

# Plan Year 2023-2024

## Silver Medical Plan (Copay-2500-8K 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																								
<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	\$60 copay	50% after deductible																								
<b>Preventive Care</b>	No Charge	50% after deductible																								
<b>Telehealth</b> <i>(General)</i>	No Charge	Not Covered																								
<b>Diagnostic Lab / X-Ray</b> <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																								
<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>																										
Facility Charges – <i>(\$500 Emergency Room Fee waived if admitted)</i>	\$500 Emergency Room Fee <b>plus</b> 20% after deductible	\$500 Emergency Room Fee <b>plus</b> 20% after deductible																								
Physician 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/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																								
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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	
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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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