

Get to know your Explanation of Benefits

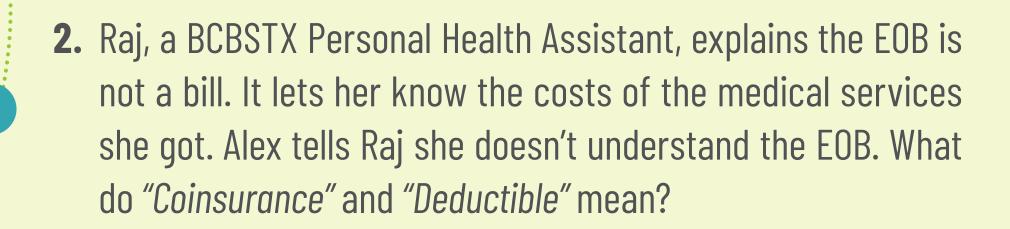
As a HealthSelectSM participant, when you get care, your health care provider submits a claim to Blue Cross and Blue Shield of Texas (BCBSTX) for your medical or mental health services. BCBSTX processes these claims and sends you an Explanation of Benefits (EOB).

An EOB is not a bill. It shows the services you got, how much each service costs and how much your HealthSelect plan reduces those costs. It lets you know how much your medical plan covers and how much you might owe in copays, coinsurance or deductible.

Alex's Journey



Alex recently saw her primary care provider (PCP) when she wasn't feeling well. A few weeks after her visit, Alex gets an EOB in the mail. She mistakes it for a bill and calls a BCBSTX Personal Health Assistant for help.







Helpful Terms

3. After Raj answers her questions, Alex now understands her EOB and feels confident she'll understand EOBs she gets in the future. She downloads the BCBSTX App so she has easy access to claims and coverage details.



If you are enrolled in HealthSelect of Texas, you pay \$25 for an in-network PCP visit and \$40 for an in-network specialist visit. Preventive care from your PCP is covered at 100%. If you're enrolled in Consumer Directed HealthSelect, your plan doesn't have copays. You pay coinsurance for most services once you meet your deductible. But preventive care is still covered at 100%, and you don't have to meet your deductible for that.

Allowable Amounts: The maximum amounts the plan could pay for benefits for covered health services with innetwork providers.

Coinsurance: The percentage of allowable amounts you are

If you are enrolled in HealthSelect of Texas® or Consumer Directed HealthSelectSM,

you pay a 20% coinsurance for most in-network care, when applicable.

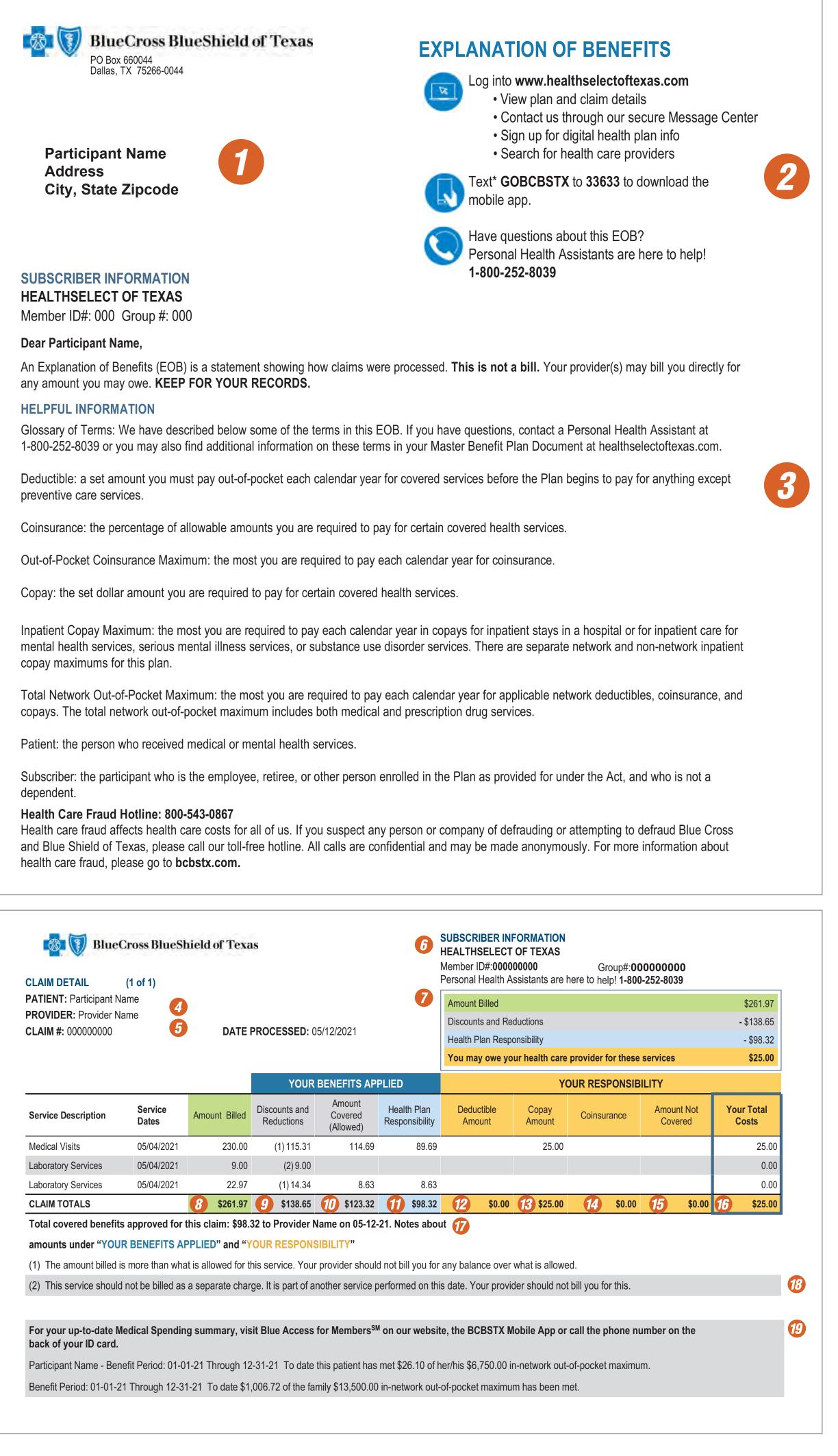
required to pay for certain covered health services.

The allowable amount limits how much you could pay because an in-network provider cannot balance bill you for covered services. An out-of-network provider may bill you for the difference between the amount they charge and the allowable amount your plan covers; this is called balance billing.

Deductible: A set amount you must pay out-of-pocket each calendar year for covered services before the Plan begins to pay for anything except preventive care services.

If you are enrolled in HealthSelect of Texas, this applies only if you go outof-network. If you are enrolled in Consumer Directed HealthSelect, you have a \$2,100 individual or \$4,200 family deductible for in-network care, and you have a higher deductible for out-of-network care.





Page One Covers the Basics

- 1. Confirm your policy ID.
- 2. Learn how to download the mobile app and access your claims online.
- **3.** Find helpful contacts and a glossary.

On Page Two You Can:

At A Glance, Confirm The:

- 4. Patient
- 5. Provider
- 6. Policy Information

Get The Details

YOUR BENEFITS APPLIED—This section shows your list of services and how they're covered.

- 7. Summary of Services
- 8. Amount Billed is the total amount your provider billed for the services.
- 10. Amount Covered (Allowed) is the amount billed (8) minus any discounts or reductions (9).
- 11. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY—This section shows your member cost-share amounts, including:

- **12.** Deductible
- 13. Copays
- 14. Coinsurance
- 15. Amount Not Covered
- 16. Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary. It does not include any amounts that a non-participating provider may bill you.

Get More Information

Your EOB may include a little more information about:

- 17. Total covered benefits approved This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (11).
- 18. Numbered notes give more details about discounts and reductions (9) and any amounts that aren't covered (15).
- 19. Health care plan maximums help you track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Have questions about HealthSelect medical or mental health coverage?

Call a Blue Cross and Blue Shield of Texas Personal Health Assistant toll-free at (800) 252-8039 (TTY: 711), Monday-Friday, 7 a.m. - 7 p.m. and Saturday, 7 a.m. - 3 p.m. CT., or visit the Health Select of Texas® website at www.healthselectoftexas.com.

ue Cross and Blue Shield of Texas is the third-party administrator for HealthSelect of Texas° and Consumer Directed HealthSelects^m ue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association