

Plan Year 2023-2024

Gold Medical Plan (Copay-1200-7K ER)



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 plan descriptions (SPDs), plan document, certificate of coverage, or (where applicable) insurance contracts for each plan. If there is any discrepancy, these 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	\$1,200	\$2,400																								
Family	\$2,400	\$4,800																								
Out of Pocket Maximum <i>(includes deductible, copays, and coinsurance)</i>																										
Individual	\$7,000	Unlimited																								
Family	\$14,000	Unlimited																								
Coinsurance	20%	50%																								
Office Visits																										
Primary Care	\$30 copay	50% after deductible																								
Specialist	\$60 copay	50% after deductible																								
Preventive Care	No Charge	50% after deductible																								
Telehealth <i>(General)</i>	No Charge	Not Covered																								
Diagnostic Lab / X-Ray <i>In an office, lab drawing site or free-standing imaging center setting. In a facility setting</i>	No Charge 20% after deductible	50% after deductible 50% after the deductible																								
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible	50% after deductible																								
Inpatient Hospital <i>(Prior Authorization required)</i>																										
Facility Charges	20% after deductible	50% after deductible																								
Physician Charges	20% after deductible	50% after deductible																								
Emergency Room																										
Facility Charges – <i>(\$500 Emergency Room Fee waived if admitted)</i>	\$500 Emergency Room Fee plus 20% after deductible	\$500 Emergency Room Fee plus 20% after deductible																								
Physician 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 <i>(Per 30-day/60-day/90-day supply Retail or Mail Order)</i>																										
Disease Management Maintenance <i>(generic)</i>																										
Tier 1 <i>(lower-cost generics and some brand name drugs)</i>																										
Tier 2* <i>(includes most brands and some higher cost generics)</i>		Not Covered																								
Tier 2 <i>(insulins)</i>																										
Tier 3* <i>(non-preferred drugs)</i>																										
Tier 4 <i>(specialty drugs)</i>																										
Tier 5 <i>(cost share drugs)</i>																										
	<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	
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																								

* 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.

This contains proprietary and confidential information of TX Health Benefits Pool. TX Health Benefits Pool is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company. 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