

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																								
Deductible Individual Family	\$2,500 \$5,000	\$5,000 \$10,000																								
Out of Pocket Maximum (includes deductible, copays, and coinsurance) Individual Family	\$8,000 \$16,000	Unlimited Unlimited																								
Coinsurance	20%	50%																								
Office Visits Primary Care Specialist	\$30 Copay \$60 Copay	50% after deductible 50% after deductible																								
Preventative Care	No Charge	50% after deductible																								
Telehealth (general medicine)	No Charge	Not Covered																								
Diagnostic Lab / X-Ray In an Office, Outpatient facility, Lab Drawing Site or Free-Standing Imaging Center Inpatient/Outpatient surgery or facility treatment room	No Charge 20% after deductible	50% after deductible 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 Physician Charges	20% after deductible 20% after deductible	50% after deductible 50% after deductible																								
Emergency Room Facility Charges (emergency room fee waived if admitted) Physician Charges	Emergency Room Fee Per Visit \$500 plus 20% after deductible 20% after deductible	Emergency Room Fee Per Visit \$500 plus 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/90-day 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 2 - insulins Tier 3* - non-preferred drugs Tier 4 - speciality 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>\$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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*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.