



HEALTHSELECTSM SECONDARY

How does it work?

This plan coordinates your medical plan benefits with Medicare. If you have questions about who pays first or how this plan processes benefits when you have Medicare, contact a Blue Cross and Blue Shield of Texas Personal Health Assistant toll-free at **(800) 252-8039 (TTY: 711)**.

If you need details about your Medicare benefits, call Medicare toll-free at **(800) 633-4227** or visit **Medicare.gov**.

Who is eligible?

You are eligible if you are:

- a retiree who is Medicare eligible.
- a Medicare-eligible return-to-work retiree who chooses retiree benefits.
- a Medicare-eligible surviving spouse,
- anyone who is age 65 or enrolled in Medicare under age 65, or
- a retiree whose address on file with ERS is outside of the United States.

Your covered dependents may also participate in the Secondary plan if:

- they are Medicare-eligible

If your dependent does not have Medicare, they may be eligible to participate in the HealthSelect of Texas[®] or HealthSelectSM Out-of-State plan, depending on where they live. Visit the ERS website at **www.ers.texas.gov** for more information on your plan eligibility.

Should I enroll in Medicare?

If you are eligible for Medicare, you should enroll in Medicare Part A and Medicare Part B. If you do not enroll when first eligible, you may pay more.

Things to know:

- Any copays or coinsurance you pay reduces both your Medicare and Health Select Secondary annual deductibles.
- You do not need to choose a primary care provider (PCP), although it is recommended.
- You do not need a referral from a PCP to see a specialist, and prior authorization is never required under this plan.
- Preventive services — like annual check-ups and preventive vaccinations — are covered at 100% when you visit a provider who accepts Medicare, even if you haven't met the deductible.

We're here to help:

If you have any questions, 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 refer to the HealthSelect Secondary Master Benefit Plan Document found on the “Publications, Forms and Presentations” page at **www.healthselectoftexas.com**.

SECONDARY BENEFITS CHART

Effective January 1, 2021

| Benefits ¹ | HealthSelect Secondary |
|--|---|
| Annual deductible | \$200 per individual ² \$600 per family ² |
| Total out-of-pocket maximum (including deductibles, coinsurance and copays) ^{3, 4, 5} | \$6,750 per person \$13,500 per family |
| Out-of-pocket coinsurance maximum | \$3,000 per person |
| Office visits in conjunction with an illness or injury | \$0 copay / 30% ^{6,7} coinsurance |
| Specialist office visit | \$0 copay / 30% ^{6,7} coinsurance |
| Diagnostic tests and X-rays, including allergy testing | \$0 copay / 30% ^{6,7} coinsurance |
| Diagnostic mammography | \$0 |
| Diagnostic lab services | \$0 copay / 30% ^{6,7} coinsurance |
| Preventive services [†] (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.) | \$0 |
| Office surgery and diagnostic procedures | \$0 copay / 30% ^{6,7} coinsurance |
| Immunizations [†] | \$0 |
| High-tech radiology (CT scan, MRI, and nuclear medicine) | \$0 copay / 30% ^{6,7} coinsurance |
| Allergy injections and serum | \$0 copay / 30% ^{6,7} coinsurance |
| Routine eye exam ⁸ | 30% ^{6,7} |
| Diagnostic speech and hearing testing | \$0 copay / 30% ^{6,7} coinsurance |
| Speech and hearing therapy | \$0 copay / 30% ^{6,7} coinsurance |
| Hearing aids | \$1,000 benefit allowance per ear every 3 years |
| Chiropractic care | \$0 copay / 30% ^{6,7} coinsurance |
| Urgent care clinic | \$0 copay / 30% ^{6,7} coinsurance |
| Emergency care ⁹ | \$0 copay / 30% ^{6,7} coinsurance |
| Inpatient hospital (semi-private room and days board, and intensive care unit) | \$0 ¹⁰ If provider doesn't accept Part A, then coverage is 30% ⁶ |
| Outpatient surgery | \$0 copay / 30% ^{6,7} coinsurance |
| Skilled nursing facility | No deductible Plan pays 100% |
| Virtual Visits for medical services (through Doctor On Demand or MDLIVE) | \$0 copay |

| Benefits ¹ | HealthSelect Secondary |
|--|---|
| Mental health | |
| a. Outpatient provider or mental health provider office visits | \$0 copay / 30% ^{6,7} coinsurance |
| b. Virtual Visits for mental health services (through Doctor on Demand or MDLIVE) | \$0 copay / 30% ^{6,7} coinsurance |
| c. Hospital mental health inpatient stay (semi-private room and days board, and intensive care unit) | \$0 ¹⁰ If provider doesn't accept Part A, then coverage is 30% ⁶ |
| d. Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment) | \$0 copay / 30% ^{6,7} coinsurance |
| Home health care | \$0 copay / 30% ^{6,7} coinsurance for home infusion therapy Plan pays 100% for all other home health care services with a maximum of 100 non-network visits per calendar year |
| Hospice | \$0 copay / 30% ^{6,7} coinsurance |
| Ambulance | \$0 copay/30% ^{6,7} coinsurance. Emergency care only. |
| Private duty nursing | 30% ⁶ Unlimited hours |

¹ Benefits are paid on allowable amounts; using providers who contract with Blue Cross and Blue Shield of Texas will protect you from liability for amounts over the allowable amount.

² Applies to calendar year.

³ A participant's total out-of-pocket maximum could contain a combination of coinsurance and/or copayments.

⁴ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

⁵ Out-of-pocket limits under this plan typically reset each calendar year. The network out-of-pocket limit that applies to this plan for calendar years January 1, 2020, through December 31, 2021, is \$6,750 per individual and \$13,500 per family.

⁶ Any copays or coinsurance you pay reduces both your Medicare and HealthSelect Secondary annual deductibles. Member may be responsible for some charges when the provider does not accept Medicare.

⁷ Payment is dependent upon the coordination of benefits (COB) between HealthSelect and Original Medicare. Sometimes this means your expense is \$0, but charges will vary depending upon COB. Please see your Master Benefit Plan Document for more information.

⁸ One per calendar year.

⁹ Benefits shown do not apply to out-of-network freestanding ERs. Please see your plan's Master Benefits Plan Document for more information.

¹⁰ In the event that the provider/facility does not accept Medicare (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 Master Benefit Plan Document for more information.

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

This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans. Contact a BCBSTX Personal Health Assistant at (800) 252-8039 (TTY: 711), Monday-Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m. CT, for help with specific questions.



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.

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.

Blue Cross and Blue Shield of Texas is the third-party administrator for HealthSelect of Texas[®] and Consumer Directed HealthSelectSM.

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