HealthSelect of Texas®

CONSUMER DIRECTED HealthSelect℠

CONNECT with your HEALTH

2022 Medical Benefits Guide
September 1, 2021 - August 31, 2022

www.healthselectoftexas.com
Call 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

WELCOME TO YOUR HEALTHSELECT℠ MEDICAL PLAN.

Follow this checklist to get started. It'll help keep you on track so you can get the most from your benefits.

☐ Use your new medical ID card

New HealthSelect participants get new medical ID cards by mail. Always take your medical ID card with you when you get health care services.
For more details, see page 7.

☐ Register for Blue Access for Members℠

Go to **www.healthselectoftexas.com**, and click on the *"Log In"* button in the top right corner. Once registered, you'll be able to view your benefits and claims details, find in-network providers and access health and wellness resources.
For more details, see page 4.

☐ Choose a primary care provider (PCP)

HealthSelect of Texas® participants must have a PCP on file with Blue Cross and Blue Shield of Texas (BCBSTX) to receive the highest level of benefits. All plan participants can benefit from having a PCP.
For more details, see page 8.

☐ Schedule your annual wellness check-up

Annual check-ups can help identify health problems before they start so you can live a healthier life. All your preventive care, such as your annual check-up, is covered at 100% as long as you visit an in-network provider and have a PCP on file with BCBSTX if you are enrolled in a plan that requires one.
For more details, see page 9.

☐ Sign up for Well onTarget®

Well onTarget is an online wellness portal that offers personalized resources and incentives to support your wellness journey.
For more details, see page 16.

☐ Complete your Health Assessment

When you complete your Health Assessment in Well onTarget, you'll get personalized tips on your health.
For more details, see page 17.

Extra Credit

☐ Use Provider Finder® to shop for certain medical services and procedures and earn HealthSelectShoppERS℠ incentives for making cost-effective choices when you visit rewards-eligible providers.
For more details, see pages 12 and 13.

☐ Get a no-contract **Fitness Program membership** at an affordable rate and earn **Blue Points℠** for working out.
For more details, see page 19.

☐ Join a weight management program, available **at no cost** to HealthSelect participants.
For more details, see page 20.

Questions? Contact a BCBSTX Personal Health Assistant today.

BCBSTX Personal Health Assistants are trained to help you get the most value from your HealthSelect plan. Call 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. Secure chat and messaging are also available through Blue Access for Members.

WELCOME TO PLAN YEAR 2022

We're happy to help you connect with your health.

Health care is more than just knowing where to go when you get sick. It's also about knowing how to stay well. In this 2022 Medical Benefits Guide, you will learn how to access your medical benefits, health and wellness programs and available incentive programs.

HealthSelect of Texas and Consumer Directed HealthSelect℠ are offered by the Employees Retirement System of Texas (ERS). ERS determines what medical coverage participants get and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

The 2022 health plan year begins September 1, 2021, and runs through August 31, 2022.

Throughout this guide, you'll see the following icons:

Tips on maximizing your benefits

Tips for cost savings

Activities that will earn you Blue Points

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BCBSTX Personal Health Assistants

BCBSTX Personal Health Assistants are here to help you understand and use your health plan benefits. They can:

- answer questions about medical and mental health benefits,
- assist with prior authorizations and referrals,
- provide information about programs and benefits available to you,
- help you locate an in-network provider,
- explain health care costs and options for care,
- provide you with cost estimates for services,
- help you shop for cost-effective providers and earn HealthSelectShoppERS rewards,
- schedule or cancel doctor's appointments,
- help you use self-service tools and
- connect you to other resources.

Call a BCBSTX 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.

HealthSelect Website

The HealthSelect of Texas website, **www.healthselectoftexas.com**, is dedicated to HealthSelect plan participants. It has the most up-to-date information about your medical plan benefits, value-added programs, resources and tools. Using the HealthSelect website, you can:

- find an in-network doctor, hospital or other provider,
- log in to your Blue Access for Members account and
- read important news and information about your health plan.

Blue Access for Members

Blue Access for Members is your online participant portal where you can:

- view your claims and explanation of benefits (EOB),
- find in-network doctors, hospitals and other providers,
- select and change your PCP,
- compare costs for procedures from different providers,
- download a temporary ID card and
- confirm your prior authorizations and referrals on file.

To access Blue Access for Members, visit **www.healthselectoftexas.com** and click on *"Log In"* in the upper-right corner. If you already have a Blue Access for Members account, log in. If you do not have an account yet, click *"Register Now"* and use the information on your medical ID card to create an account.

BCBSTX App

With the BCBSTX App, your benefits are at your fingertips, wherever you are. Text **BCBSTXAPP** to **33633** to download.

You can:

- find an in-network doctor, hospital or urgent care facility near you,
- chat with a BCBSTX Personal Health Assistant,
- view prior authorizations and referrals,
- check the status or history of a claim and
- request a temporary medical ID card or save a digital copy to your phone.

Chat with a BCBSTX Personal Health Assistant via Blue Access for Members or the BCBSTX App, Monday–Friday, 8 a.m. - 5 p.m. CT

Provider Finder

By using Provider Finder, you'll be able to:

- compare costs for in-network providers and procedures,
- compare quality ratings for those providers,
- estimate out-of-pocket costs,
- consider your treatment options and
- save money and earn HealthSelectShoppERS rewards, when shopping for certain medical services and procedures.

Find more details about Provider Finder and HealthSelectShoppERS on pages 12 and 13.

Care Management

BCBSTX care management clinicians can review treatment plans, provide educational content and help coordinate care among your providers. If you have questions about asthma, cancer, COPD, diabetes, cardiac conditions, mental health and substance use or any other health issue that you or your covered family members are dealing with, call BCBSTX toll-free at **(800) 252-8039 (TTY:711)**, Monday-Friday, 8 a.m. - 6:30 p.m. CT and ask to speak with a clinician.

24/7 Nurseline

If you're not sure where to go for care, call the **24/7 Nurseline** and speak with a registered nurse toll-free at **(800) 581-0368**. Call any time, any day of the year.[1]

24/7 HealthSelect Mental Health Support Line

You can get help with a mental health or substance use issue 24 hours a day, seven days a week. If you or your covered dependent are in a crisis situation, call **(800) 252-8039 (TTY:711)**, the same number you call for medical and mental health benefits questions.

Sam's Journey

Sam has been struggling with stress lately. His wife lost her job and finances are really tight. He needs someone to talk to but doesn't know where to turn.

Sam wonders if his HealthSelect of Texas medical benefits offer any help, so he visits **www.healthselectoftexas.com** and sees that he has options for mental health care.

Sam can make an in-office appointment with an in-network mental health care provider or schedule a no-cost mental health Virtual Visit from his home or office.

Sam thinks a mental health Virtual Visit will be a more convenient option. He registers online and schedules a Virtual Visit with a mental health provider.

[1] For medical emergencies, call 911. The 24/7 Nurseline is not a substitute for your doctor's care. Talk to your doctor about any health questions or concerns.

Select a Primary Care Provider

Your PCP serves as your first point of contact when you need non-emergency medical care or if you need a referral or prior authorization for certain services. To select a PCP, log in to your Blue Access for Members account and go to the *"Doctors and Hospitals"* tab and click *"Find a Doctor or Hospital."* Search for providers by specialty or name. From the search results page, check the *"Primary Care Provider"* filter box to see and select an in-network PCP. You can also call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY:711)** for help.

If you enroll in the HealthSelect of Texas plan, you will have to contact BCBSTX to name an in-network PCP. If you haven't named a PCP after your first 60 days on the plan, out-of-network costs apply to most services — even if they're from an in-network provider — until an in-network PCP is named. This means you will pay more of the costs for PCP visits, including an out-of-network deductible and 40% coinsurance, rather than the $25 PCP copay. In addition, preventive care will not be covered at 100%, as it is when you have designated an in-network PCP. Remember: you can change your PCP at any time.

You do not have to choose a PCP if you are enrolled in any of the other HealthSelect plans. However, having an in-network PCP is a good idea. *For details on why you should choose a PCP, see page 8.*

Stay in the HealthSelect Network

Whether you are required to choose a PCP or not, you'll pay less if you see in-network health care providers. To find in-network care, go to the *"Find a Doctor/ Hospital"* page on **www.healthselectoftexas.com,** or call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY:711)** to find a provider or check network status. You can also use the BCBSTX App to access Provider Finder through Blue Access for Members. Download the BCBSTX App by texting **BCBSTXAPP** to **33633**.

Balance Billing

Surprise billing, also called balance billing, happens when you see an out-of-network provider and get billed for the difference between what the provider charges and what your health plan pays for a service. Texas law protects you from surprise bills in emergency situations and in certain cases when you have no choice of providers. You would still need to pay your plan's out-of-network deductible and/ or coinsurance.

The law prohibits surprise medical bills from various Texas health care providers for services you get on or after January 1, 2020, including:

- out-of-network providers who are practicing at in-network facilities such as hospitals, birthing centers, ambulatory surgical centers and freestanding emergency rooms;
- out-of-network providers and facilities, including hospitals and freestanding emergency rooms, that provide care in emergency situations and
- out-of-network diagnostic imaging and laboratory services that are provided in connection with a service from an in-network provider.

Important: Some providers in situations like those described above may ask you to sign a waiver before they provide any care. This waiver would allow them to balance bill you. It is very important that you read all paperwork that a doctor or facility asks you to sign. A provider may not use this waiver in emergency situations.

Referrals

If you are enrolled in HealthSelect of Texas, you must get a referral from your PCP in order to get care from other providers, such as specialists. Only your PCP can order a referral, which is why you must choose a PCP and inform BCBSTX of your choice. BCBSTX must authorize your referral before you get care or the care you get will be considered out-of-network and you will pay more — even if the provider is in the HealthSelect network. Some services, such as the ones on the following list, do not require a referral, but most do.

You do not need a referral for:

- chiropractic visits,
- covered vision care, including routine and diagnostic eye exams,
- mental health counseling,
- OB/GYN visits,
- occupational therapy, physical therapy or speech therapy[1], and
- Virtual Visits, urgent care centers or convenience care clinics.

Learn more about referrals and prior authorizations at **www.healthselectoftexas.com.** Click the *"Referrals and Prior Authorizations"* tab under the *"Find a Doctor/Hospital"* tab on the left-hand menu.

Prior Authorizations

You are required to get prior authorization from BCBSTX for certain services, including inpatient hospital stays, surgery and durable medical equipment. In general, in-network providers are responsible for getting prior authorization before they provide services. To see the full list of services that require prior authorization, see your plan's **Master Benefit Plan Document** on the HealthSelect website.

Medical ID Card

After you enroll in a HealthSelect plan, you usually get your new medical ID card in the mail in seven to 10 business days after the date your enrollment is processed. Always take your medical ID card with you when you get health care services. Your provider will need it to look up your benefits and determine what you may owe for the visit.

You will not get a new medical ID card every year. They are only mailed to new participants, currently enrolled participants changing plans or who have name changes, and participants in HealthSelect of Texas who choose or change the PCP on file with BCBSTX.

You will get a separate ID card for pharmacy benefits from your prescription drug benefits plan administrator. You need to use this ID card when you pay for prescriptions at the pharmacy. Go to the *"Prescription Drug Benefits"* tab at **www.healthselectoftexas.com** to find information about your prescription drug benefits.

HealthSelect Medical ID Card Samples

Note: Your medical ID card may have the letters HME printed on it. This means you are in the HealthSelect network. It does not mean you are in an HMO.

[1] Treatment plans beyond the initial visit for occupational therapy, physical therapy and speech therapy require prior authorization.

Having an in-network PCP can help you control costs, save time and improve your overall health. HealthSelect of Texas participants must choose an in-network PCP to get the highest level of benefits and save the most money. HealthSelect℠ Out-of-State, Consumer Directed HealthSelect and HealthSelect℠ Secondary participants may also benefit from having an in-network PCP, even though they are not required to choose one.

Why should I choose a PCP?

- Seeing a PCP is one of your most convenient and lowest cost options for care. When you have a PCP, you have access to a doctor who knows you and your medical history.
- Your PCP can help you take care of your preventive health needs, as well as many non-emergency health issues, including colds, flus, rashes and allergies. If you're sick, it's easier to schedule an appointment as an established patient than to find a doctor who accepts new patients. Plus, visits to your in-network PCP are less expensive than visits to urgent care centers or specialists.

Gaelle's Journey

Gaelle recently moved, so she calls a BCBSTX Personal Health Assistant to help her find a new PCP.

The BCBSTX Personal Health Assistant helps Gaelle find and select a PCP, and even helps her schedule her annual check-up.

Because annual check-ups are considered preventive care, they are covered at 100%, which means Gaelle won't pay anything out of pocket to see her new PCP.

Gaelle's annual check-up helps her stay informed about her health. She also uses the results to complete her Health Assessment in Well onTarget. The Health Assessment helps her track her overall health and wellness, and she earns Blue Points for completing it.

To choose or to change your PCP:

You can either call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY:711)** or go online and follow these instructions:

1. Go to **www.healthselectoftexas.com**
2. Click on *"Log In"* in the upper right-hand corner. If you already have a Blue Access for Members account, log in. If you do not have an account yet, click *"Register Now"* and use the information on your medical ID card to create an account.
3. Once you're logged in, go to the *"Doctors and Hospitals"* tab. and click *"Find a Doctor or Hospital."*
4. Search for providers by specialty or name.
5. From the search results page, check the *"Primary Care Provider"* box to see and select your in-network PCP.

Getting referrals from your PCP

Referrals are required under the HealthSelect of Texas plan. A referral is an order from your PCP that must be authorized through BCBSTX for you to see a specialist. For most services, you need to get a referral before you can get medical care from anyone except your PCP. If you don't get a referral before you get services, your services will be considered out-of-network, and you will pay more, even if the provider is in your plan's network. *For more details, see page 22.*

PREVENTIVE CARE

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family. Your health plan covers screenings and services with no out-of-pocket costs, like copays or coinsurance, as long as your provider is in the HealthSelect network. This is true even if you are enrolled in Consumer Directed HealthSelect. Your preventive care will be covered at 100%, as long as you see an in-network provider.

Covered preventive care services available to HealthSelect participants and covered dependents (children and adults) include:

- general health screenings,
- immunizations,
- health counseling,
- cancer screenings,
- prevention-related screening for pregnant women and
- some age and gender-specific screenings.

Annual Wellness Check-Up

Your PCP should be your first stop for preventive care each year. Annual check-ups can help you stay informed about your health. By scheduling annual check-ups with your PCP and getting preventive screenings, you may be able to assess, manage and prevent many health issues. Routine annual check-ups may even help you save money by avoiding costly health care services in the future.

Consult your plan's Master Benefit Plan Document at **www.healthselectoftexas.com** on the *"Publications and Forms"* page for a list of covered preventive care services. You can also call a BCBSTX Personal Health Assistant with questions related to preventive care benefits.

HealthSelect mental health benefits include coverage for inpatient treatment, outpatient treatment and office visits and Virtual Visits. You do not need a referral for mental health services. But some services, such as inpatient treatment or intensive outpatient hospital treatment, need prior authorization before the plan will cover them.

To choose a mental health provider:

Visit **www.healthselectoftexas.com** and click *"Find a Doctor/Hospital"* and select your health plan to access Provider Finder. Select *"Mental Health Care"* from the *"Browse by Category"* drop-down box.

OR

Call a BCBSTX 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.

Your mental health benefits might be used for:

- office visits to a licensed counselor,
- inpatient intensive therapy program for addiction and
- outpatient intensive therapy for a severe mental health disorder.

Mental health services can be used to treat a variety of concerns, including the following:

- alcohol and drug use,
- anger management,
- anxiety,
- bipolar disorder,
- depression,
- domestic violence,
- financial stress,
- grief,
- post-traumatic stress disorder (PTSD),
- schizophrenia and schizoaffective disorder,
- suicidal thinking and
- stress.

Help is available 24/7

You can get help with a mental health or substance use issue anytime. If you or your covered dependent are in a crisis situation, call **(800) 252-8039 (TTY:711)** and follow the menu prompts.

How to get care

There are many types of mental health providers that offer a range of services, but talking first with your PCP about mental health is a good first step. Your PCP can tell you about mental health support nearby, recommend a mental health provider or even prescribe medication.

While input from your PCP can be helpful, you do not need a referral to see a mental health provider. Remember to choose an in-network mental health care provider to make the most of your benefits and save the most money.

Mental health Virtual Visits

Mental health Virtual Visits are available through **Doctor on Demand** and **MDLIVE** (*see page 11*) and offer a convenient option for accessing mental health care. You must make an appointment in advance to consult online with a licensed mental health professional. Appointments are typically available within five to seven days, but could take up to two weeks. If you are enrolled in HealthSelect of Texas, HealthSelect Out-of-State or HealthSelect Secondary, mental health Virtual Visits through **Doctor on Demand** and **MDLIVE** are covered at 100%. This means you will pay nothing for medical and mental health Virtual Visits.

If you are enrolled in Consumer Directed HealthSelect, you must meet your annual deductible before medical and mental health Virtual Visits are covered. After you meet your deductible, you will pay 20% coinsurance.

Only psychiatrists are able to prescribe medication, if deemed necessary and appropriate, but will not prescribe controlled substances.

Get mental health Virtual Visits treatment for:

- anxiety,
- depression,
- stress,
- anger management,
- insomnia,
- substance abuse,
- trauma and loss and
- addiction.

Doctor On Demand
doctorondemand.com | (800) 997-6196

MDLIVE
mdlive.com/healthselect | (800) 770-4622

Medical Virtual Visits

If you are enrolled in HealthSelect of Texas, HealthSelect Out-of-State or HealthSelect Secondary, medical Virtual Visits are available at no cost to you. You and your eligible dependents can consult a licensed board-certified doctor online for your urgent health care needs 24 hours a day, seven days a week, including holidays. If you are enrolled in Consumer Directed HealthSelect, you must meet your annual deductible before visits are covered. You will pay 20% coinsurance after meeting the deductible.

Get medical treatment for:

- allergies,
- bladder/urinary tract infection,
- bronchitis,
- cold and flu,
- headache,
- nausea,
- pink eye,
- sore throat and
- rash.

Medical and mental health Virtual Visits benefits apply as follows:

- **HealthSelect of Texas, HealthSelect Out-of-State and HealthSelect Secondary:** No cost
- **Consumer Directed HealthSelect:** You pay 20% of the allowable amount after you meet the annual deductible

Martha's Journey

Martha has been feeling under the weather. She thinks she might have the flu, but can't see her PCP until Monday. Her husband took the car to work and won't be back until the evening to take her to an urgent care clinic.

Thanks to her HealthSelect plan, Martha has other options for getting care, like Virtual Visits.

Martha has already registered for Virtual Visits, so she goes online and schedules an appointment. She's able to visit with a doctor on her computer in the comfort of her home, and her HealthSelect of Texas plan covers the medical Virtual Visit at 100%.

The doctor sends a prescription to Martha's pharmacy, and her husband picks it up on his way home.

Get started

You have the same benefit with two Virtual Visits providers: **Doctor On Demand** and **MDLIVE**.

1. **Go online or download the app**
   All you need is an Internet connection or your mobile phone and visit **Doctor On Demand** or **MDLIVE** by website or app
2. **Create your account**
   Have your medical ID card handy
3. **Choose a doctor**
   Make an immediate appointment or schedule for later (you must schedule mental health Virtual Visits in advance)
4. **Consult with a board-certified doctor or licensed mental health professional**

Create your Virtual Visits account now and be ready when you need it.

Staying in the HealthSelect network is the best way to control your health care costs and save money. Use Provider Finder to find in-network medical and mental health care providers. You can also use Provider Finder to choose an in-network PCP or to get cost estimates for upcoming procedures and services.

To use Provider Finder:

1. Log in to Blue Access for Members.
2. Click the *"Doctors & Hospitals"* tab at the top of the screen.
3. Select *"Find a Doctor or Hospital"* to launch Provider Finder.

Before you see a specialist, talk to your PCP. Your PCP will help you get a referral and/or prior authorization, if needed.

Within Provider Finder, you'll be able to:

- compare costs for in-network providers and procedures,
- compare quality ratings for different providers,
- estimate out-of-pocket costs,
- consider your treatment options and
- make the best use of your health care benefits.

You will need to log in to Blue Access for Members to get the most accurate estimates for your medical procedure and services. Comparison shopping for medical services can help you make the most of your benefits and keep your health care costs down.

By using Provider Finder, you will also have the added benefits of HealthSelectShoppERS.

Yesenia's Journey

Yesenia just enrolled in HealthSelect of Texas and needs to choose a PCP.

Yesenia logs in to Provider Finder and finds a nearby in-network provider who is accepting new patients. In Provider Finder, she sees the doctor has great reviews and is close to her home.

Yesenia selects the doctor as her PCP. She can use Provider Finder at any time to change her PCP selection.

Yesenia feels good knowing she has a PCP and will be getting the highest level of benefits from her HealthSelect plan. Her PCP will be there when she needs preventive care, referrals to specialists or help with prior authorizations.

HEALTHSELECTSHOPPERS

HealthSelectShoppERS is a program that allows eligible HealthSelect participants to save money and earn rewards deposited into a TexFlex℠ health care flexible spending account (FSA) when shopping for certain medical services and procedures.

With HealthSelectShoppERS, you and your eligible dependents can shop for medical care, compare costs and earn up to $500 in FSA rewards each plan year.

Who can participate in the HealthSelectShoppERS program?

You and your dependents may be eligible for FSA rewards if you have active employee benefits and are enrolled in HealthSelect of Texas, HealthSelect Out-of-State or Consumer Directed HealthSelect. HealthSelectShoppERS is not available to retirees and Medicare-primary plan participants. For you or an enrolled dependent to earn an incentive, you must be actively employed (not retired) during the entire process — from shopping for the service or procedure, to having the service or procedure done, through processing the claim.

Get started today and begin earning rewards.

1. SHOP

When your doctor recommends a procedure, use Provider Finder to find out if it is eligible for an incentive and where it can be performed.

Online: Go to **www.healthselectoftexas.com,** log in to Blue Access for Members and click on *"Find a Doctor or Hospital"* to compare costs. Or call a BCBSTX Personal Health Assistant to help you compare costs.

Whether you use Provider Finder or call a BCBSTX Personal Health Assistant, if you select a lower-cost, high-quality in-network care option, you can earn rewards!

2. GO

Have your procedure at the HealthSelectShoppERS incentive-eligible location you chose. You can earn incentives on services like ultrasounds and mammograms, CT scans and MRIs, and procedures like knee, shoulder and hip surgery.

3. EARN

Once your service or procedure is complete and BCBSTX processes your claim, usually within 30-45 days, your reward is deposited in a TexFlex health care FSA or limited-purpose FSA. You and your eligible dependents can earn a total of $500 in rewards each plan year. No forms. No hassles. It's that easy.

If you are enrolled in Consumer Directed HealthSelect, any reward you earn will be deposited into a limited-purpose FSA. Your incentive can only be used for eligible vision and dental expenses.

Get Care When You Need It

It's important to know where to go when you need medical care. Knowing your options and deciding where to go can make a big difference in how much you pay. You will pay less for for care from providers who are in the HealthSelect network. The costs noted below are average out-of-pocket costs. To find out more, go to **www.healthselectoftexas.com**.

Virtual Visits – $0

Get non-emergency care when you need it by phone, video or mobile app when you schedule a Virtual Visit through **MDLIVE** or **Doctor on Demand**. If you are enrolled in HealthSelect of Texas, HealthSelect Out-of-State, or HealthSelect Secondary, medical and mental health Virtual Visits are available at no cost to you. Consumer Directed HealthSelect participants must meet their annual deductible and then 20% coinsurance will apply.

Examples of Health Issues

- Allergies
- Bladder/Urinary tract infection
- Bronchitis
- Cold and flu
- Headache
- Nausea
- Pink eye
- Sore throat
- Rash

Doctor's Office – $

Your provider knows you and your medical history and can treat you and refer you to a specialist if needed. Telemedicine visits, through the provider's platform, are covered the same as an in-person visit. Ask your provider if they offer this service.

Examples of Health Issues

- Fever, colds and flu
- Sore throat
- Minor burns
- Stomach ache
- Ear or sinus pain
- Physicals
- Flu and other shots
- Minor allergic reactions

Retail Health Clinic – $$

Convenient, low-cost treatment for certain preventive and minor medical problems.

Examples of Health Issues

- Infections
- Cold and flu
- Allergies
- Minor injuries or pain
- Flu and other shots
- Sore throat
- Skin problems

Urgent Care Provider – $$$

Immediate non-emergency care.

Examples of Health Issues

- Migraines or headaches
- Abdominal pain
- Cuts that need stitches
- Sprains or strains
- Bladder/Urinary tract infection
- Animal bites
- Back pain

Hospital Emergency Room – $$$$

For life-threatening or disabling symptoms.

Examples of Health Issues

- Chest pain
- Stroke
- Seizures
- Head or neck injuries
- Sudden or severe pain
- Fainting, dizziness, weakness
- Uncontrolled bleeding
- Problem breathing
- Broken bones

Freestanding Emergency Rooms — $$$$$$

For life-threatening symptoms as a last resort if no in-network hospital ER is available as bills can be higher.

A freestanding emergency room (FSER) is a medical care facility that provides emergency services, and typically is not affiliated with a hospital or physically connected to a hospital. FSERs are frequently located near a shopping center or other convenient neighborhood location. While an FSER may seem like a convenient option when you need emergency care, most are out-of-network, and you will pay more — sometimes thousands of dollars more — for care, and you still may need to be sent to a hospital for emergency care.

For an out-of-network freestanding emergency room, you will pay more.

- You must pay a $300 copay. (Note: There is no copay for those enrolled in Consumer Directed HealthSelect but you must meet your deductible before benefits are paid.)
- There is no deductible if you have a true emergency, but an out-of-network deductible applies if you do not have a true emergency.
- The plan pays 80% of the out-of-network allowable amount if you have a true emergency and 60% of the out-of-network allowable amount if you do not have a true emergency.
- You may be responsible for any difference between the amount billed by the facility and the out-of-network allowable amount, which could be significant.

Maria's Journey

Maria spent Saturday doing yardwork. Now she's paying for it with pain in her lower back. She can't sleep and really needs some relief. Does she need to go the ER? Can she wait until Monday to see her PCP?

The good news is Maria doesn't have to make this decision alone.

She calls the 24/7 Nurseline at **(800) 581-0368**. The nurse answers her questions and offers suggestions for temporary relief.

The nurse also explains Maria's options for care and recommends she visit an urgent care clinic on Sunday. Maria won't have to wait until Monday, and she can avoid the high ER bills.

Well onTarget

Well onTarget is an online wellness portal that offers personalized resources and incentives to support you on your wellness journey. Get the support you need to make healthy choices while being rewarded for your hard work!

Get access to:

- the Health Assessment,
- Blue Points rewards,
- self-management programs,
- health and wellness content,
- trackers and tools,
- interactive symptom checker,
- fitness tracker syncing and
- *"My Journey"* recommended activities.

The Well onTarget experience starts with your personal login.

1. Go to **www.healthselectoftexas.com**
2. Click on *"Log In"* in the upper right-hand corner. If you already have a Blue Access for Members account, log in. If you do not have an account yet, click *"Register Now"* and use the information on your medical ID card to create an account.
3. Once you're logged in to Blue Access for Members, click *"Well onTarget"* under the Quick Links on the left.

AlwaysOn Wellness App

Well onTarget also has a mobile app you can use to:

- take your Health Assessment,
- set personal health and wellness goals and track your progress,
- connect with a wellness coach through secure messaging or by using the click-to-call feature and
- track data synced from more than 80 fitness devices and apps.

You can use the AlwaysOn app or wearable fitness tracker to sync your steps and earn 55 Blue Points each day.

HEALTH ASSESSMENT

The Well onTarget Health Assessment provides a snapshot of your current health. You answer a series of questions about lifestyle and health habits, and the Health Assessment helps identify what you are doing well and where there are opportunities for improvement.

Take the Health Assessment

The first time you log in to Well onTarget you will be prompted to complete your Health Assessment. While it's not required, you might find it helpful to get a wellness exam with your provider before doing the assessment. That way, you will have the health information you need to answer assessment questions more accurately. If you're not ready to complete your assessment when prompted, you can access it later from the Health Assessment box at the top of your Well onTarget dashboard.

Earn 2,500 Blue Points every six months for completing the Health Assessment.

The Health Assessment uses results from your annual check-up. It would be helpful to have the following details on hand when you begin your Health Assessment:

- Height and weight
- Blood pressure
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement

After completing the Health Assessment, you will receive a confidential Personal Wellness Report. This report will show you how you are doing and give you tips for improving your health. If you've completed the Health Assessment before, you can also compare your results to track your progress. You can even print out a Provider Report to share with your PCP.

You'll also have access to a Certificate of Completion that does not contain any personal health information. The Health Assessment meets the requirement for agency health assessments. Check with your benefits coordinator to see if your agency gives you wellness incentives for completing the Health Assessment.

BLUE POINTS

Once you are logged in to the Well onTarget portal, you can begin earning Blue Point by participating in healthy activities. You can use your points as soon as you earn them and redeem up to 17,325 points each calendar year on a wide variety of items including fitness gear, wearables and camping equipment. If you earn more points, they'll carry over from year to year.

Earn points by:

ACTIVITIES	POTENTIAL BLUE POINTS AMOUNTS
Completing the Health Assessment every 6 months	2,500 points every 6 months
Taking all 12 lessons in a Self-Management Program	1,000 points per quarter
Tracking your progress toward your goals in the Well onTarget wellness portal	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program[1]	2,500 points
Adding weekly Fitness Program gym visits to your routine	Up to 300 points each week
Completing any Self-Management Program Milestone Assessment	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Well onTarget makes it easy for you to see and track the total number of points you've earned year-to-date. Visit the Well onTarget online shopping mall to spend your points.

[1] The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

FITNESS PROGRAM

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	$10	$19	$29	$39	$99
Gym Facility Network Size	Digital Access Only	3,000	7,500	12,000	12,400
$19 Initiation Fee (No initiation fee for Digital Only Option)					

The Fitness Program[1] is a flexible membership program that gives you and your covered dependents (age 16 and older) unlimited access to a nationwide network of facilities, from gyms and sports facilities to specialty fitness studios, including access to digital fitness videos and live classes. The digital-only option lets you stay active from the comfort of your own home.

Enroll by calling the Fitness Program toll-free at:
(888) 762-BLUE (2583) (TTY: 711)
Monday through Friday, 7 a.m. - 7 p.m. CT.

Tatiana's Journey

Tatiana is ready to get fit, but she's hesitant to join a fitness center because of her busy schedule. She enjoys variety and would like to take yoga and fitness classes.

Tatiana is excited to learn about the Fitness Program offered through her HealthSelect plan. The Fitness Program gives Tatiana access to multiple fitness centers, all for one monthly fee and no long-term contract.

Tatiana calls the Fitness Program and enrolls in the package that works with her budget and includes the fitness centers she knows she'll go to. Her membership will also give a discount on boutique classes like yoga and Pilates.

Now, Tatiana can visit a gym near her home, a yoga studio near her office, and even go to a fitness center by her mom's house when she travels to see her family. She can also view thousands of live and on-demand classes online with her plan's digital access options.

Additional Fitness Program membership benefits:

Family bundle pricing: Get a 12% monthly fee discount by adding dependents to the same or lower membership package. Dependents under 18 must be accompanied by an adult.

Studio and boutique class discount: Use your membership to find and schedule studio and boutique classes such as yoga, sports training, dance, martial arts, Pilates and more. While your monthly membership fee does not cover the cost of these classes, you will get a 30% discount on the 10th pay-as-you-go class you purchase.

Complementary and Alternative Medicine discounts: Save up to 30% on services ranging from acupuncture, massages, dietitians, and childbirth educators, to personal trainers and physical therapists. To take advantage of these discounts, register through your Fitness Program portal.

Earn 2,500 Blue Points for enrolling and up to 300 additional Blue Points each week for visits to a Fitness Program network fitness center.

[1] The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

Managing weight is difficult for many people, but a support system can make it easier. Your HealthSelect medical benefits include access to two online weight management programs.[1] If you meet certain eligibility requirements, you can apply for enrollment in Wondr™ (formerly Naturally Slim) or Real Appeal® at no cost to you.[1] You may choose either program, but can only participate in one program at any given time.

You are eligible if you are:

- an employee, retiree or dependent enrolled in a HealthSelect plan (Medicare-primary participants are not eligible)
- 18 or older and
- have a BMI of 23 or higher.

wondr™

Focuses on changing your eating habits so you can still eat the foods you love while losing weight and improving your health.

Log on when it's convenient for a series of weekly sessions hosted by Wondr nutrition and health specialists.

To enroll, go to **www.wondrhealth.com/healthselect**

Real Appeal®

Helps you take small steps that lead to lasting weight loss. The program can be tailored to your goals, preferences and lifestyle.

Participate in weekly online group sessions led by a Transformation Coach.

To enroll, go to **www.healthselect.realappeal.com**

Learn more about tools and programs available to help you meet your weight management goals by visiting **www.healthselectoftexas.com** and going to the *"Health and Wellness/Incentives"* tab, then *"Weight Management Programs."*

Martin's Journey

Martin's PCP told him he has high blood pressure and that losing weight might help lower it without taking medication.

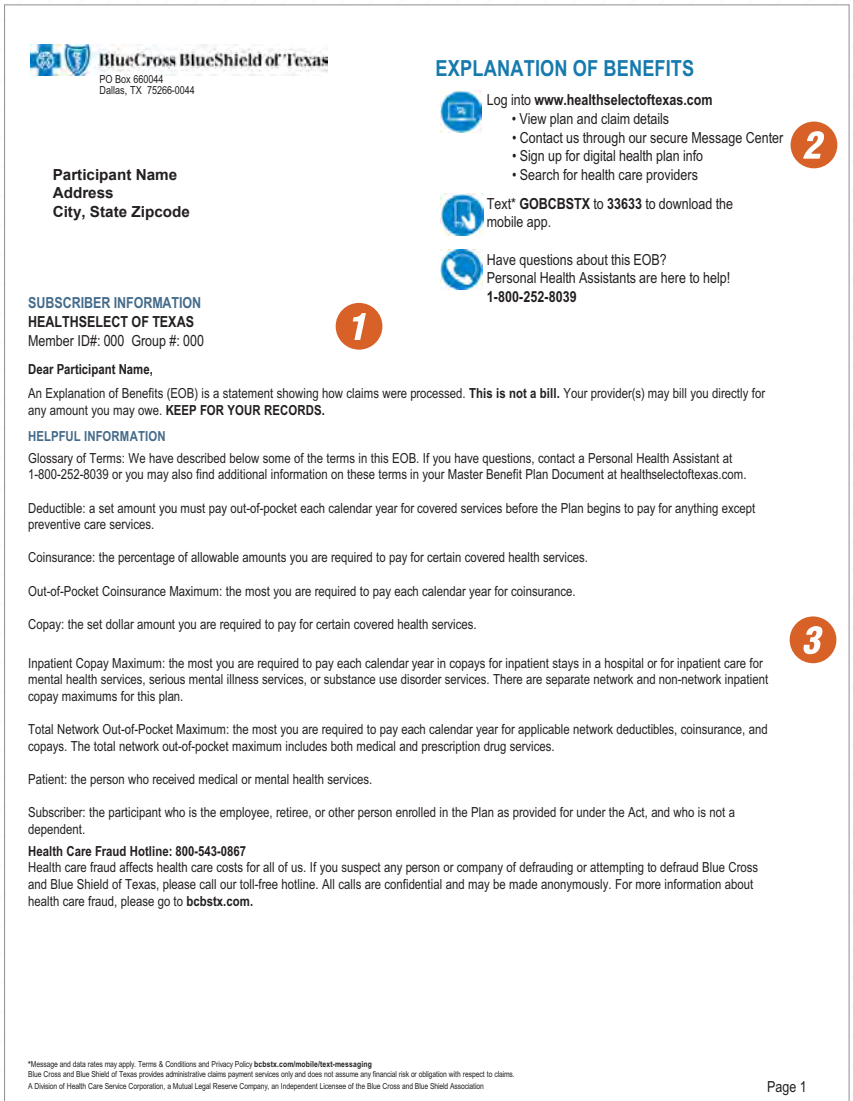
Martin tried diets and exercise programs in the past but never had much luck. The diets seemed to limit too many foods, and the exercise plans felt too difficult. This time, he's determined to try something different.

Martin learns about two weight management programs available to him at no cost through his HealthSelect plan. Each program offers personalized coaching and nutrition advice to fit his lifestyle.

Martin chooses the program he feels is best for him. He now has the support he needs to manage his weight and take control of his health.

[1] Naturally Slim and Real Appeal are independent companies that provide wellness services for HealthSelect of Texas and Consumer DirectedHealthSelect. They are solely responsible for the products and services that they provide. Your acceptance is not guaranteed.
BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

SAMPLE EXPLANATION OF BENEFITS



BlueCross BlueShield of Texas
PO Box 660044
Dallas, TX 75266-0044

Participant Name
Address
City, State Zipcode

EXPLANATION OF BENEFITS

Log into **www.healthselectoftexas.com**
- View plan and claim details
- Contact us through our secure Message Center
- Sign up for digital health plan info
- Search for health care providers

2

Text* **GOBCBSTX** to **33633** to download the mobile app.

Have questions about this EOB?
Personal Health Assistants are here to help!
1-800-252-8039

SUBSCRIBER INFORMATION
HEALTHSELECT OF TEXAS
Member ID#: 000 Group #: 000

1

Dear Participant Name,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

HELPFUL INFORMATION

Glossary of Terms: We have described below some of the terms in this EOB. If you have questions, contact a Personal Health Assistant at 1-800-252-8039 or you may also find additional information on these terms in your Master Benefit Plan Document at healthselectoftexas.com.

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.

Coinsurance: the percentage of allowable amounts you are required to pay for certain covered health services.

Out-of-Pocket Coinsurance Maximum: the most you are required to pay each calendar year for coinsurance.

Copay: the set dollar amount you are required to pay for certain covered health services.

3

Inpatient Copay Maximum: the most you are required to pay each calendar year in copays for inpatient stays in a hospital or for inpatient care for mental health services, serious mental illness services, or substance use disorder services. There are separate network and non-network inpatient copay maximums for this plan.

Total Network Out-of-Pocket Maximum: the most you are required to pay each calendar year for applicable network deductibles, coinsurance, and copays. The total network out-of-pocket maximum includes both medical and prescription drug services.

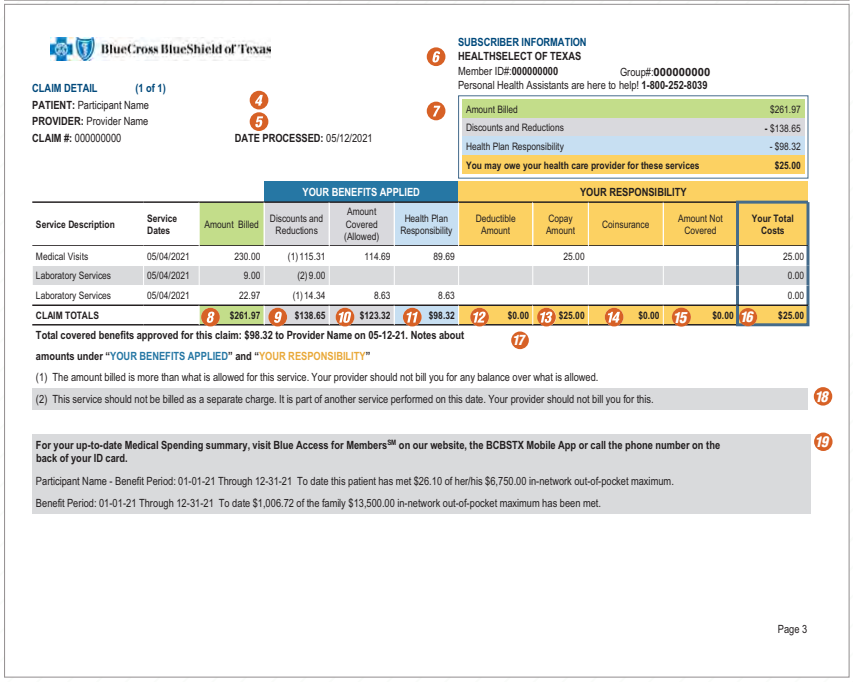
Patient: the person who received medical or mental health services.

Subscriber: the participant who is the employee, retiree, or other person enrolled in the Plan as provided for under the Act, and who is not a dependent.

Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to **bcbstx.com.**

*Message and data rates may apply. Terms & Conditions and Privacy Policy **bcbstx.com/mobile/text-messaging**
Blue Cross and Blue Shield of Texas provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Page 1



BlueCross BlueShield of Texas

6 **SUBSCRIBER INFORMATION**
HEALTHSELECT OF TEXAS
Member ID#:**000000000** Group#:**000000000**
Personal Health Assistants are here to help! **1-800-252-8039**

CLAIM DETAIL (1 of 1)
PATIENT: Participant Name
PROVIDER: Provider Name
CLAIM #: 000000000

4 5 **DATE PROCESSED:** 05/12/2021

7

Amount Billed	$261.97
Discounts and Reductions	- $138.65
Health Plan Responsibility	- $98.32
You may owe your health care provider for these services	**$25.00**

		YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Medical Visits	05/04/2021	230.00	(1) 115.31	114.69	89.69		25.00			25.00
Laboratory Services	05/04/2021	9.00	(2) 9.00							0.00
Laboratory Services	05/04/2021	22.97	(1) 14.34	8.63	8.63					0.00
CLAIM TOTALS		8 $261.97	9 $138.65	10 $123.32	11 $98.32	12 $0.00	13 $25.00	14 $0.00	15 $0.00	16 $25.00

Total covered benefits approved for this claim: $98.32 to Provider Name on 05-12-21. Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY" 17

(1) The amount billed is more than what is allowed for this service. Your provider should not bill you for any balance over what is allowed.

(2) This service should not be billed as a separate charge. It is part of another service performed on this date. Your provider should not bill you for this. 18

For your up-to-date Medical Spending summary, visit Blue Access for Members℠ on our website, the BCBSTX Mobile App or call the phone number on the back of your ID card. 19

Participant Name - Benefit Period: 01-01-21 Through 12-31-21 To date this patient has met $26.10 of her/his $6,750.00 in-network out-of-pocket maximum.

Benefit Period: 01-01-21 Through 12-31-21 To date $1,006.72 of the family $13,500.00 in-network out-of-pocket maximum has been met.

Page 3

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.

A point-of-service health plan available to:

- *Active employees,*
- *Non-Medicare-enrolled retirees and their eligible dependents and*
- *Those who live or work in Texas*

Plan Highlights

- You must contact BCBSTX to name an in-network PCP. If you haven't named a PCP after your first 60 days on the plan, you will pay out-of-network costs for most services — even if they're from an in-network provider — until an in-network PCP is named.
- Your PCP coordinates your care and manages any referrals you may need to see specialists.
- You will have a copay for in-network office visits.
- You pay nothing for medical and mental health Virtual Visits through MDLIVE and Doctor on Demand.
- There is no deductible for in-network services. For out-of-network services there is a $500 per-person/$1,500 per-family deductible.
- When seeking care, be sure to use an in-network provider. Visit healthselectoftexas.com, click on *"Find a Doctor/Hospital,"* look for HealthSelect of Texas and click *"Search."*

PCP Selection

If you enroll in HealthSelect of Texas, you must have a PCP to coordinate your health care to get the lowest cost for your benefits. You can choose or change your PCP by logging in to Blue Access for Members or by calling a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY: 711)**.

Remember to use HealthSelectShoppERS to save money and earn TexFlex health care FSA rewards when shopping for certain medical services and procedures. *See page 13 for details*.

Referrals

Referrals are required under the HealthSelect of Texas plan. A referral is an order from your PCP that must be authorized through BCBSTX for you to see a specialist. For most services, you need to get a referral before you can get medical care, from anyone except your PCP. If you don't get a referral before you get services, your services will be considered out-of-network and you will pay more, even if the provider is in your plan's network.

You do not need a referral for the following services:

- chiropractic visits,
- eye exams(both routine and diagnostic),
- mental health counseling,
- OB/GYN visits,
- occupational therapy, physical therapy or speech therapy[1] and
- Virtual Visits, urgent care centers and convenience care clinics.

Prior Authorization

You are required to get prior authorization from BCBSTX for certain services, including inpatient hospital stays, surgery and durable medical equipment. In general, in-network providers are responsible for getting prior authorization before they provide services. However, in some cases you will need to get prior authorizations yourself.

Health services that require a prior authorization include, but are not limited to:

- durable medical equipment and supplies more than $1,000,
- high-tech radiology(CT, PET, MRI, Nuclear Stress Test, etc.),
- home health services,
- inpatient hospital stays, including inpatient mental health treatment,
- outpatient surgical procedures and
- skilled nursing services.

Learn more at **healthselectoftexas.com**. Click the *"Referrals and Prior Authorizations"* tab under the *"Find a Doctor/ Hospital"* tab on the left-hand menu.

BCBSTX Personal Health Assistants can help you if you have questions about your HealthSelect benefits, including what services require referrals and prior authorizations. BCBSTX Personal Health Assistants can also work with your doctor's office to help coordinate referrals and prior authorizations.

[1] Treatment plans beyond the initial visit for occupational therapy, physical therapy and speech therapy require prior authorization.

Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
Annual deductible	None	$500 per individual $1,500 per family
Out-of-network benefits?		Yes
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)[1]	Through 12/31/21: $6,750 per person; $13,500 per family 1/1/22 – 12/31/22: $7,000 per person; $14,000 per family	
Out-of-pocket coinsurance maximum	$2,000 per person	$7,000 per person
Inpatient copay maximum	$750 copay max, up to 5 days per hospital stay $2,250 copay max per calendar year per person	
Primary care provider (PCP) required?	Yes	No
Referrals required?	Yes	No
Allergy treatment	Covered at 100% if administered in a physician's office; 20% coinsurance in any other outpatient location	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply
Bariatric surgery[2]	• Deductible: $5,000 • Coinsurance: 20% • Lifetime max: $13,000	Not covered
Chiropractic care	• Without office visit: 20% coinsurance • With office visit: $40 copay plus 20% coninsurance • Maximum benefits of $75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum benefits of $75 per visit and maximum of 30 visits per calendar year
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met
Durable medical equipment[2]	20% coinsurance	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met
Facility emergency care (non-FSER) and hospital-affiliated freestanding emergency departments	$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.)	Emergencies: $150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.) Annual deductible does not apply. Non-emergencies: $150 copay plus 40% coinsurance after annual out-of-network deductible is met.
Freestanding emergency room facility	$150 copay plus 20% coinsurance	Emergencies: $300 copay plus 20% coinsurance; annual deductible does not apply. Non-emergencies: $300 copay plus 40% coinsurance after annual out-of-network deductible is met.
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20% coinsurance	40% coinsurance after annual deductible is met
Hearing aids (for covered participants over age 18)	Plan pays up to $1,000 per ear every three years. In-network and out-of-network hearing aids are covered at the same benefit level.	
Hearing aids (for participants age 18 and under)	Plan pays 100%, limit of one hearing aid per ear every three years. In-network and out-of-network hearing aids are covered at the same benefit level.	
High-tech radiology (CT scan, MRI and nuclear medicine)[2]	$100 copay plus 20% coinsurance	$100 copay plus 40% coinsurance after annual deductible is met
Hospice care[2]	20% coinsurance	40% coinsurance after annual deductible is met
Maternity care doctor charges only; inpatient hospital copays will apply	$25 or $40 for first pre-natal visit; no charge for routine post natal appointments	40% coinsurance after annual deductible is met
Medications and injections administered by a provider (see below for outpatient medications and injections)[2]	• Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit) • Any other outpatient location: 20% coinsurance. • Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met
Office surgery and diagnostic procedures	20% coinsurance	40% coinsurance after annual deductible is met
PCP office visit	$25 copay	40% coinsurance after annual deductible is met
Private duty nursing[2]	20% coinsurance	40% coinsurance after annual deductible is met

Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
Routine eye exam, one per year per participant	$40 copay	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services[2]	20% coinsurance	40% coinsurance after annual deductible is met
Specialist physician office visit	$40 copay with valid PCP referral on file	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office[2]	$100 copay plus 20% coinsurance	$100 copay plus 40% coinsurance after annual deductible is met
Telemedicine visit	Coverage is based on place of treatment billed. • Physican's office: $25/$40 copay for physician's office visit • Any other outpatient telemedicine: 20% coinsurance	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met
Urgent care clinic	$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met
Virtual visits/e-visits (medical)	$0 copay for virtual visits when provided by Doctor on Demand or MDLive	Not covered

Mental Health and Substance Abuse Benefits

Benefits apply to all covered mental health and substance abuse services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.).

Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
Inpatient hospital mental health stay[2]	• $150/day copay plus 20% coinsurance • $750 copay max, up to 5 days per hospital stay • $2,250 copay max per calendar year per person	• $150/day copay plus 40% coinsurance after annual deductible is met • $750 copay max, up to 5 days per hospital stay • $2,250 copay max per calendar year per person
Mental health telemedicine	Coverage is based on place of treatment: $25 copay for mental health office visit; 20% coinsurance for any other outpatient telemedicine.	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)[2]	20% coinsurance	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	$25 copay	40% coinsurance after annual deductible is met
Virtual Visits (mental health)	$0 copay for Virtual Visits when provided by Doctor on Demand or MDLive	Not covered

Diabetes Equipment and Supplies

Other diabetes equipment, supplies, and prescription drugs not listed below may be covered under these plans. For more information about your prescription drug benefits or for help finding an in-network pharmacy, contact HealthSelect Prescription Drug Plan (PDP) customer care toll-free at (855) 828-9834 (TTY:711).

Benefits	HealthSelect of Texas®	
	PDP benefits	Medical plan benefits
Diabetes glucometers	OneTouch Ultra, OneTouch Verio, OneTouch Verio Flex, or OneTouch Verio Reflect Meter* brands of diabetes glucometers are covered at **no cost** to participants when received through LifeScan's free glucometer program. For more information on the free glucometer program, call the PDP. Other brands of diabetes glucometers covered under the PDP apply either a Tier 2 or Tier 3 copay when purchased from a PDP in-network pharmacy.	20% coinsurance when purchased from a BCBSTX in-network provider 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider
Diabetic supplies	OneTouch Ultra, OneTouch Verio, OneTouch Verio Flex, or OneTouch Verio Reflect* diabetic test strips are covered at **no cost** to participants when purchased from a PDP in-network pharmacy. Lancets, lancing devices, and syringes are covered at no cost to participants when purchased from a PDP in-network pharmacy. Other covered diabetic supplies covered under the PDP apply either a Tier 1, Tier 2, or Tier 3 copay when purchased from a PDP in-network pharmacy.	20% coinsurance for in-network and out-of-network covered diabetic supplies. Annual deductible does not apply. 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider
Prescription insulin	In-network pharmacy: Insulin products on the PDP drug list (formulary) are covered at a Tier 1, Tier 2 or Tier 3 copay. The annual prescription drug deductible does not apply to these products beginning 9/1/21. Out-of-network pharmacy: Insulin products are covered at a Tier 1, Tier 2 or Tier 3 copay and 40% coinsurance.	Not covered under medical plan benefits

Effective September 1, 2021 through August 31, 2022

* Benefits and covered brands of glucometers and test strips are subject to change.

[1] Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

[2] Preauthorization may be required.

HealthSelect Out-of-State is a PPO plan available only to:

- *Those who live or work outside of Texas,*
- *Active employees and*
- *Non-Medicare-enrolled retirees and their eligible dependents*

Plan Highlights

- Benefits are the same as HealthSelect of Texas.
- You are not required to select a PCP; however, having a PCP is important to managing your overall health.
- You do not need a referral to see a specialist.
- You pay nothing for medical and mental health Virtual Visits through MDLIVE and Doctor on Demand.
- You will have a copay for certain services like PCP and specialist office visits
- There is no deductible for in-network services.
- When seeking care, be sure to use an in-network provider. To find an out-of-state network provider, visit **www.healthselectoftexas.com,** click on *"Find a Doctor/Hospital,"* look for HealthSelect Out-of-State and click *"Search."*

If you move outside of Texas, please contact the ERS to update your address so that you can move to the HealthSelect Out-of-State plan: go to **www.ers.texas.gov** or call toll-free **(877) 275-4377**.

If you live in Texas but have an eligible dependent living in another state, call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY:711)** to move your dependent to the HealthSelect Out-of-State plan.

Why you may still want to have a PCP

While participants in HealthSelect Out-of-State do not need to have a PCP, having one can be a boost to your health.

Your PCP:

- will get to know you – your health history, your medications and your lifestyle,
- can treat non-emergency health issues like ear infections, rashes, allergies, fevers, colds and flu,
- will address routine medical care, such as physicals and yearly exams,
- is your health coach who can show you ways to stay healthy,
- can decide if you need any tests or if you should see a specialist and
- can help you with specialized care for a chronic health issue, such as asthma, diabetes or a heart problem.

If you see a provider who is not in the network, you will need to meet a deductible of $500 per person/$1,500 per family.

HEALTHSELECT OUT-OF-STATE

Benefits	HealthSelect℠ Out-of-State	
	In-Network	Out-of-Network
Annual deductible	None	$500 per individual $1,500 per family
Out-of-network benefits?		Yes
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)[1]	Through 12/31/21: $6,750 per person; $13,500 per family 1/1/22 – 12/31/22: $7,000 per person; $14,000 per family	
Out-of-pocket coinsurance maximum	$2,000 per person	$7,000 per person
Inpatient copay maximum	$750 copay max, up to 5 days per hospital stay $2,250 copay max per calendar year per person	
Primary care provider (PCP) required?	No	No
Referrals required?	No	No
Allergy treatment	Covered at 100% if administered in a physician's office; 20% coinsurance in any other outpatient location	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply
Bariatric surgery[2]	• Deductible: $5,000 • Coinsurance: 20% • Lifetime max: $13,000	Not covered
Chiropractic care	• Without office visit: 20% coinsurance • With office visit: $40 copay plus 20% coninsurance • Maximum benefits of $75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum benefits of $75 per visit and maximum of 30 visits per calendar year
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met
Durable medical equipment[2]	20% coinsurance	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met
Facility emergency care (non-FSER) and hospital-affiliated freestanding emergency departments	$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.)	Emergencies: $150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.) Annual deductible does not apply. Non-emergencies: $150 copay plus 40% coinsurance after annual out-of-network deductible is met.
Freestanding emergency room facility	$150 copay plus 20% coinsurance	Emergencies: $300 copay plus 20% coinsurance; annual deductible does not apply. Non-emergencies: $300 copay plus 40% coinsurance after annual out-of-network deductible is met.
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20% coinsurance	40% coinsurance after annual deductible is met
Hearing aids (for covered participants over age 18)	Plan pays up to $1,000 per ear every three years. In-network and out-of-network hearing aids are covered at the same benefit level.	
Hearing aids (for participants age 18 and under)	Plan pays 100%, limit of one hearing aid per ear every three years. In-network and out-of-network hearing aids are covered at the same benefit level.	
High-tech radiology (CT scan, MRI and nuclear medicine)[2]	$100 copay plus 20% coinsurance	$100 copay plus 40% coinsurance after annual deductible is met
Hospice care[2]	20% coinsurance	40% coinsurance after annual deductible is met
Maternity care doctor charges only; inpatient hospital copays will apply	$25 or $40 for first pre-natal visit; no charge for routine post natal appointments	40% coinsurance after annual deductible is met
Medications and injections administered by a provider (see below for outpatient medications and injections)[2]	• Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit) • Any other outpatient location: 20% coinsurance. • Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met
Office surgery and diagnostic procedures	20% coinsurance	40% coinsurance after annual deductible is met
PCP office visit	$25 copay	40% coinsurance after annual deductible is met
Private duty nursing[2]	20% coinsurance	40% coinsurance after annual deductible is met

Benefits	HealthSelect℠ Out-of-State	
	In-Network	Out-of-Network
Routine eye exam, one per year per participant	$40 copay	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services[2]	20% coinsurance	40% coinsurance after annual deductible is met
Specialist physician office visit	$40 copay with valid PCP referral on file	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office[2]	$100 copay plus 20% coinsurance	$100 copay plus 40% coinsurance after annual deductible is met
Telemedicine visit	Coverage is based on place of treatment billed. • Physican's office: $25/$40 copay for physician's office visit • Any other outpatient telemedicine: 20% coinsurance	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met
Urgent care clinic	$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met
Virtual visits/e-visits (medical)	$0 copay for virtual visits when provided by Doctor on Demand or MDLive	Not covered

Mental Health and Substance Abuse Benefits

Benefits apply to all covered mental health and substance abuse services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.).

Benefits	HealthSelect℠ Out-of-State	
	In-Network	Out-of-Network
Inpatient hospital mental health stay[2]	• $150/day copay plus 20% coinsurance • $750 copay max, up to 5 days per hospital stay • $2,250 copay max per calendar year per person	• $150/day copay plus 40% coinsurance after annual deductible is met • $750 copay max, up to 5 days per hospital stay • $2,250 copay max per calendar year per person
Mental health telemedicine	Coverage is based on place of treatment: $25 copay for mental health office visit; 20% coinsurance for any other outpatient telemedicine.	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)[2]	20% coinsurance	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	$25 copay	40% coinsurance after annual deductible is met
Virtual Visits (mental health)	$0 copay for Virtual Visits when provided by Doctor on Demand or MDLive	Not covered

Diabetes Equipment and Supplies

Other diabetes equipment, supplies, and prescription drugs not listed below may be covered under these plans. For more information about your prescription drug benefits or for help finding an in-network pharmacy, contact HealthSelect Prescription Drug Plan (PDP) customer care toll-free at (855) 828-9834 (TTY:711).

Benefits	HealthSelect Out-of-State	
	PDP benefits	Medical plan benefits
Diabetes glucometers	OneTouch Ultra, OneTouch Verio, OneTouch Verio Flex, or OneTouch Verio Reflect Meter* brands of diabetes glucometers are covered at **no cost** to participants when received through LifeScan's free glucometer program. For more information on the free glucometer program, call the PDP. Other brands of diabetes glucometers covered under the PDP apply either a Tier 2 or Tier 3 copay when purchased from a PDP in-network pharmacy.	20% coinsurance when purchased from a BCBSTX in-network provider 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider
Diabetic supplies	OneTouch Ultra, OneTouch Verio, OneTouch Verio Flex, or OneTouch Verio Reflect* diabetic test strips are covered at **no cost** to participants when purchased from a PDP in-network pharmacy. Lancets, lancing devices, and syringes are covered at no cost to participants when purchased from a PDP in-network pharmacy. Other covered diabetic supplies covered under the PDP apply either a Tier 1, Tier 2, or Tier 3 copay when purchased from a PDP in-network pharmacy.	20% coinsurance for in-network and out-of-network covered diabetic supplies. Annual deductible does not apply. 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider
Prescription insulin	In-network pharmacy: Insulin products on the PDP drug list (formulary) are covered at a Tier 1, Tier 2 or Tier 3 copay. The annual prescription drug deductible does not apply to these products beginning 9/1/21. Out-of-network pharmacy: Insulin products are covered at a Tier 1, Tier 2 or Tier 3 copay and 40% coinsurance.	Not covered under medical plan benefits

Effective September 1, 2021 through August 31, 2022

* Benefits and covered brands of glucometers and test strips are subject to change.

[1] Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

[2] Preauthorization may be required.

CONSUMER DIRECTED HEALTHSELECT

A high-deductible health plan available to:

- *Active employees and*
- *Non-Medicare-enrolled retirees and their eligible dependents*

Medicare enrollees are not eligible for this plan.

Plan Highlights

- This plan is a high-deductible health plan paired with a health savings account (HSA).
- You pay the full cost for most of your health care and prescriptions (except preventive care) until you meet the annual deductible.
- You are not required to choose a PCP; however, having a PCP is important to managing your overall health.
- You have access to the same provider network as HealthSelect of Texas participants.
- You do not need a referral to see a specialist.
- The monthly premium for dependent coverage is lower than HealthSelect of Texas.
- You can use funds in your HSA to pay for qualified medical expenses, including your deductible and coinsurance.
- If you are enrolled in Medicare, you are not eligible for this plan.

Important Information about HSAs: HSA contributions and limits may change from year to year. They may also change based on eligibility requirements and the participant's age. The IRS sets the maximums for HSA contributions, which include both pre-tax and post-tax contributions to an HSA. HSAs have tax and legal ramifications.

Why you may still want to have a PCP

While participants in Consumer Directed HealthSelect do not have to have a PCP, having one can be a boost to your health.

Your PCP:

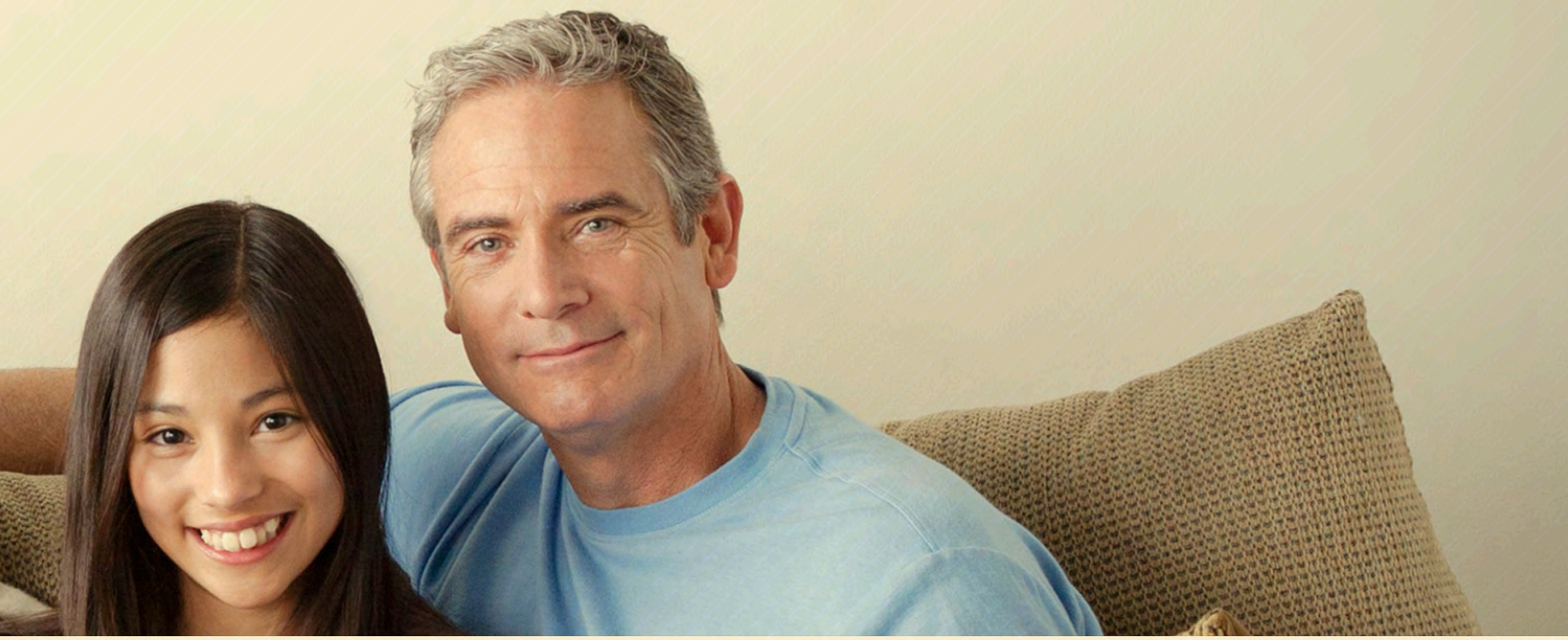
- will get to know you – your health history, your medications and your lifestyle,
- can treat non-emergency health issues like ear infections, rashes, allergies, fevers, colds and flu,
- will address routine medical care, such as physicals and yearly exams,
- is your health coach who can show you ways to stay healthy,
- can decide if you need any tests or if you should see a specialist and
- can help you with specialized care for a chronic health issue, such as asthma, diabetes or a heart problem.

Be ready for out-of-pocket costs with an HSA

You can use your HSA to pay for qualified medical expenses, including your deductible and coinsurance.

- The State of Texas will add pre-tax dollars to your HSA account each month: $45 per month ($540 per year) for individual coverage and $90 per month ($1,080 per year) for family coverage.
- If you are an active employee, you can make tax-free contributions to your HSA through payroll deductions or independently.
- You cannot make payroll deductions if you are retired, but you can deposit money into your HSA on your own.
- HSAs are portable: you can use your HSA on qualified medical expenses. If you change to a different health plan or change employers, the money in your HSA stays with you.
- Your unused HSA balance will carry over from one year to the next, so you won't lose money in your account if you don't use all the funds by the end of the year.
- For more information about your HSA bank account go to **www.healthselectoftexas.com** and click on the *"HealthSelect Plans"* tab under *"Medical Plans and Benefits"* in the left-hand menu, then click on the *"Learn more about HSAs"* link in the Consumer Directed HealthSelect section of that page.

If you see a provider outside the plan's network, there is a $4,200 per person/$8,400 per family deductible.



CONSUMER DIRECTED HEALTHSELECT

Benefits	Consumer Directed HealthSelect℠ High-deductible Health Plan	
	In-Network	Out-of-Network
Annual deductible	$2,100 per individual, $4,200 per family To help cover part of the deductible, the State contibutes to an eligible member's health savings account: $540/year for an individual, $1,080/year for a family.	$4,200 per individual, $8,400 per family To help cover part of the deductible, the State contibutes to an eligible member's health savings account: $540/year for an individual, $1,080/year for a family.
Out-of-network benefits?		Yes. See next page for details.
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)[1]	Through 12/31/21: $6,750 per person; $13,500 per family 1/1/22 – 12/31/22: $7,000 per person; $14,000 per family	
Out-of-pocket coinsurance maximum	None	None
Inpatient copay maximum	None	None
Primary care provider (PCP) required?	No	No
Referrals required?	No	No
Allergy treatment	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance after annual deductible is met	20% coinsurance after annual in-network deductible is met
Bariatric surgery[2]	Not covered	Not covered
Chiropractic care	20% coinsurance after annual deductible is met. Maximum benefits of $75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum benefits of $75 per visit and maximum of 30 visits per calendar year
Diagnostic X-rays and lab tests	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Diagnostic mammography	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Durable medical equipment[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
Facility emergency care (non-FSER) and hospital-affiliated freestanding emergency departments	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
Freestanding emergency room facility	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Hearing aids (for covered participants over age 18)	Plan pays up to $1,000 per ear every three years after deductible is met.	
Hearing aids (for participants age 18 and under)	20% coinsurance after annual in-network deductible is met. In-network and out-of-network hearing aids are covered at the same benefit level.	
High-tech radiology (CT scan, MRI and nuclear medicine)[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Home health care[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Hospice care[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Maternity care doctor charges only; inpatient hospital copays will apply	No charge for routine prenatal appointments and 20% coinsurance for first post-natal visit after annual deductible is met	40% coinsurance after annual deductible is met
Medications and injections administered by a provider (see below for outpatient medications and injections)[2]	20% coinsurance after annual deductible is met Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met

Benefits	Consumer Directed HealthSelect℠ High-deductible Health Plan	
	In-Network	Out-of-Network
Office surgery and diagnostic procedures	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
PCP office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Private duty nursing[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Retail health/convenience care clinic	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Specialist physician office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Telemedicine visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Urgent care clinic	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual Visits (medical)	20% coinsurance after annual deductible is met if Doctor on Demand or MDLive is used	Not covered

Mental Health and Substance Abuse Benefits

Benefits apply to all covered mental health and substance abuse services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.).

Benefits	Consumer Directed HealthSelect℠ High-deductible Health Plan	
	In-Network	Out-of-Network
Inpatient hospital mental health stay[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Mental health telemedicine	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)[2]	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual Visits (mental health)	20% coinsurance after annual deductible is met	Not covered

Diabetes Equipment and Supplies

Other diabetes equipment, supplies, and prescription drugs not listed below may be covered under these plans. For more information about your prescription drug benefits or for help finding an in-network pharmacy, contact HealthSelect Prescription Drug Plan (PDP) customer care toll-free at (855) 828-9834 (TTY:711).

Benefits	Consumer Directed HealthSelect High-deductible Health Plan	
	PDP benefits	Medical plan benefits
Diabetes glucometers	OneTouch Ultra, OneTouch Verio, OneTouch Verio Flex, or OneTouch Verio Reflect Meter* brands of diabetes glucometers are covered at **no cost** to participants when received through LifeScan's free glucometer program. For more information on the free glucometer program, call the PDP Other brands of diabetes glucometers covered under the PDP apply 20% coinsurance after annual in-network deductible is met when purchased from a PDP in-network pharmacy.	20% coinsurance after annual in-network deductible is met when purchased from a BCBSTX in-network provider 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider
Diabetic supplies	20% coinsurance for covered diabetic supplies after annual in-network deductible is met when purchased from a PDP in-network pharmacy. 40% coinsurance after annual out-of-network deductible is met when purchased from a PDP out-of-network pharmacy.	20% coinsurance for in-network and out-of-network covered diabetic supplies. Annual deductible does not apply. 40% coinsurance after annual out-of-network deductible is met when purchased from a BCBSTX out-of-network provider.
Prescription insulin	In-network pharmacy: 20% coinsurance for insulin products on the PDP drug list (formulary). The annual prescription drug deductible does not apply to these products beginning 9/1/21. Out-of-network pharmacy: 40% coinsurance for insulin products after annual out-of-network deductible is met.	Not covered under medical plan benefits

Effective September 1, 2021 through August 31, 2022

* Benefits and covered brands of glucometers and test strips are subject to change.

[1] Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

[2] Preauthorization may be required.

HEALTHSELECT SECONDARY

A PPO plan available only to:

- *Retirees and their eligible dependents enrolled in Medicare,*
- *Return to work retirees (unless they choose active coverage) and*
- *Active employees with an address on file with ERS that is outside the U.S.*

Plan Highlights

- Plan benefits coordinate with Medicare. Usually, HealthSelect Secondary pays for services only after Medicare has paid first.
- If you are required to pay a portion of the cost, you need to meet a deductible of $200 per person/$600 per family before the plan begins to pay for services (other than preventive care).
- Medicare and HealthSelect Secondary deductibles run concurrently.
- Preventive services, like annual check-ups and preventive vaccinations, are covered at 100% when you visit a doctor that accepts Medicare, even if you haven't met the deductible.
- You are not required to select a PCP; however, having a PCP is important to managing your overall health.
- You do not need a referral to see a specialist.
- When seeking care, be sure to use an in-network provider. Visit **www.healthselectoftexas.com,** click on *"Find a Doctor/ Hospital,"* look for HealthSelect Secondary and click *"Search."*

It's important to know how HealthSelect Secondary coverage works with Medicare.

If you are retired from the State of Texas and are eligible for Medicare (due either to your age or a disabling condition), you should enroll in Medicare Part A and Medicare Part B.[1]

If you do not have Medicare Part A and Medicare Part B coverage, you will have to pay the charges that Medicare would have paid had you been enrolled. You and family members with HealthSelect may have different coverage, depending on age and Medicare eligibility.

[1] If you do not qualify for free part A, send Blue Cross and Blue Shield of Texas a copy of the SSA documentation showing that you do not qualify for free Part A. If you turned 65 and retired prior to September 1, 1992, you are not required to purchase Part B.

For example, you and your spouse are enrolled in HealthSelect, and you become eligible for Medicare, but your spouse is not.

1. If your spouse is an active employee, he or she could cover you (and pay the *"you and spouse"* premium) on his or her plan.

Or,

2. Medicare will become the primary benefit plan for you, and HealthSelect will continue to be the primary plan for your spouse.

This is true until your spouse turns 65 and/or becomes eligible for Medicare.

Your prescription benefits are managed separately. Go to **www.healthselectoftexas.com** and click *"Prescription Drug Benefits"* to access information about your prescription drug benefits.

Why you may still want to have a PCP

While participants in HealthSelect Secondary do not have to have a PCP, having one can be a boost to your health.

Your PCP:

- will get to know you – your health history, your medications and your lifestyle,
- can treat non-emergency health issues like ear infections, rashes, allergies, fevers, colds and flu,
- will address routine medical care, such as physicals and yearly exams,
- is your health coach who can show you ways to stay healthy,
- can decide if you need any tests or if you should see a specialist and
- can help you with specialized care for a chronic health issue, such as asthma, diabetes or a heart problem.

HEALTHSELECT SECONDARY

Benefits	HealthSelect℠ Secondary In-Network and Out-of-Network
Annual deductible	$200 per individual, $600 per family You must meet **both** your Medicare and your HealthSelect Secondary deductible(s) before this plan pays for covered services. The two deductibles run concurrently.
Out-of-network coverage?	Yes. Most services are covered at the same benefit levels as long as the provider accepts Medicare and this plan. See below for details.
Balance billing? (when an out-of-network provider charges you the difference between their billed charges and amount your plan allows)	Yes. Balance billing may apply to certain out-of-network services. When a service is not covered by Medicare or your Medicare benefits are exhausted, you could be balance-billed for non-emergency services from a non-network provider.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)	$6,750 per person[1]; $13,500 per family; Resets on Jan. 1
Out-of-pocket coinsurance maximum	$3,000 per person; Resets on Jan. 1
Inpatient copay maximum	None
Primary care provider (PCP) required?	No
Referrals required?	No
Allergy treatment	$0 copay / 30% coinsurance
Ambulance services (for emergencies)	$0 copay / 30% coinsurance
Bariatric surgery	Not covered
Chiropractic care	$0 copay / 30% coinsurance
Diabetes equipment[2]	$0 copay / 30% coinsurance
Diabetes supplies	$0 copay / 30% coinsurance; Some supplies may be covered under the pharmacy plan benefits at $0 cost to you.
Diagnostic X-rays and lab tests[6]	$0 copay / 30% coinsurance
Diagnostic mammography	$0 copay; In-network diagnostic mammography is covered at no cost to participant(s)
Durable medical equipment[2]	$0 copay / 30% coinsurance
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	$0 copay / 30% coinsurance
Facility emergency care and hospital-affiliated freestanding emergency departments (not freestanding emergency room facilities)	$0 copay / 30% coinsurance
Freestanding emergency room facility (FSER)[6]	$0 copay / 30% coinsurance
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	$0 copay / 30% coinsurance
Hearing aids (for covered participants over age 18)	$0 copay; Up to $1,000 per ear for any consecutive 36-month period and $1 per battery. Annual HealthSelect Secondary deductible does not apply.
High-tech radiology (CT scan, MRI and nuclear medicine)[2]	$0 copay / 30% coinsurance
Home health care[2]	$0 copay / 30% coinsurance for home infusion therapy. Plan pays 100% for all other home health care services. Maximum of 100 visits per calendar year when non-network providers are used.
Hospice care[2]	$0 copay / 30% coinsurance; Annual HealthSelect deductible does not apply.
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)[2]	$0 copay[5] / 30% coinsurance
Medications and injections administered by a provider (see below for outpatient medications and injections)[2]	$0 copay / 30% coinsurance Preventive vaccines are covered at 100%
Office surgery and diagnostic procedures	$0 copay / 30% coinsurance
PCP office visit	$0 copay / 30% coinsurance
Private duty nursing[2]	30% coinsurance; Unlimited hours
Retail health/convenience care clinic	$0 copay / 30% coinsurance

Benefits	HealthSelect℠ Secondary In-Network and Out-of-Network
Routine eye exam	30% coinsurance; limited to one exam per calendar year
Routine hearing test	30% coinsurance
Routine preventive care	No cost to participant(s)*
Skilled nursing facility (SNF)/inpatient rehabilitation facility services[2]	No cost to participant(s); Annual HealthSelect deductible does not apply
Specialist physician office visit	$0 copay / 30% coinsurance
Surgery (outpatient) other than in physician's office[2]	$0 copay / 30% coinsurance
Telemedicine visit[6,7]	$0 copay / 30% coinsurance
Therapeutic treatments - outpatient	$0 copay / 30% coinsurance
Urgent care clinic[6]	$0 copay / 30% coinsurance
Virtual Visits (mental health)[7]	Doctor on Demand or MDLive covered at no cost to participant(s). Other providers not covered.
Mental Health Benefits – Member's Share of Costs (Benefits apply to all covered mental health and behavioral health services, including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.)	
Inpatient hospital mental health stay[2]	$0 copay[5] / 30% coinsurance
Mental health telemedicine[7]	$0 copay / 30% coinsurance
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)[2]	$0 copay / 30% coinsurance
Outpatient physician or mental health provider office visit	$0 copay / 30% coinsurance
Virtual Visits (mental health)[7]	Doctor on Demand or MDLive covered at no cost to participant(s). Other providers not covered.

*Under the Affordable Care Act and CMS requirements, certain preventive health and women's services are paid at 100% (at no cost to the participant) conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Some age requirements may apply.

[1] Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and non-covered services.

[2] Preauthorization may be required.

[3] A benefit period starts the day you go into the hospital. It ends after 60 days in a row without returning to hospital care. If you go into the hospital after one benefit period has ended, a new benefit period will begin. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you may have.

[4] Copayment amount depends on whether treatment is provided by a PCP or specialist.

[5] In the event that the provider/facility does not accept Medicare assignment (so the charges are not covered by Medicare and therefore not subject to COB); you may be responsible for copay(s) and/or a coinsurance. Please see your Evidence of Coverage or Master Benefit Plan Document (MBPD) for more information.

[6] Certain services related to COVID-19 testing may be covered by Medicare and your health plan at $0 cost share during the Public Health Emergency. For information on what Medicare pays, visit **https://www.medicare.gov/medicare-coronavirus**. You may also contact your health plan by calling the number on the back of your medical ID card.

[7] Your health plan may have reduced your cost share for certain services (such as non-COVID-19 related telemedicine and virtual visits) that is not mandated by the Family First Coronavirus Response Act for a period of time due to the coronavirus pandemic. Contact your health plan for additional information by calling the number on the back of your medical ID card.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

LANGUAGE ASSISTANCE

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。 洽詢一位翻譯員, 請撥電話 號碼 855-710-6984.
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे है उसके, प्रश्न है, तो आपको अपनी भाषा मे निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
日本語 Japanese	ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
ພາສາລາວ Laotian	ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກໍາລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄໍາຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເປັນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບນາຍແປພາສາ, ໃຫ້ໂທຫາເບີ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił hodoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی،با شمار 855-710-6984 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.

We're Here to Help

Call a BCBSTX 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

Live chat is available when you log in to your Blue Access for Members account or when you use the BCBSTX App.

Text **BCBSTXAPP** to **33633** to get a download link.*

*Standard messaging rates apply.

For information regarding prescription drug benefits for active employees, retirees not enrolled in Medicare, and their dependents, call the HealthSelect Prescription Drug Program at **(855) 828-9834**.

BlueCross BlueShield of Texas

www.healthselectoftexas.com

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