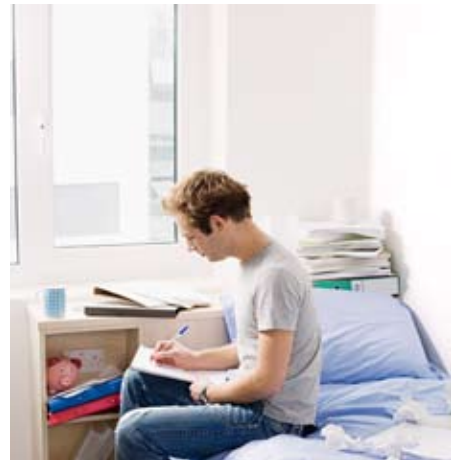
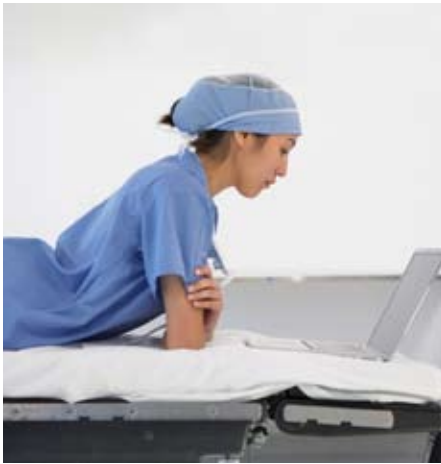


BLUECROSS BLUESHIELD

Health Insurance for Texas Physicians

Choose a plan to protect yourself, your family,
and your peace of mind.



AVAILABLE THROUGH



ISSUED BY



Choose the plan that's right for you

TMAIT offers several medical plans, including PPO, traditional, and supplemental plans. In addition, within each plan, you can choose from several options to create the health-insurance plan that's right for you. A TMAIT insurance Advisor can help you sort through the options so you have the coverage you need.

pg. 4

PPO Network Plans

Options 1-3

Plans with a large physician network

pg. 8

Traditional Medical Plans

Options 4-8

These plans offer coverage for physician and hospital services

Options 9-12

Save money with one of these options

Option 13

An ideal plan for medical students

Options 14-15

High-deductible coverage with an HSA

Option 16

Plan to consider at age 65

pg. 20

Supplemental In-hospital Indemnity Plan

Options 17-20

Additional coverage for extra peace of mind



Exclusively for Texas Physicians

Texas Medical Association (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).

TMAIT has been helping physicians with their health-insurance needs for more than 40 years. Our insurance Advisors know insurance, and they know the needs of Texas physicians. You can count on us to help you select a health-insurance plan that's right for you and your family.

PPO Network Plans

Our PPO plans offer access to nearly 40,000 physicians and 400 hospitals

If you prefer having the freedom to choose from a large network of physicians, Options 1–3 might be right for you. When you choose a PPO plan, you can receive care from any licensed physician. If you use a network physician, 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 physician outside of the network, you'll still be covered, but your out-of-pocket costs may be higher. You always have the freedom to choose between in-network and out-of-network care. Referrals aren't necessary.

Through the TMAIT PPO plan, you'll have access to one of the largest networks of contracting providers in Texas with nearly 40,000 physicians and 400 hospitals. You'll also have access to one of the largest networks in the country; nearly one in three Americans has health coverage with a Blue Cross and Blue Shield plan.

Preferred vs. Non-preferred Benefit Levels

		Preferred (network providers)	Non-preferred (out-of-network providers)
Annual deductible (individual/family)	Option 1	\$500/\$1500	\$1,000/\$3,000
	Option 2	\$2,500/\$7,500	\$5,000/\$15,000
	Option 3	\$5,000/\$15,000	\$10,000/\$30,000
Physician office visits and preventive care	Option 1	Plan pays 100%* after your office visit copay	Plan pays 70% after you meet the deductible (amount depends on deductible PPO option)
	Option 2	Plan pays 100%* after your office visit copay	Plan pays 60% after you meet the deductible (amount depends on deductible PPO option)
	Option 3	Plan pays 100%* after your office visit copay	Plan pays 50% after you meet the deductible (amount depends on deductible PPO option)

	Network Provider	ParPlan Provider**	Other Out-of-network Provider
Balance billing	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.

**Blue Cross and Blue Shield of Texas (BCBSTX) 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.

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How to find preferred providers

To find the most up-to-date listing of physicians in Texas, use the BCBSTX Provider Finder® by going to bcbstx.com and selecting Find a Doctor. 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
- > New patients 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 physicians 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 physician or hospital outside of the United States, contact TMAIT.

OPTIONS 1-3

Select a plan that fits your needs and budget.

You can choose from three PPO options. While these options cover the same services, they differ in certain areas, such as the amount of copayments and the percentage of costs the plan pays for covered services. A copayment is the out-of-pocket amount you pay for covered services when you visit the physician. For other covered medical care, the plan pays a percentage of the cost, and you pay the balance (coinsurance) after meeting the annual deductible.



Options 1-3*

Plan Options	PPO Option 1	PPO Option 2	PPO Option 3
Copay (office visit/ specialist office visit)	\$20/\$30	\$30/\$40	\$40/\$60
Annual deductible (individual/family)	In-network: \$500/\$1,500	In-network: \$2,500/\$7,500	In-network: \$5,000/\$15,000
	Out-of-network: \$1,000/\$3,000	Out-of-network: \$5,000/\$15,000	Out-of-network: \$10,000/\$30,000
Inpatient hospital deductible (per admission)¹	\$250	\$500	\$500
Coinsurance** (plan pays/you pay)	In-network: 90%/10%	In-network: 80%/20%	In-network: 70%/30%
	Out-of-network: 70%/30%	Out-of-network: 60%/40%	Out-of-network: 50%/50%
Annual out-of-pocket maximum*** (individual/family)	In-network: \$1,000/\$3,000	In-network: \$5,000/\$15,000	In-network: \$10,000/\$30,000
	Out-of-network: \$2,000/\$6,000	Out-of-network: \$10,000/\$30,000	Out-of-network: \$20,000/\$60,000
Emergency room	\$50 copay, then 90% of eligible charges	\$50 copay, then 80% of eligible charges	\$50 copay, then 70% of eligible charges
Preventive care	In-network plan pays 100% after copay	In-network plan pays 100% after copay	In-network plan pays 100% after copay
Maternity	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Mental health and serious mental illness¹	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year	25-day maximum per calendar year	25-day maximum per calendar year
Home health	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year	120-visit maximum per calendar year	120-visit maximum per calendar year
Participating pharmacy benefits	Deductible: N/A	Deductible: \$100	Deductible: \$300
	\$15 generic	\$20 generic	\$20 generic,
	\$25 preferred brand name	\$30 preferred brand name	\$30 preferred brand name
	\$40 non-preferred brand name	\$50 non-preferred brand name	\$50 non-preferred brand name
Lifetime maximum	Unlimited	Unlimited	Unlimited

*For rates, see the PPO Rate Insert.

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***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.

Pre-existing conditions are waived for all dependent children up to age 19. Pre-existing conditions are waived for participants covered by the prior carrier and effective on the contract date for all enrollees up to age 19. For all other participants, pre-existing conditions will begin 90 days after the effective date. For subscribers and spouses age 19 and above without prior coverage, coverage of pre-existing conditions will begin 90 days after the effective date. Credit will be given for time served under creditable coverage. Hospital admissions commencing prior to the participant's effective date are not covered.

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¹Certain services require preauthorization.

Traditional Medical Plans

Enjoy freedom to choose any physician or hospital you want.

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.

OPTIONS 4-8

These plans offer coverage for both physician and hospital services.

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



Options 4-6*

Plan Options	Option 4	Option 5	Option 6
Copay (office visit/ specialist office visit)	N/A	N/A	N/A
Annual deductible (individual/family)	\$500/\$1,500	\$750/\$2,250	\$1,000/\$3,000
Inpatient hospital deductible (per admission)¹	\$500	\$500	\$500
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
Emergency room	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Preventive care	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Mental health and serious mental illness¹	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year	25-day maximum per calendar year	25-day maximum per calendar year
Home health	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year	120-visit maximum per calendar year	120-visit maximum per calendar year
Participating pharmacy benefits	80% after annual deductible	Separate \$250 deductible per person, then 75% after annual deductible	80% after annual deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

Options 7-8*

Plan Options	Option 7	Option 7a	Option 8
Copay (office visit/ specialist office visit)	N/A	N/A	N/A
Annual deductible (individual/family)	\$2,000/\$6,000	\$5,000/\$15,000	\$10,000/\$30,000
Inpatient hospital deductible (per admission)¹	\$500	\$500	\$500
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
Emergency room	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Preventive care	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Mental health and serious mental illness¹	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year	25-day maximum per calendar year	25-day maximum per calendar year
Home health	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year	120-visit maximum per calendar year	120-visit maximum per calendar year
Participating pharmacy benefits	80% after annual deductible	80% after annual deductible	80% after annual deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

*For rates, see the Traditional Benefit Options 4-7A and 8-12 Rate Inserts.

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Pre-existing conditions are waived for all dependent children up to age 19. Pre-existing conditions are waived for participants covered by the prior carrier and effective on the contract date for all enrollees up to age 19. For all other participants, pre-existing conditions will begin 90 days after the effective date. For subscribers and spouses age 19 and above without prior coverage, coverage of pre-existing conditions will begin 90 days after the effective date. Credit will be given for time served under creditable coverage. Hospital admissions commencing prior to the participant's effective date are not covered.

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¹Certain services require preauthorization.

OPTIONS 9-12

Save money with one of these affordable options.

For those keeping an eye on their budgets, TMAIT offers four affordable options. While these four options cover the same services, programs, and features, they differ in certain areas such as deductibles and coinsurance. Under these options you pay most of the physician fees wherever they are incurred.



Options 9-12*

Under these options you pay most of the physician/provider fees wherever they are incurred.

Plan Options	Option 9	Option 10	Option 11	Option 12
Copay	N/A	N/A	N/A	N/A
Annual deductible (individual/family)	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$6,000	\$10,000/\$30,000
Inpatient hospital deductible (per admission)¹	\$500	\$500	\$500	\$500
Coinsurance (plan pays/you pay)**	80%/20%	80%/20%	80%/20%	80%/20%
Annual out-of-pocket maximum (individual per person)***	\$3,000	\$5,000	\$6,000	\$2,500
Emergency room	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Preventative care	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Mental health and serious mental illness¹	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year	25-day maximum per calendar year	25-day maximum per calendar year	25-day maximum per calendar year
Home health	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year	120-visit maximum per calendar year	120-visit maximum per calendar year	120-visit maximum per calendar year
Participating pharmacy Benefits	80% after annual deductible	80% after annual deductible	80% after annual deductible	80% after annual deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited

*For rates, see the Traditional Benefit Options 8-12 Rate Insert. This coverage does not provide benefits for most physician/provider fees.

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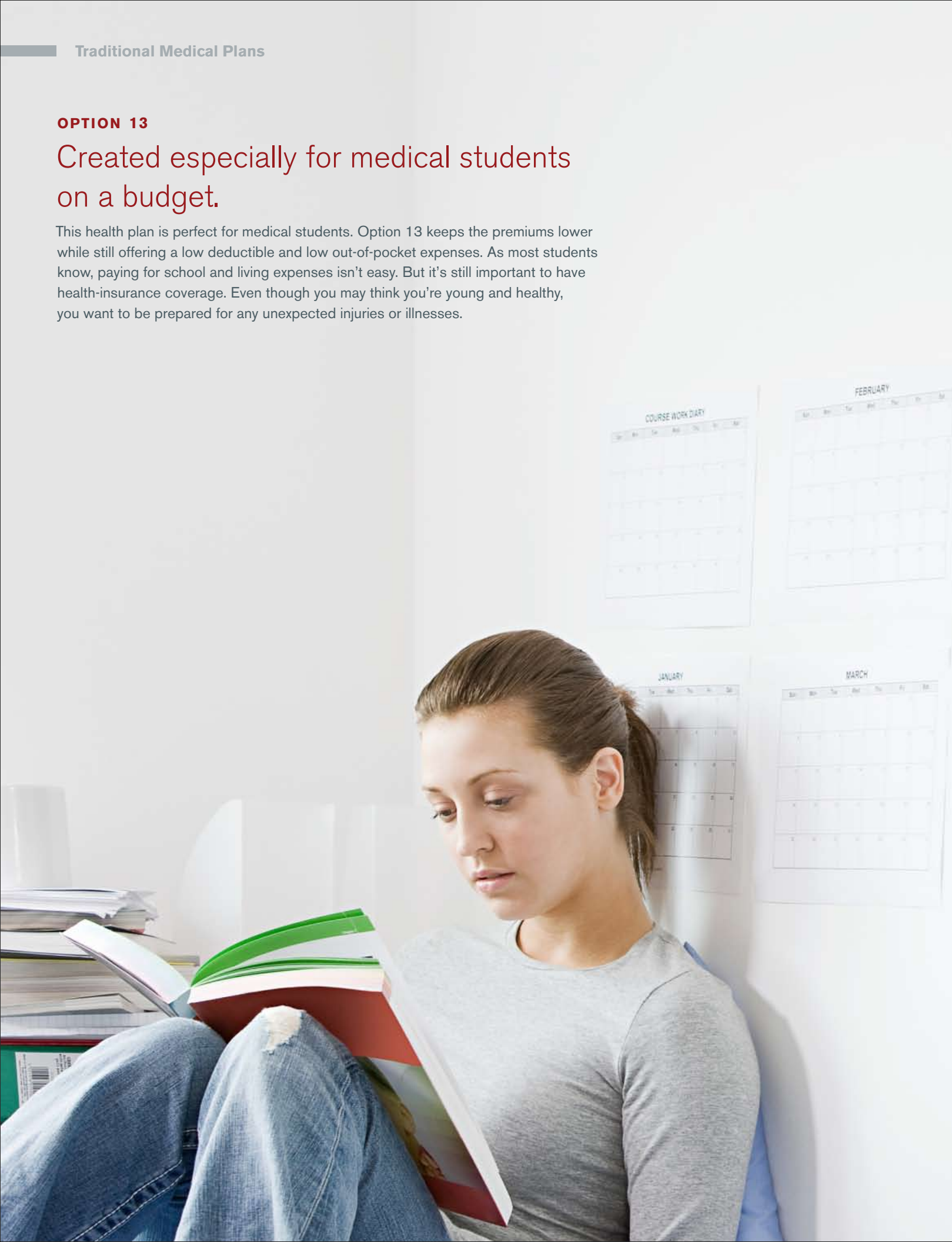
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¹Certain services require preauthorization.

OPTION 13

Created especially for medical students on a budget.

This health plan is perfect for medical students. Option 13 keeps the premiums lower while still offering a low deductible and low out-of-pocket expenses. As most students know, paying for school and living expenses isn't easy. But it's still important to have health-insurance coverage. Even though you may think you're young and healthy, you want to be prepared for any unexpected injuries or illnesses.



Option 13*

Plan Options	Option 13
Copay (office visit/specialist office visit)	N/A
Annual deductible (individual/family)	\$300/\$600
Inpatient hospital deductible (per admission) ¹	\$250
Coinsurance (plan pays/you pay)**	80%/20%
Annual out of pocket maximum (individual/family)***	\$1,000/\$3,000
Emergency room	Covered the same as any other eligible expense
Preventive care	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense
Mental health and serious mental illness ¹	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year
Home health	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year
Participating pharmacy benefits	80% after annual deductible
Lifetime maximum	Unlimited

*For rates, see the Medical Student Plan Option 13 Rate Insert.

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¹Certain services require preauthorization.

OPTIONS 14-15

Take advantage of high-deductible coverage with a health savings account.

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" below). 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.

*Paying for medical care with pre-tax dollars

TMAIT offers a federally qualified medical insurance plan.

TMAIT cannot offer legal or tax advice. The IRS determines revised deductible amounts and out-of-pocket maximums every January.

Options 14-15*

Plan Options	Option 14	Option 15
Copay (office visit/ specialist office visit)	N/A	N/A
Annual deductible (individual/family)	\$1,700/\$3,450	\$2,500/\$5,050
Inpatient hospital deductible (per admission)**	100% after calendar year deductible	80% after calendar year deductible
Coinsurance (plan pays/you pay)**	100% of eligible charges	80%/20%
Annual out-of-pocket maximum (individual/family)***	N/A	\$750/\$1,000
Emergency room	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Preventive care	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Mental health and serious mental illness¹	Covered the same as any other eligible expense	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year	25-day maximum per calendar year
Home health	60-visit maximum per calendar year	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year	120-visit maximum per calendar year
Participating pharmacy benefits	100% after annual deductible	80% after annual deductible
Lifetime maximum	Unlimited	Unlimited

Benefits are calculated per calendar year unless otherwise noted.

*For rates, see the Options 14-15 Rate Insert.

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***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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¹Certain services require preauthorization.

OPTION 16

For those 65 and older who are on Medicare.

If you or an eligible dependent is entitled to Medicare coverage, you should consider Option 16. It is designed to pay 100 percent 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.



Option 16*

Plan Options	Option 16
Copay (office visit/specialist office visit)	N/A
Annual deductible (individual)	\$500
Inpatient hospital deductible (per admission)**	100% after calendar year deductible
Coinsurance (plan pays)**	100% of eligible charges
Annual out-of-pocket maximum (individual/family)***	N/A
Emergency room	Covered the same as any other eligible expense
Preventive care	Covered the same as any other eligible expense
Maternity	Covered the same as any other eligible expense
Mental health and serious mental illness ¹	Covered the same as any other eligible expense
Skilled nursing facility	25-day maximum per calendar year
Home health	60-visit maximum per calendar year
Physical therapy	120-visit maximum per calendar year
Hospice	Unlimited
Participating pharmacy benefits	Not covered
Lifetime maximum	Unlimited

Benefits are calculated per calendar year unless otherwise noted.

*For rates, see the Option 16 Rate Insert.

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¹Certain services require preauthorization.

Supplemental In-hospital Indemnity Plan



OPTION 17-20

Additional inpatient coverage for extra piece of mind.

Want the peace of mind of having extra coverage? 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.

Options 17-20*

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 rates, see the Supplemental In-hospital Indemnity Rate Insert.

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Contact Us

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

1. Send an e-mail to contact@tmait.org
2. Call 1.800.880.8181 or in Austin 1.512.370.1776
3. Fax a request to 1.512.370.1799
4. Visit our website, www.tmait.org

The Texas Medical Association Insurance Trust believes Plan Options 1 through 16 are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your certificate of insurance may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the TMAIT customer service department at 1.800.880.8181.

Getting to know TMAIT

The Texas Medical Association Insurance Trust (TMAIT) was created by the Texas Medical Association (TMA) in 1955 as an exclusive benefit to its members. TMAIT’s mission is to help Texas physicians get the insurance coverage and financial planning they need.

What TMAIT offers physicians:

Personalized Service

We pair each physician who contacts us with an experienced insurance Advisor.

Convenience

We do the legwork to find quality, competitively priced insurance products that meet the unique needs of physicians.

Experience

We have been serving Texas physicians for more than 50 years.

Peace of Mind

We were created by the TMA, an organization dedicated to serving Texas physicians.

AVAILABLE THROUGH



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