

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 the Medical Plan book for each plan. If there is any discrepancy, the more complete descriptions will govern. TX Health Benefits Pool 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	\$3,300	\$6,600																								
Family <sup>1</sup>	\$6,600	\$13,200																								
<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>Preventative Care</b>	No Charge	50% after deductible																								
<b>Telehealth (general medicine)</b>	\$48 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 (prior authorization required)</b>	20% after deductible	50% after deductible																								
<b>Emergency Room</b> Facility Charges (emergency room fee waived if admitted)	Emergency Room Fee Per Visit \$500 <b>plus</b> 20% after deductible	Emergency Room Fee Per Visit \$500 <b>plus</b> 20% after deductible																								
<b>Physician Charges</b>	20% after deductible	20% after deductible																								
<b>Urgent Care</b>	20% after deductible	50% after deductible																								
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible																								
<b>Prescription Drug Plan After Deductible</b> (per 30-day/60-day/90-day 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>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> <tr> <td>\$25 copay</td> <td>\$50 copay</td> <td>\$75 copay</td> </tr> <tr> <td>\$90 copay</td> <td>\$180 copay</td> <td>\$270 copay</td> </tr> <tr> <td>\$150 copay</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>\$175 copay</td> <td>\$350 copay</td> <td>\$525 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	\$45 copay	\$90 copay	\$135 copay	\$25 copay	\$50 copay	\$75 copay	\$90 copay	\$180 copay	\$270 copay	\$150 copay	N/A	N/A	\$175 copay	\$350 copay	\$525 copay	Not Covered
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<b>Disease Management Maintenance (generic)</b> Tier 1 - lower-cost generics and some brand name drugs Tier 2* - includes most brands and some higher cost generics Tier 2 - insulins Tier 3* - non-preferred drugs Tier 4 - speciality drugs Tier 5 - cost share drugs																										

\*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.

**1 When a member of a family unit satisfies the Individual Deductible amount, no further deductible will be required for him or her.**