

City of Brenham Medical Plan

Plan Year: 2020-2021



This plan uses a preferred provider network. While you can use any doctor, clinic, hospital or health care facility you want; you save money when you use providers in the UnitedHealthcare Choice Plus 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.

This Plan Highlights addresses 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. In case of 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 this Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Deductible <i>(per calendar year)</i>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out of Pocket Maximum <i>(per calendar year; 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	\$45 copay	50% after deductible
Preventive Care	No Charge	50% after deductible
Teladoc	No Charge	Not Covered
Diagnostic Lab / X-Ray <i>(when associated with an office visit)</i>	No Charge	50% after 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 Physicians Charges	\$250 copay 20% after deductible	\$250 copay 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 supply Retail or Mail Order)</i>		
Disease Management Maintenance <i>(generic)</i>	\$0 copay	
Generic	\$10 copay	
Preferred Brand*	\$40 copay	Not Covered
Non-Preferred Brand*	\$70 copay	
Biosimilar / Biotech	\$100 copay	
Cost Share	\$150 copay	

* If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the generic drug.