

HealthSelect^{of Texas}

CONSUMER DIRECTED

HealthSelectTM

CONNECT with your HEALTH



2021 SUMMER ENROLLMENT GUIDE

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

www.healthselectoftexas.com

Your health is important, and we are here with you every step along the way. In this guide, you will learn about changes to your medical benefits, how to avoid unexpected costs and the best places to go for different types of care. You will also learn how to access important resources to help you navigate the health care system and make the most of your medical benefits.

The Employees Retirement System of Texas (ERS) manages the Texas Employees Group Benefits Program (GBP). HealthSelect of Texas® and Consumer Directed HealthSelectSM are part of the GBP and are administered by Blue Cross and Blue Shield of Texas (BCBSTX). ERS determines what medical coverage participants get and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

Stay up to date on the latest Summer Enrollment updates by visiting www.healthselectoftexas.com and clicking on the Summer Enrollment banner.

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\$0 copay for mental health Virtual Visits

If you are enrolled in HealthSelect of Texas, HealthSelectSM Out-of-State or HealthSelectSM Secondary, mental health Virtual Visits through **Doctor on Demand**® and **MDLIVE**® will be covered at 100% beginning July 1, 2021. 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.

Welcome HMO participants to HealthSelect of Texas

Health maintenance organization (HMO) plans will no longer be offered after September 1, 2021.

All HMO participants who do not have Medicare as their primary insurer will be automatically enrolled in HealthSelect of Texas beginning September 1, 2021. HMO participants also have the option to choose Consumer Directed HealthSelect or waive GBP health coverage during Summer Enrollment.



Diagnostic A1c lab test benefit

Effective September 1, 2021, Consumer Directed HealthSelect and HealthSelect Secondary plan participants will no longer need to meet their annual deductible before in-network diagnostic A1c testing for diabetes is covered. Coinsurance will still apply.

Because there is no in-network deductible for HealthSelect of Texas and HealthSelect Out-of-State, there is no change to these plans. In-network preventive A1c testing will still be covered at no cost to participants.

Annual out-of-pocket maximum

Effective January 1, 2022, the total in-network annual out-of-pocket maximum will increase for all HealthSelect plans, including Consumer Directed HealthSelect. The out-of-pocket maximum will increase to \$7,000 for employee-only coverage and \$14,000 for family coverage. The out-of-pocket maximum includes expenses you pay toward medical and prescription drug copays, coinsurance and deductibles, if your plan has one.

Select a Primary Care Provider

Your primary care provider (PCP) serves as your first point of contact when you need non-emergency medical care. To choose a PCP, you can call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY:711)** for help, or you can log in to your Blue Access for Members account and go to the “Doctors and Hospitals” tab to select a PCP online.

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.** Please see the charts on pages 16-20 for out-of-network charges. Remember: you can change your PCP at any time.

Stay in the Network

You’ll pay less if you see in-network health care providers. Go to the “Find a Doctor/Hospital” page at 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 MembersSM. Download the BCBSTX App by texting **BCBSTXAPP** to **33633**.¹

Referrals

Referrals are required under the HealthSelect of Texas plan. Before you see a specialist, be sure you have chosen a PCP and informed BCBSTX. A referral is an order from your PCP that must be obtained and 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.

Some services do not require a referral. Learn more at www.healthselectoftexas.com. Click the “Referrals and Prior Authorizations” tab under the “Find a Doctor/ Hospital” tab.



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.

HealthSelectShoppERSSM

HealthSelectShoppERS is a program that allows eligible HealthSelect participants to save money and earn rewards deposited into a TexFlexSM flexible spending account (FSA) when they shop 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.

Allister’s Journey

Allister is a HealthSelect of Texas participant and has been having serious knee pain. His orthopedic specialist wants him to have a CT scan.

Allister could use Provider Finder to find cost-effective imaging centers but would prefer to get some help. He calls a BCBSTX Personal Health Assistant and learns there are two in-network facilities nearby that qualify for HealthSelectShoppERS rewards.

After Allister is notified his prior authorization is approved, he has his CT scan completed at one of the lower-cost rewards-eligible facilities.

After Allister’s claim is processed by BCBSTX, his reward is deposited into a health care FSA. He can use the FSA funds to pay for future eligible health care expenses.



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 MembersSM 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, 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.

¹ Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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.

For more details on what preventive services are covered at no cost to you, call a BCBSTX Personal Health Assistant or see "Covered Preventive Services" in the Master Benefit Plan Document at www.healthselectoftexas.com on the "Publications and Forms" page.

Learn more about immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

Care Management

BCBSTX care management clinicians can review your treatment plan, provide educational content and help coordinate care among your providers. If you have questions about asthma, cancer, COPD, diabetes, cardiac conditions 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.



Mental Health

HealthSelect mental health benefits include coverage for inpatient treatment, outpatient treatment and office visits and Virtual Visits.

Your coverage includes care for many mental health concerns, including:

- alcohol and drug use issues,
- anxiety,
- depression,
- domestic violence,
- grief,
- suicidal thinking and
- stress.

You do not need a referral for mental health services. But some services, such as inpatient treatment or intensive outpatient hospital treatment, need a prior authorization before the plan will cover them.

You will pay less if you see mental health providers who are in the HealthSelect network. If you have questions about mental health benefits or claims, or need help finding an in-network provider, 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. You can also call a counselor **24/7** toll-free at **(800) 442-4093**.



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.

Mental Health Virtual Visits

Mental health Virtual Visits are 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, you pay nothing out of pocket for mental health Virtual Visits through **Doctor on Demand** and **MDLIVE**. If you are enrolled in Consumer Directed HealthSelect, you will pay 20% of the allowable amount after meeting the annual deductible.



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



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

Create an Account

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

4. Consult with a board-certified doctor or licensed mental health professional

In the event of an emergency, this service should not take the place of an emergency room or urgent care center. MDLIVE and Doctor On Demand doctors do not take the place of your primary care doctor. Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation. Service availability depends on location at the time of consultation. Virtual Visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. The telemedicine services made available through Doctor On Demand are provided by licensed providers practicing within a group of independently owned professional practices collectively known as "Doctor On Demand Professionals." These professional practices provide services via the Doctor On Demand telehealth platform. Doctor On Demand, Inc. does not itself provide any provider, mental health or other healthcare provider services.

MDLIVE and Doctor On Demand operate subject to state regulations and may not be available in certain states. MDLIVE and Doctor On Demand are not insurance products nor prescription fulfillment warehouses. MDLIVE and Doctor On Demand do not guarantee that a prescription will be written. MDLIVE and Doctor On Demand do not prescribe DEA-controlled substances, nontherapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE and Doctor On Demand providers reserve the right to deny care for potential misuse of services. Doctor on Demand, an independent company, and MDLIVE, a separate company, operates and administers the telemedicine and Virtual Visits program for Blue Cross and Blue Shield of Texas. MDLIVE and Doctor on Demand are solely responsible for its operations and for those of its contracted providers.

LEARN ABOUT YOUR PLANS

HealthSelect of Texas

A point-of-service health plan available to:

- Active employees and
- Non-Medicare-enrolled retirees and their eligible dependents
- 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 charges, even if you see a provider who is in the HealthSelect network.
- Your PCP coordinates your care and manages any referrals you may need to see specialists.
- You pay nothing for medical and mental health Virtual Visits through MDLIVE and Doctor on Demand.
- You will have a copay for in-network office visits.
- There is no deductible for in-network services.
- When seeking care, be sure to use an in-network provider. Visit www.healthselectoftexas.com, click on "Find a Doctor/Hospital," look for HealthSelect of Texas and click "Search."

HealthSelect Out-of-State

A PPO plan available only to:

- Active employees and
- Non-Medicare-enrolled retirees and their eligible dependents
- Who live or work outside of Texas

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 will have a copay for certain services like PCP and specialist 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.
- 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."

Consumer Directed HealthSelect

A high-deductible health plan available to:

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

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 select 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.

PLAN DECISION TOOL

Need help deciding which plan is right for you? Use the Plan Decision Tool. Go to www.healthselectoftexas.com and click "HealthSelect Plans," then the "Plan Decision Tool" link.

PLAN INFORMATION

For more plan information, visit www.healthselectoftexas.com and click on the Summer Enrollment banner.

	HealthSelect of Texas	Consumer Directed HealthSelect	HealthSelect Out-of-State
Copay for primary care provider office visit	Yes	No	Yes
Required to select a primary care provider to receive in-network benefits	Yes	No	No
Annual deductible (when you stay in the network)	No	Yes	No
Requires referrals to see specialists	Yes	No	No
Preventive care services covered at no cost ¹	Yes	Yes	Yes
Includes a health savings account	No	Yes	No
Eligible for flexible spending account ²	Yes	Limited-Purpose ³	Yes



Raul's Journey

Raul just started a new job and is ready to enroll in a medical insurance plan. Raul considers enrolling in Consumer Directed HealthSelect.

Because it's a high-deductible plan, he'll have to pay a certain amount out of pocket before the plan starts covering his costs. Consumer Directed HealthSelect does cover preventive services at 100%.

The State of Texas will contribute \$45 a month for individuals (\$90 a month for families) to help cover his out-of-pocket costs. And Raul can make personal pre-tax contributions to his HSA.

Raul can take advantage of the State of Texas pre-tax contributions to fund his HSA and save money for future health care expenses.

¹ Preventive care is covered at 100% when appropriately coded as preventive care per the Affordable Care Act guidelines and when you visit a provider in your plan's network.
² Only active employees are eligible to contribute funds to an FSA.
³ Eligible for a Limited-Purpose FSA that can only be used for eligible vision and dental expenses.

KNOW YOUR OPTIONS FOR CARE

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 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 or HealthSelect Out-of-State, medical and mental health Virtual Visits are available at no cost to you. Consumer Directed HealthSelect participants will have to 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 not a deductible if you are having a true emergency but an out-of-network deductible applies if it is not a true emergency.

The plan pays 80% of the out-of-network allowable amount for a true emergency and 60% of the out-of-network allowable amount if it is not 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.



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:

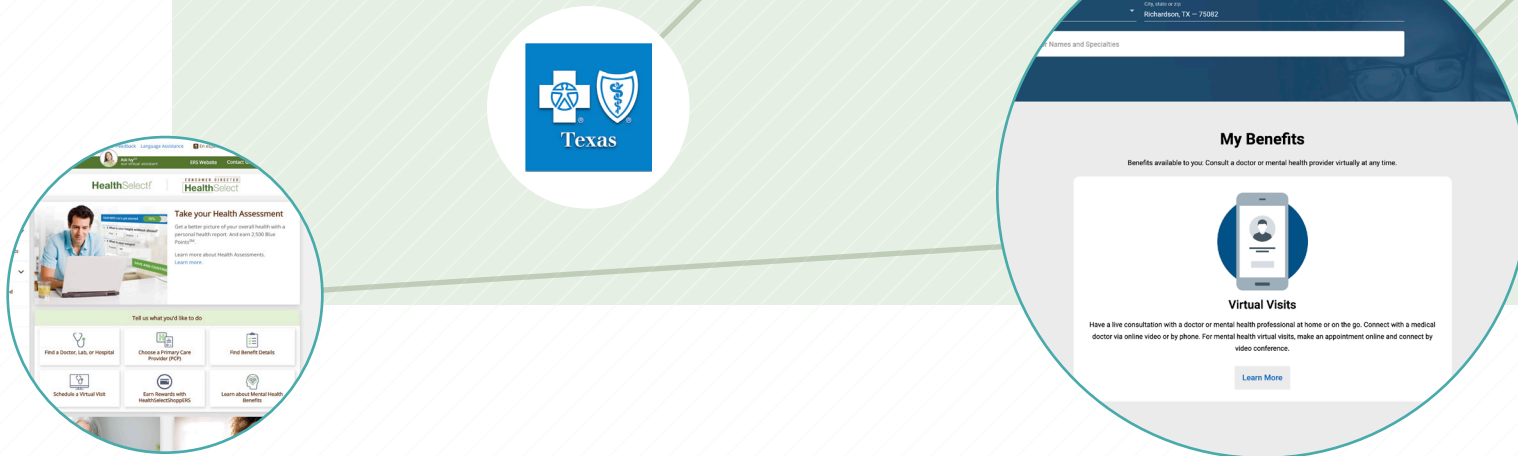
- find an in-network doctor, hospital or other provider,
- log in to your Blue Access for Members account and
- read important news and information about your health plan.

Blue Access for Members

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

- view your claims and EOBs,
- 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.



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.

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 Assistant¹,
- view prior authorizations and referrals,
- check the status or history of a claim and
- request a temporary ID card or save a digital copy to your phone.

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.

Medical ID Card

Your medical ID card is very important. Always take it with you when you get health care services. Your provider will need it to look up your benefits and what you may owe for the visit.

You should have 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.



BCBSTX Personal Health Assistants

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.¹ 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.



Meredith's Journey

Meredith has been feeling down lately. Feelings of isolation and loneliness are getting to her, and she needs someone to talk to.

She sees that as a HealthSelect of Texas participant, she has access to mental health Virtual Visits from the safety of her home at no cost to her. She chooses one of the vendors available and makes an appointment.

A week later, she has her first virtual appointment with a licensed mental health professional. The session is just like an in-office appointment, but Meredith is able to meet with the provider through online video.

Meredith continues to attend regular virtual appointments, and with the help of her therapist, she is able to start feeling like herself again.

¹ For medical emergencies, call 911. BCBSTX Personal Health Assistants and the 24/7 Nurseline are not substitutes for a doctor's care. Talk to your doctor about any health questions or concerns.

PERSONALIZE YOUR WELLNESS JOURNEY

Weight Management Programs

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. If you meet certain eligibility requirements, you can apply for enrollment in Wondr™ (formerly Naturally Slim) or Real Appeal® at no cost to you.

Wondr (formerly Naturally Slim)

Focus 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 10 weekly sessions hosted by Wondr nutrition and health specialists. To enroll, go to www.wondrhealth.com/healthselect.

Real Appeal

Take small steps that lead to lasting weight loss. This program can be tailored to your goals, preferences and lifestyle. A Transformation Coach leads the online sessions. To enroll, go to www.healthselect.realappeal.com.



Well onTarget® Personalized Tools and Resources

First get started by logging in to Blue Access for Members and selecting "Well onTarget" from "Quick Links."

Get access to:

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

Take the Health Assessment

One easy way to earn Blue Points is by taking the Health Assessment. It takes about 15 minutes to answer questions online. It's helpful if you have the results of your most recent annual wellness check-up so you can enter specific medical information, such as blood pressure and cholesterol levels. Then, you'll get a recommendation on what your next steps should be and long-term goals personalized just for you. To get started, log in to Well onTarget.

Check with your benefits coordinator to see if your employer gives you wellness incentives for completing the Health Assessment.



Get Fit

The Fitness Program¹ is a flexible membership program that gives you 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.

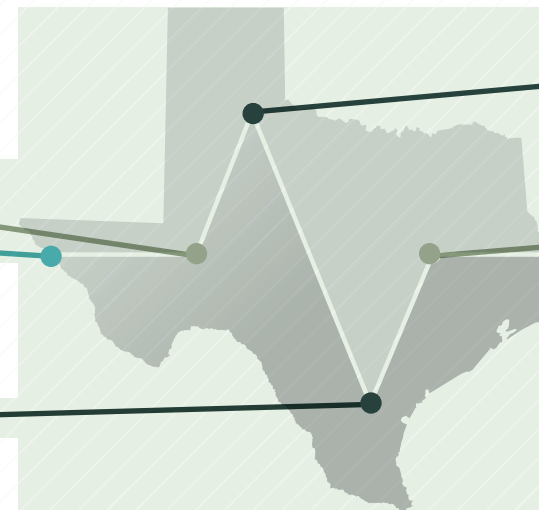
To join, call toll-free **(888) 762-BLUE (2583) (TTY: 711)** Monday–Friday, 7 a.m. – 7 p.m. CT.

To find participating gyms in your area, sign in to the Fitness Program through your Blue Access for Members account or download the Well onTarget Fitness Program app.

Blue Points: Get 2,500 points for joining the Fitness Program. Visit www.healthselectoftexas.com to learn more about earning Blue Points on your weekly visits to the gym.

Earn Blue Points²

Once you are logged in to the Well onTarget portal, you can earn points when you complete the Health Assessment, self-management programs and use fitness trackers. As soon as you earn points, you can redeem them for fitness gear, wearables, camping equipment and more! With the Blue Points program, you can spend up to 17,325 points each year for participating in healthy activities.



Enrique's Journey

Enrique wants to make his fitness routine more of a priority. While he has begun eating healthier with the help of one of the weight management programs available at no cost to him, Enrique is apprehensive about going back to the gym.

While browsing the HealthSelect website, he learns that Fitness Program members have access to digital virtual fitness classes as part of the membership. He can access thousands of online fitness videos and live classes without going to the gym.

Enrique is thrilled. He logs in to his Blue Access for Members account, clicks "Fitness Program" under Quick Links and follows the prompts to enroll in the Fitness Program. He earns 2,500 Blue Points just for joining.

Enrique tries out different classes including cardio, bootcamp and yoga. After a few weeks, he feels stronger, happier and is getting closer to his target weight.



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.

² Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

COMPARE HEALTH PLANS

Effective September 1, 2021

Medical Benefits

	HealthSelect [®] of Texas SM		CONSUMER DIRECTED HealthSelect SM	
	HealthSelect of Texas SM and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Administrator	Blue Cross and Blue Shield of Texas (BCBSTX)			
Annual deductible	None	\$500 per individual \$1,500 per family	\$2,100 per individual, \$4,200 per family To help cover part of the deductible, the State contributes 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 contributes 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.		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-of-network services. For more information, see the plan's Master Benefit Plan Document.		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		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	None	None
Inpatient copay maximum	\$750 copay max, up to 5 days per hospital stay \$2,250 copay max per calendar year per person		None	None
Primary care provider (PCP) required?	Yes for participants who live and work in Texas; no for out-of-state participants	No	No	No
Referrals required?	Yes for participants who live and work in Texas; no for out-of-state participants	No	No	No

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

Medical Benefits

Service	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
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	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply	20% coinsurance after annual deductible is met	20% coinsurance after annual in-network deductible is met
Bariatric surgery²	<ul style="list-style-type: none"> Deductible: \$5,000 Coinsurance: 20% Lifetime max: \$13,000 	Not covered	Not covered	Not covered
Chiropractic care	<ul style="list-style-type: none"> Without office visit: 20% coinsurance With office visit: \$40 copay plus 20% coinsurance 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	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
Diabetes equipment²	20% coinsurance; see page 20 for details.	40% coinsurance after annual deductible is met; see page 20 for details.	20% coinsurance after annual deductible is met; see page 20 for details.	40% coinsurance after annual deductible is met; see page 20 for details.
Diabetes supplies	See page 20 for details.			
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Durable medical equipment²	20% coinsurance	40% coinsurance after annual deductible is met	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	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met	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	\$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.	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	\$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.	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	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met

²Preauthorization may be required.

Service	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
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.		Plan pays up to \$1,000 per ear every three years after deductible is met.	
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.		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	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Home health care ²	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Hospice care ²	20% coinsurance	40% coinsurance after annual deductible is met	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	<ul style="list-style-type: none"> \$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 	<ul style="list-style-type: none"> \$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 	20% coinsurance after annual deductible is met	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	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	<ul style="list-style-type: none"> 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	20% coinsurance after annual deductible is met 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	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
PCP office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Private duty nursing ²	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Retail health/convenience care clinic	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	\$40 copay	40% coinsurance after annual deductible is met	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	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	20% coinsurance after annual deductible is met	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	20% coinsurance after annual deductible is met	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	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met

²Preauthorization may be required.

Service	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Telemedicine visit	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> Physician's office: \$25/\$40 copay for physician's office visit Any other outpatient telemedicine: 20% coinsurance 	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Urgent care clinic	\$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	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	20% coinsurance after annual deductible is met if Doctor on Demand or MDLIVE is used	Not covered

²Preauthorization may be required.

Mental Health/Behavioral Health/Substance Abuse Benefits

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

Service	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Inpatient hospital mental health stay ²	<ul style="list-style-type: none"> \$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 	<ul style="list-style-type: none"> \$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 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
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	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	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual Visits/e-visits (mental health)	\$0 copay for Virtual Visits when provided by Doctor on Demand or MDLIVE	Not covered	20% coinsurance after annual deductible is met	Not covered

²Preauthorization may be required.

All Texas Employees Group Benefits Program (GBP) benefits could change without notice. The Texas Legislature decides the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.

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 PDP customer care toll-free at (855) 828-9834 (TTY:711). For more information on your medical plan benefits, contact a BCBSTX Personal Health Assistant toll-free at (800) 252-8039 (TTY: 711).

	HealthSelect of Texas and HealthSelect Out-of-State		Consumer Directed HealthSelect	
	Prescription Drug Program (PDP) benefits	Medical plan benefits	Prescription Drug Program (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 HealthSelect PDP customer care. 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	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 HealthSelect PDP customer care. 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	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	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: 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	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

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

QUICK START CHECKLIST

WELCOME TO YOUR HEALTHSELECTSM MEDICAL PLAN.

Once you choose your 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.

Register for Blue Access for MembersSM

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.

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.

Schedule your annual wellness check-up

Annual check-ups can help identify health problems before they start so you can live a healthier life. Preventive care, like annual check-ups, are 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.

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 tollfree at **(800) 252-8039**, 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.

Sign up for Well onTarget[®]

Well onTarget is an online wellness portal that offers personalized resources and incentives to support your wellness journey.

Complete your Health Assessment

When you complete your Health Assessment, you'll get personalized tips on your health.

Extra Credit

Use Provider Finder[®] to shop for certain medical services and procedures and earn HealthSelectShoppERSSM incentives for making cost-effective choices when you visit rewardeligible providers.

Get a no-contract Fitness Program membership at an affordable rate and earn Blue PointsSM for working out.

Join a weight management program available **at no cost** to HealthSelect participants.

NON-DISCRIMINATION POLICY

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 تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية 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 અથવા કોઈ બીજી વ્યક્તિને અસુવ્યા અમ. કાયકમ 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 કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में 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, ທ່ານມີສິດຂໍອາການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເປັນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອສົມກັບນາຍແປພາສາ, ໃຫ້ໃຫ້ທ່ານເບີ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídiłkidgo, ts'ídá bee ná ahóótí'i' t'áá nífk'e níká a'doolwoł dóó bína'ídiłkídígíí bee níł hodoonih. Ata'dahalne'ígíí bich'i'í' hodiłnih kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی 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 شماره 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 کر رہے 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.

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