

Plan Year 2022 - 2023

HMO-2500-8K 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.

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.

- 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

Deductible	
Individual	\$2,500
Family	\$5,000
Out of Pocket Maximum <i>(includes deductible, copays, and coinsurance)</i>	
Individual	\$8,000
Family	\$16,000
Coinsurance	20% after deductible
Office Visits	
Primary Care	\$30 copay
Specialist	\$45 copay
Preventive Care	No Charge
Telehealth <i>(general medicine)</i>	No Charge
Diagnostic Lab / X-Ray <i>(when associated with an office visit)</i>	No Charge
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible
Inpatient Hospital <i>(Prior Authorization required)</i>	
Facility Charges	20% after deductible
Physician Charges	20% after deductible
Emergency Room <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
Urgent Care	\$75 copay
Outpatient Surgery	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

* 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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