

# Texas Medical Association Insurance Trust

Health Insurance for TMA Members

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## The Advantages of TMA Membership

# ADVANTAGES

TMA members receive a wide variety of benefits: Advocacy, Business Planning, Education, and Information Resources. One of the most important advantages of TMA membership is access to the many insurance plans offered through the Texas Medical Association Insurance Trust (TMAIT).



# It's All About Choice

TMAIT offers you the following medical plans and, within each plan, a number of options to meet your needs.

PLAN	OPTION PLAN NUMBERS
PPO	1 – 3 (network plans)
Traditional	4 – 8 (physician services and hospital services)
Traditional	9 – 12 (no benefits for physician/professional provider fees)
Traditional	14 – 15 (high deductible plan/health savings)
Traditional	16 (plan to consider at age 65)
Supplemental In-Hospital Indemnity	17 – 20 (in-patient hospital indemnity benefit)

This brochure contains detailed information about each plan. If you have any questions or need additional information, you have five ways to contact us.

1. Mail the enclosed postage-paid postcard
2. Send an e-mail to [contact@tmait.org](mailto:contact@tmait.org)
3. Call 1-800-880-8181 or in Austin 512-370-1776
4. Fax a request to 1-512-370-1799
5. Visit our Web site [www.tmait.org](http://www.tmait.org)

# Ten Reasons to Buy Your Insurance through TMAIT

## Choice

- 1. WE** do the research for you.
- 2. YOUR** insurance plan is provided by a carrier that was selected based on its financial stability, administrative capability and price competitiveness. Blue Cross and Blue Shield of Texas (BCBSTX) has been helping members with health care coverage needs for more than 60 years, and, as a result, is one of the most widely recognized, and widely respected, health care companies in the state.
- 3. YOU** have unlimited, free access to a dedicated and experienced team of TMAIT insurance professionals who will help you answer your questions and address your insurance planning issues.
- 4. YOU** can meet with an authorized TMAIT advisor who has been selected based on their level of expertise and quality of service.
- 5. YOU** are assisted by the TMAIT Physician Advisory Committee if you wish to appeal underwriting or claims decisions.
- 6. YOUR** TMA insurance program – administered by TMAIT – is designed to meet the unique needs of Texas physicians.
- 7. YOU** and all members benefit from our insurance program because fees are paid to the TMA to help support membership services.
- 8. YOU** are the reason why TMAIT was organized. TMAIT exists solely to assist Texas physicians with their insurance needs by providing reliable, cost-effective coverage.
- 9. YOU** can count on us. After more than 50 years of dedicated service, we continue to offer innovative health plans for you, your family and your practice.
- 10. YOU** save time and money and get the products and services you need.



# PPO Plans

## [Options 1-3]

When you choose a PPO plan, you can receive care from any licensed doctor you want. If you use a network doctor, you'll pay less out of pocket, you won't have to file claims, and you'll get the highest level of benefits. If you use a doctor outside of the network, you'll still be covered, but your out-of-pocket costs will be higher. You always have the freedom to choose between in-network and out-of-network care. Referrals aren't necessary.

Through the Blue Cross and Blue Shield of Texas PPO plan, you'll have access to one of the largest networks of contracting providers in Texas with more than 35,000 physicians and specialists and over 400 hospitals. You'll also have access to one of the largest networks in the country, with more than 600,000 doctors and 6,000 hospitals contracting with Blue Cross and Blue Shield Plans nationwide.

The chart below shows the difference between the two benefit levels.

		Preferred (network providers)	Non-Preferred (out-of-network providers)
Annual deductible	Option 1 Option 2 Option 3	Yes \$500 ind / \$1,500 fam \$2,500 ind / \$7,500 fam \$5000 ind / \$15,000 fam	Yes \$1,000 ind / \$3,000 fam \$5,000 ind / \$15,000 fam \$10,000 ind / \$30,000 fam
Physician office visits and preventive care	Option 1 Option 2 Option 3	Plan pays 100%* after your office visit copay (amount depends on PPO option) Plan pays 100%* after your office visit copay (amount depends on PPO option) Plan pays 100%* after your office visit copay (amount depends on PPO option)	Plan pays 70% after you meet the deductible Plan pays 60% after you meet the deductible Plan pays 50% after you meet the deductible
	Network Provider	ParPlan Provider**	Other Out-of-Network Provider
Balance bills	No balance billing. Network Providers will not bill for costs exceeding the Allowable Amount for covered services.	No balance billing. ParPlan Providers will not bill for costs exceeding the Allowable Amount for covered services.	You may be billed for charges exceeding the BCBSTX Allowable Amount for covered services.
Claim forms to file	No	No, in most cases	Yes, file your own claim forms
Preauthorization for hospital stays and other medical services	No, provider will preauthorize necessary services.	You may need to preauthorize necessary services.	You may need to preauthorize necessary services.

\* When percentages of payment are used in this enrollment brochure, they refer to Allowable Amounts.

\*\*SPECIAL NOTE: Blue Cross and Blue Shield of Texas contracts with a number of physicians, facilities and other providers outside the network to help you save money and time when you visit. Inside Texas, this program is known as ParPlan.

*While every attempt has been made to represent accurately the benefits described in this insert, the actual provisions (including limitations and exclusions) of the medical plan are contained in legal documents called the Certificate of Coverage. If there is a conflict between the benefits described in this insert and those in the legal documents, the terms of the legal documents will govern.*

## How to find preferred providers

To find the most up-to-date listing of doctors in Texas, go to [www.tmaid.org](http://www.tmaid.org) for a link to the BCBSTX Provider Finder.® Using this feature, you can review an online regional directory or conduct a custom search to view additional information, including:

- Office hours
- Board certification
- Hospital and facility affiliations
- Whether new patients are being accepted
- Gender

Traveling away from home? Through the BlueCard® and BlueCard Worldwide® programs, you can receive health care at lower out-of-pocket costs from contracting doctors and hospitals almost anywhere in the country and around the world.

Just like at home, it's easy to find a provider when you're away. To find a contracting network doctor or hospital outside the U.S., go to [www.tmaid.org](http://www.tmaid.org) and look for the worldwide link or contact TMAIT.

## Network Plans [Options 1–3]\*

Three PPO options are available to you. While these options cover the same services, they differ in certain areas such as the copayments and percentage of costs the plan pays for covered services. A copay is the out-of-pocket amount you pay for covered services when you visit the doctor. For other covered medical care, the plan pays a percentage of the cost, and you pay the balance (coinsurance) after satisfaction of the annual deductible.

Plan Options	PPO Option 1	PPO Option 2	PPO Option 3
Annual deductible individual/family	<b>In-Network:</b> \$500/\$1,500	<b>In-Network:</b> \$2,500/\$7,500	<b>In-Network:</b> \$5,000/\$15,000
	<b>Out-of-Network:</b> \$1,000/\$3,000	<b>Out-of-Network:</b> \$5,000/\$15,000	<b>Out-of-Network:</b> \$10,000/\$30,000
Inpatient hospital deductible (per admission)	\$250	\$500	\$500
Copay (regular office visit/specialist office visit)	\$20/\$30	\$30/\$40	\$40/\$60
Coinsurance Plan pays/You pay	<b>In-Network:</b> 90%/10% <b>Out-of-Network:</b> 70%/30%	<b>In-Network:</b> 80%/20% <b>Out-of-Network:</b> 60%/40%	<b>In-Network:</b> 70%/30% <b>Out-of-Network:</b> 50%/50%
Annual out-of-pocket maximum (individual/family)**	<b>In-Network:</b> \$1,000/\$3,000 <b>Out-of-Network:</b> \$2,000/\$6,000	<b>In-Network:</b> \$5,000/\$15,000 <b>Out-of-Network:</b> \$10,000/\$30,000	<b>In-Network:</b> \$10,000/\$30,000 <b>Out-of-Network:</b> \$20,000/\$60,000
Pharmacy Deductible	N/A	\$100	\$300
Prescription drug coverage	<b>Participating Pharmacy:</b> \$15 for generic	<b>Participating Pharmacy:</b> \$20 for generic	<b>Participating Pharmacy:</b> \$20 for generic
	\$25 for preferred brand-name	\$30 for preferred brand-name	\$30 for preferred brand-name
	\$40 for non-preferred brand-name	\$50 for non-preferred brand-name	\$50 for non-preferred brand-name
	<b>Non-Participating Pharmacy:</b> 70% after applicable copay (\$15/\$25/\$40) refer to your benefit booklet for details	<b>Non-Participating Pharmacy:</b> 70% after applicable copay (\$20/\$30/\$50) refer to your benefit booklet for details	<b>Non-Participating Pharmacy:</b> 70% after applicable copay (\$20/\$30/\$50) refer to your benefit booklet for details
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000

\* For Quarterly Rates see PPO Rate Insert in pocket of this brochure.

\*\* The annual out-of-pocket maximum is the annual coinsurance limit per person. This amount does not include services, supplies or charges limited or excluded by the Plan; expenses not covered because a benefit maximum has been reached; any eligible expenses paid by the primary carrier when BCBSTX is the secondary carrier for purposes of coordination of benefits; deductibles and copayment amounts (including those under the prescription drug coverage) or preauthorization penalties.

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## Traditional Medical Benefits

# [Options 4-8] FREEDOM

The Traditional Medical Benefit options give you the freedom to choose any licensed physician or hospital for treatment; however, if you use non-contracting providers, your out-of-pocket costs will be higher because you may be responsible for charges over the allowable amount. Whether you're at home or away, you have access to any licensed physician or hospital – including specialists – for covered expenses with no referrals. The choice is always yours.

You must meet an annual deductible before the plan begins to pay benefits. And unless you select a ParPlan provider, you usually have to pay the provider for medical treatment at the time of service, and then submit a claim to BCBSTX for reimbursement of covered services. Certain expenses, such as a non-emergency hospital stay, require preauthorization by calling the toll-free number on your ID card. Failure to preauthorize may result in reduced benefits.

## Traditional Medical Benefits [Options 4–8]\* Physician Services and Hospital Services

TMAIT offers six Traditional Medical Benefit options that provide coverage of both physician and hospital services. While these options cover the same services and BCBSTX programs and features, they differ in certain areas such as deductibles and coinsurance.

Plan Options	Traditional Benefits Option 4	Traditional Benefits Option 5	Traditional Benefits Option 6
Annual deductible individual/family	\$500/\$1,500	\$750/\$2,250	\$1,000/\$3,000
Coinsurance plan pays/you pay	80%/20%	75%/25%	80%/20%
Annual out-of-pocket maximum individual/family**	\$3,000/\$9,000	\$5,000/\$15,000	\$5,000/\$15,000
Prescription drug coverage	80% after deductible	75% of eligible expenses after Calendar Year Deductible and Separate Drug Deductible. \$250 per Participant each Calendar Year.	80% after deductible
Inpatient hospital deductible (per admission)	\$500	\$500	\$500

Plan Options	Traditional Benefits Option 7	Traditional Benefits Option 7A	Traditional Benefits Option 8
Annual deductible individual/family	\$2,000/\$6,000	\$5,000/\$15,000	\$10,000/\$30,000
Coinsurance plan pays/you pay	80%/20%	80%/20%	80%/20%
Annual out-of-pocket maximum individual/family**	\$6,000/\$18,000	\$10,000/\$30,000	\$2,500/\$7,500
Prescription drug coverage	80% after deductible	80% after deductible	80% after deductible
Inpatient hospital deductible (per admission)	\$500	\$500	\$500

\* For Quarterly Rates see Traditional Benefit Options 4-8 Rate Insert in the pocket of this brochure.

\*\* The annual out-of-pocket maximum is the annual coinsurance limit per person. This amount does not include services, supplies or charges limited or excluded by the Plan; expenses not covered because a benefit maximum has been reached; any eligible expenses paid by the primary carrier when BCBSTX is the secondary carrier for purposes of coordination of benefits; deductibles or pre-authorization penalties.

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## Traditional Medical Benefits [Options 9–12]\*

For those keeping an eye on their budgets, TMAIT offers four affordable options. While these four options cover the same services and BCBSTX programs and features, they differ in certain areas such as deductibles and coinsurance. Under these options, you pay all physician office fees and physician hospital visits (see your benefit booklet for details).

Plan Options	Traditional Benefits Option 9	Traditional Benefits Option 10	Traditional Benefits Option 11	Traditional Benefits Option 12
Annual deductible individual/family	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$6,000	\$10,000/\$30,000
Inpatient hospital deductible (per admission)	\$500	\$500	\$500	\$500
Coinsurance Plan pays/You pay	80%/20%	80%/20%	80%/20%	80%/20%
Annual out-of-pocket maximum (per person)**	\$3,000	\$5,000	\$6,000	\$2,500
Prescription drug coverage	80% after deductible	80% after deductible	80% after deductible	80% after deductible

\* For Quarterly Rates see Traditional Benefit Options 9-12 Rate Insert in the pocket of this brochure. This coverage does not provide benefits for most physician/provider fees.

\*\* The annual out-of-pocket maximum is the annual coinsurance limit per person. This amount does not include services, supplies or charges limited or excluded by the Plan; expenses not covered because a benefit maximum has been reached; any eligible expenses paid by the primary carrier when BCBSTX is the secondary carrier for purposes of coordination of benefits; deductibles (including those under the prescription drug coverage) or pre-authorization penalties.

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## Additional TMAIT Medical Plans

# Alternatives

### Traditional Medical Benefits [Options 14-15 ]\*

If you're looking for a federally qualified, high-deductible health insurance plan that enables you to enroll in a health savings account, this is the plan for you (please see "Paying for medical care with pre-tax dollars" at the end of this booklet.) TMAIT offers two medical plan options. While both feature high deductibles and the opportunity to pay health care expenses using pre-tax dollars, they differ in the deductibles and out-of-pocket maximums.

These Traditional Medical Benefits give you the freedom to choose any licensed physician or hospital for treatment; however, if you use non-contracting providers, your out-of-pocket costs will be higher because you may be responsible for charges over the allowable amount. Whether you're at home or away, you have access to any licensed physician or hospital – including specialists – for covered expenses with no referrals. The choice is always yours.

You must meet an annual deductible before the plan begins to pay benefits. And unless you select a ParPlan provider, you usually have to pay the provider for medical treatment at the time of service, and then submit a claim to BCBSTX for reimbursement of covered services. Certain expenses, such as non-emergency hospital stays, require preauthorization by calling the toll-free number on your ID card. Failure to preauthorize may result in reduced benefits.

Plan Options	Option 14	Option 15
Annual deductible individual/family	\$1,700/\$3,450	\$2,500/\$5,050
Out-of-pocket (includes deductible)	\$1,700/\$3,450	\$3,250/\$6,050
Inpatient hospital expenses**	100% of eligible charges after deductible	80% of eligible charges after deductible
Medical-surgical expenses - Physical medicine services - Speech and hearing services	100% of eligible charges after deductible. \$5,000 max Same as any other illness, includes hearing aids.	80% of eligible charges after deductible. \$5,000 max Same as any other illness, includes hearing aids.
Emergency room treatment within 48 hours of event	100% of eligible charges after deductible	80% of eligible charges after deductible
Preventive care	100% of eligible charges after deductible, \$300 max each 2-yr period. Immunizations covered at 100% from birth to date of 6th birthday. No deductible.	80% of eligible charges after deductible, \$300 max each 2-yr period. Immunizations covered at 100% from birth to date of 6th birthday.
Serious mental illness covered	Inpatient hospital and physician expenses limited to 45 days. Outpatient hospital and physician expenses limited to 60 visits.	Inpatient hospital and physician expenses limited to 45 days. Outpatient hospital and physician expenses limited to 60 visits.
Mental health care - Inpatient hospital expenses  - Office/Outpatient care	100% of eligible charges after deductible, limited to 30 days. 100% of physician charges after deductible, limited to 30 inpatient visits.  100% of services after deductible. Combined physician office visit and other outpatient services limited to 30 visits.	80% of eligible charges, limited to 30 days. 80% of physician charges after deductible, limited to 30 inpatient visits.  80% of services after deductible. Combined physician office visit and other outpatient services limited to 30 visits.
Prescription drug benefits	100% of eligible expenses after deductible	80% of eligible expenses after deductible
Lifetime Maximum	\$2,000,000	\$2,000,000

Benefits are calculated per calendar year unless otherwise noted

- \* For Quarterly Rates see the Options 14-15 Rate Insert in the pocket of this brochure.
- \*\* Certain services require preauthorization. There is a penalty for failure to preauthorize.

*Preexisting conditions waived for participants covered by prior carrier and effective on the contract date. For all other participants, preexisting conditions are not covered for 12 months if care is received 6 months prior to effective date. Credit will be given for time served under creditable coverage. Hospital admissions commencing prior to participants's effective date are not covered.*

*While every attempt has been made to represent accurately the benefits described in this insert, the actual provisions (including limitations and exclusions) of the medical plan are contained in legal documents called the Certificate of Coverage. If there is a conflict between the benefits described in this insert and those in the legal documents, the terms of the legal documents will govern.*

## Traditional Medical Benefits [Option 16]\*

# AGE 65+

If you or an eligible dependent is entitled to Medicare coverage, you should consider Option 16.

It is designed to pay 100% of eligible medical services that are not covered by Medicare after you meet a calendar year deductible of \$500.

If you're already enrolled in any of the TMAIT medical plans (Options 1 through 15), you should consider transferring your coverage to Plan Option 16 when you turn 65.

Calendar-year deductible	\$500
Coinsurance stop-loss amount	N/A
Inpatient hospital deductible (per admission)**	\$250
Inpatient hospital expense benefits**	100% for eligible services after deductible (\$250 penalty if each admission is not preauthorized)
Extended care expense benefits**	
- Skilled nursing facility	100% of eligible expenses up to \$10,000
- Home health care	100% of eligible expenses up to \$10,000
- Hospice care	100% of eligible expenses up to \$20,000 (lifetime max)
Emergency room treatment within 48 hrs of event	100% of eligible services after deductible
Preventive care benefits	100% of eligible services after deductible Immunizations covered at 100% from birth to date of 6th birthday.
Serious mental illness covered**	Inpatient hospital and physician expenses limited to 45 days Outpatient hospital and physician expenses limited to 60 visits
Mental health care**	
- Inpatient hospital expense	100% of eligible charges after per admission deductible - limited to 30 days per calendar year. 100% of physician charges after deductible - limited to 30 inpatient visits per calendar year.
- Office/Outpatient	100% of outpatient services after deductible. Combined physician office visit and other outpatient services limited to 30 visits max per calendar year.
Prescription drug coverage	Not covered
Lifetime Maximum	\$2,000,000

### Benefits are calculated per calendar year unless otherwise noted

\* For Quarterly Rates see the Benefit Option 16 Rate Insert in the pocket of this brochure.

\*\*Certain services require preauthorization.

*Preexisting conditions waived for participants covered by prior carrier and effective on the contract date. For all other participants, preexisting conditions are not covered for 12 months if care is received 6 months prior to effective date. Credit will be given for time served under creditable coverage. Hospital admissions commencing prior to participant's effective date are not covered.*

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## Supplemental In-Hospital Indemnity Plan [Options 17–20]\*

You can purchase, without evidence of insurability, an additional indemnity benefit at very affordable rates. The plan pays the daily benefit directly to you for each day you or a covered family member is in the hospital. Choose from a daily benefit amount of \$100, \$150, \$200 or \$250. If you're in the intensive care unit or receiving inpatient cancer treatment, the daily benefit doubles. There's no deductible to meet, the benefit starts on your first day of hospitalization, and you may spend the money any way you wish. You can enroll for yourself, your spouse or your eligible dependent children.

Plan Options	Option 17	Option 18	Option 19	Option 20
Daily benefit amount	\$100	\$150	\$200	\$250

**Maximum number of benefit days is 365 consecutive days.**

\* For Quarterly Rates see the Supplemental In-Hospital Rate Insert in the pocket of this brochure.

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## **Paying for medical care with pre-tax dollars**

TMAIT\* offers a federally qualified medical insurance plan. They are able to supply you with a list of financial institutions to assist you with setting up a pre-tax Health Savings Account.

\* TMAIT cannot offer legal or tax advice.

The IRS determines revised deductible amounts and out-of-pocket maximums every January.

It's all about choice.

# Contact Us

If you have any questions or need additional information, you have five ways to contact us.

1. **Mail** the enclosed postage-paid postcard
2. **Send** an e-mail to [contact@tmait.org](mailto:contact@tmait.org)
3. **Call** 1-800-880-8181 or in Austin 512-370-1776
4. **Fax** a request to 1-512-370-1799
5. **Visit** our Web site [www.tmaid.org](http://www.tmaid.org)





## General Information

Please have a representative contact me:

(Please use ball point pen)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Best time to contact me is \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

### **For More Information**

For pricing information, please refer to the enclosed rate tables displaying the quarterly cost of each plan. For more information on any of the medical plan options, please complete this postage-paid reply card and return it to TMAIT, call 1-800-880-8181 or visit our Web site at [www.tmaait.org](http://www.tmaait.org).

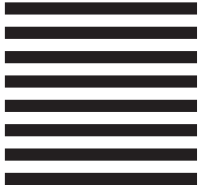


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