <i>(Prior Authorization required)</i>																							
Facility Charges	20% after deductible	50% after deductible																					
Physician Charges	20% after deductible	50% after deductible																					
<b>Emergency Room</b> <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>																							
Facility Charges – true emergency only	\$500 copay	\$500 copay																					
Physicians Charges	20% after deductible	20% after deductible																					
<b>Urgent Care</b>	\$75 copay	50% after deductible																					
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible																					
<b>Prescription Drug Plan</b> <i>(Per 30-day/60-day/90day supply Retail or Mail Order)</i>																							
Disease Management Maintenance <i>(generic)</i>		Not Covered																					
Tier 1 <i>(lower-cost generics and some brand name drugs)</i>																							
Tier 2* <i>(includes most brands and some higher cost generics)</i>																							
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Tier 4 <i>(specialty drugs)</i>																							
Tier 5 <i>(cost share drugs)</i>																							
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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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Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Plan Year 2022 - 2023

## Copay-2500-8K 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.

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BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY																					
<b>Deductible</b>																							
Individual	\$2,500	\$5,000																					
Family	\$5,000	\$10,000																					
<b>Out of Pocket Maximum</b> <i>(includes deductible, copays, and coinsurance)</i>																							
Individual	\$8,000	Unlimited																					
Family	\$16,000	Unlimited																					
<b>Coinsurance</b>	20%	50%																					
<b>Office Visits</b>																							
Primary Care	\$30 copay	50% after deductible																					
Specialist	\$45 copay																						
<b>Preventive Care</b>	No Charge	50% after deductible																					
<b>Telehealth</b> <i>(general medicine)</i>	No Charge	Not Covered																					
<b>Diagnostic Lab / X-Ray</b> <i>(when associated with an office visit)</i>	No Charge	50% after deductible																					
<b>Major Imaging</b> <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible	50% after deductible																					
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Facility Charges	20% after deductible	50% after deductible																					
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Facility Charges – true emergency only	\$500 copay	\$500 copay																					
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Disease Management Maintenance <i>(generic)</i>		Not Covered																					
Tier 1 <i>(lower-cost generics and some brand name drugs)</i>																							
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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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# Plan Year 2022-2023

## HMO-1500K-5K Plan



This plan uses the Blue Cross and Blue Shield of Texas Blue Essentials Health Maintenance Organization (HMO) network. You will be eligible for benefits only when you use providers in the Blue Cross and Blue Shield of Texas Blue Essentials HMO network. You will need to choose a Primary Care Physician (PCP) who can be your partner in managing your care. In order to see a specialist, you will need a referral from your PCP.

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- HMO plans with copays for primary care visits.
- Specialist access by referral from primary care doctor.
- Paired with the Prescription Copay Plan.

### BENEFIT COVERAGE

### IN-NETWORK ONLY YOU PAY

<b>Deductible</b>	
Individual	\$1,500
Family	\$3,000
<b>Out of Pocket Maximum</b> <i>(includes deductible, copays, and coinsurance)</i>	
Individual	\$5,000
Family	\$10,000
<b>Coinsurance</b>	20% after deductible
<b>Office Visits</b>	
Primary Care	\$30 copay
Specialist	\$45 copay
<b>Preventive Care</b>	No Charge
<b>Telehealth</b> <i>(general medicine)</i>	No Charge
<b>Diagnostic Lab / X-Ray</b> <i>(when associated with an office visit)</i>	No Charge
<b>Major Imaging</b> <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible
<b>Inpatient Hospital</b> <i>(Prior Authorization required)</i>	
Facility Charges	20% after deductible
Physician Charges	20% after deductible
<b>Emergency Room</b> <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>	
Facility Charges – <i>true emergency only</i>	\$500 copay
Physicians Charges	20% after deductible
<b>Urgent Care</b>	\$75 copay
<b>Outpatient Surgery</b>	20% after deductible

### Prescription Drug Plan *(Per 30-day/60-day/90day supply Retail or Mail Order)*

#### Disease Management Maintenance *(generic)*

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)*

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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# Plan Year 2022-2023

## HMO-5K-7K Plan



This plan uses the Blue Cross and Blue Shield of Texas Blue Essentials Health Maintenance Organization (HMO) network. You will be eligible for benefits only when you use providers in the Blue Cross and Blue Shield of Texas Blue Essentials HMO network. You will need to choose a Primary Care Physician (PCP) who can be your partner in managing your care. In order to see a specialist, you will need a referral from your PCP.

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- HMO plans with copays for primary care visits.
- Specialist access by referral from primary care doctor.
- Paired with the Prescription Copay Plan.

### BENEFIT COVERAGE

### IN-NETWORK ONLY YOU PAY

<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Out of Pocket Maximum</b> <i>(includes deductible, copays, and coinsurance)</i>	
Individual	\$7,000
Family	\$14,000
<b>Coinsurance</b>	20% after deductible
<b>Office Visits</b>	
Primary Care	\$30 copay
Specialist	\$45 copay
<b>Preventive Care</b>	No Charge
<b>Telehealth</b> <i>(general medicine)</i>	No Charge
<b>Diagnostic Lab / X-Ray</b> <i>(when associated with an office visit)</i>	No Charge
<b>Major Imaging</b> <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible
<b>Inpatient Hospital</b> <i>(Prior Authorization required)</i>	
Facility Charges	20% after deductible
Physician Charges	20% after deductible
<b>Emergency Room</b> <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>	
Facility Charges – true emergency only	\$500 copay
Physicians Charges	20% after deductible
<b>Urgent Care</b>	\$75 copay
<b>Outpatient Surgery</b>	20% after deductible

### Prescription Drug Plan *(Per 30-day/60-day/90day supply Retail or Mail Order)*

#### Disease Management Maintenance *(generic)*

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)*

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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PY 2022-2023

Consumer HSA-3K-6900 Embedded 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.

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BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
<b>Deductible</b>		
Individual	\$3,000	\$6,000
Family <sup>1</sup>	\$6,000	\$12,000
<b>Out of Pocket Maximum</b> (includes deductible, copays, and coinsurance)		
Individual	\$6,900	Unlimited
Family	\$13,800	Unlimited
<b>Coinsurance</b>	20% after deductible	50% after deductible
<b>Office Visits</b>	20% after deductible	50% after deductible
<b>Preventive Care</b>	No Charge	30% after deductible
<b>Telehealth</b> (general medicine)	\$44 per visit until deductible is met	Not Covered
<b>Diagnostic Lab / X-Ray</b>	20% after deductible	50% after deductible
<b>Major Imaging</b> (CT scan, PET scan, MRI, nuclear medicine)	20% after deductible	50% after deductible
<b>Inpatient Hospital</b> (Prior Authorization required)	20% after deductible	50% after deductible
<b>Emergency Room</b>	\$500 ER Access Fee + 20% after deductible	\$500 ER Access Fee + 20% after deductible
<b>Urgent Care</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible

**Prescription Drug Plan After Deductible** (Per 30-day/60-day/90day supply Retail or Mail Order)

Disease Management Maintenance (generic)

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)

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

<sup>1</sup>When a member of a family unit satisfies the Individual Deductible amount for the plan year, no further deductible will be required for him or her for that plan year.

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