



EXPLORING YOUR MEDICAL BENEFITS

2021 MEDICAL BENEFITS GUIDE

September 1, 2020 - August 31, 2021
www.healthselectoftexas.com



Call toll-free: (800) 252-8039 · Monday-Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m. CT.



QUICK START CHECKLIST

WELCOME TO YOUR HEALTHSELECTSM 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 receive new medical ID cards by mail. For Plan Year 2021, existing participants should have received updated ID cards for use beginning September 1, 2020.

For more details, see page 7.

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.

For more details, see page 4.

Select 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. 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.

For more details, see page 9.

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**, 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.

For more details, see page 16.

Complete your Well onTarget Health Assessment

When you complete your Health Assessment, 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 HealthSelectShoppERSSM 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 PointsSM 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.

WELCOME TO PLAN YEAR 2021

We’re delighted to serve you.

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 2021 Medical Benefits Guide, you will find information about your medical benefits, health and wellness programs and incentive programs available to you. We are here to help you every step of the way.

HealthSelect of Texas and Consumer Directed HealthSelectSM are offered by the Employees Retirement System of Texas (ERS). ERS sets plan benefits and pays claims. Blue Cross and Blue Shield of Texas (BCBSTX) manages the provider network, processes claims and provides customer service.

The 2021 health plan year begins on September 1, 2020, and runs through August 31, 2021.

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

 **Tips on maximizing your benefits**

 **Tips for cost savings**

 **Activities that will earn you Blue PointsSM**

TABLE OF CONTENTS

Quick Start Checklist	2
Welcome to Plan Year 2021.....	3
Resources.....	4
Important Information.....	6
Primary Care Provider.....	8
Preventive Care.....	9
Mental Health.....	10
Virtual Visits.....	11
Provider Finder.....	12
HealthSelectShoppERS.....	13
Options for Care.....	14
Wellness Tools.....	16
Health Assessment.....	17
Blue Points.....	18
Fitness Program.....	19
Weight Management Programs.....	20
Sample Explanation of Benefits.....	21
Plan Information	
HealthSelect of Texas.....	22
HealthSelect Out-Of-State.....	24
Consumer Directed HealthSelect.....	26
HealthSelect Secondary.....	28

RESOURCES



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 find in-network providers,
- 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**, 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 for participants enrolled in any HealthSelect plan. 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 in-network doctors, hospitals or other providers,
- 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 explanation of benefits (EOB),
- find in-network doctors, hospitals or other providers,
- select and change your PCP,
- compare costs for procedures from different providers,
- shop for cost-effective providers and earn HealthSelectShoppERS rewards,
- download a temporary medical 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 in-network providers, hospitals and urgent care facilities 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

Use Provider Finder to find in-network care when you need it. Earn HealthSelectShoppERS rewards when you use Provider Finder to shop for certain procedures and services at eligible locations. Log in to Blue Access for Members and click the “Doctors & Hospitals” tab, then select “Find a Doctor or Hospital” to launch Provider Finder. Find more details about Provider Finder and HealthSelectShoppERS on pages 12 and 13.

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, 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**, 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 week.¹

24/7 HealthSelect Mental Health Support Line

Call the 24/7 HealthSelect Mental Health Support Line at **(800) 252-8039** at any time, day or night, to talk with a counselor about mental health or substance use issues. You can get help with a mental health or substance use issue.

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 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 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 are not substitutes for a doctor's care. Talk to your doctor about any health questions or concerns.

IMPORTANT INFORMATION

Stay in the HealthSelect Network

You'll pay less if you see an in-network provider. 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** to find a provider or check network status. You can also use your smart phone to find in-network care using the BCBSTX App. Text **BCBSTXAPP** to **33633** to get a download link.

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. A new Texas law now 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 receive 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.

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** for help.

If you enroll in the HealthSelect of Texas plan, you must have a PCP on file with BCBSTX to receive in-network benefits. If you have not chosen a PCP after 60 days of being an active HealthSelect of Texas participant, out-of-network benefits will apply for any services you get—even from in-network providers.

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.

Referrals

Referrals are required under the HealthSelect of Texas plan. To see a specialist, you must get a referral from your PCP and it must be authorized through BCBSTX. You need a referral for most services and medical care you get from anyone except your PCP. If you don't get a referral before you get services, those 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:

- chiropractic visits,
- covered vision care, including routine and diagnostic eye exams,
- mental health counseling,
- OB/GYN visits,
- occupational therapy, physical therapy or speech therapy¹, and
- Virtual Visits, urgent care centers or convenience care clinics.

 **Find more details about referrals and prior authorizations at www.healthselectoftexas.com under the "Medical Plans and Benefits" tab, then "Referrals and Prior Authorizations."**

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

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.

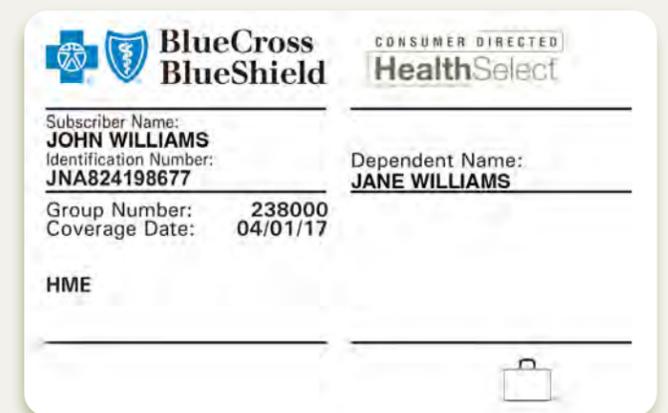
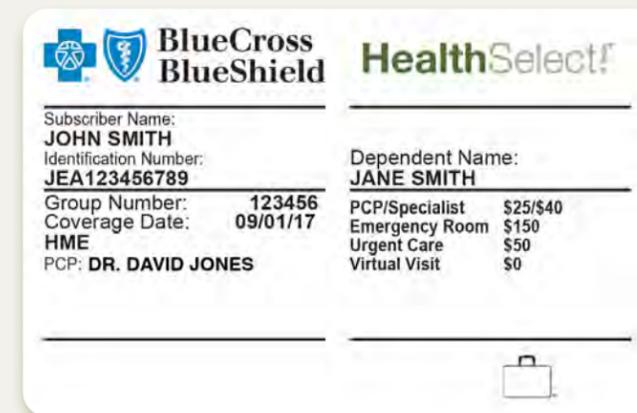
Medical ID Card

After you enroll in a HealthSelect plan, you will get your new medical ID card in the mail in seven to 10 business days. 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 got a new medical ID cards for plan year 2021 because BCBSTX now manages your mental health benefits.

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.

PRIMARY CARE PROVIDER

Having an in-network primary care provider (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. HealthSelectSM Out-of-State, Consumer Directed HealthSelect and HealthSelectSM Secondary participants may also benefit from having an in-network PCP, even though you 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, flu, 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.

To choose or to change your PCP:

You can either call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039** 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

As a HealthSelect participant, you need to get a referral from your PCP when you get medical care from anyone other than your PCP, including from specialists. If you do not have a referral on file before you see a specialist, you will not get in-network benefits and will pay more because your visit will be considered out-of-network—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. This means you'll have no copays or coinsurance as long as you visit an in-network provider. This is true even if you haven't met your deductible, if your plan has one.

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.

Gaëlle's Journey



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

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

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

Gaëlle'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.

MENTAL HEALTH

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**, 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,
- outpatient intensive therapy for a severe mental health disorder.
- inpatient intensive therapy program for addiction and

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** and follow the menu prompts.

How to get care

There are many types of mental health providers that offer a range of mental health care, but your PCP is a great place to start talking about mental health. Your PCP can tell you about mental health support nearby, recommend a mental health provider or even prescribe medication.

Though input from your PCP can be helpful, if you know what type of care you are seeking, you can find an in-network provider without checking with your PCP first. To make the most of your benefits and help you save money, be sure to choose an in-network mental health care provider.

Mental Health Virtual Visits

Mental health Virtual Visits are also available through **Doctor on Demand** and **MDLIVE** (see page 11) and offer a convenient option for accessing mental health care. With mental health Virtual Visits, you can consult with a licensed mental health professional any day of the week online for the same cost as an in-network mental health office visit. You must make appointments in advance. Appointments are typically available within five to seven days, but could take up to two weeks.

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.

Mental health Virtual Visits benefits apply based on the mental health in-office visit benefits as follows:

- **HealthSelect of Texas and HealthSelect Out-of-State:** \$25 copay
- **HealthSelect Secondary:** You pay 30% of the allowable amount you meet the annual deductible
- **Consumer Directed HealthSelect:** You pay 20% of the allowable amount after you meet the annual deductible

VIRTUAL VISITS

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. Consumer Directed HealthSelect participants will be required to meet their annual deductible before visits are covered, subject to coinsurance after the deductible is met.

Get medical treatment for:

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

Get started

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

1. Create an account by phone or online. You'll need your medical ID card to set up your account. Download their apps from Google Play™ or the App Store™.
2. Once you have an account, log in when you're ready for a Virtual Visit and choose a doctor to connect with. You can also schedule your appointment for a future time that's more convenient for you. For mental health Virtual Visits, you must make appointments in advance.



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

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.

PROVIDER FINDER

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 select 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 for certain services.**

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 provider has great reviews and is close to her home.

Yesenia selects the provider 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 TexFlex FSA rewards 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 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 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, 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 your health care if you see providers who are in the HealthSelect network. The costs noted below are average out-of-pocket costs.

Virtual Visits for Medical Care¹ – \$0

Get non-emergency medical care when you need it by phone, video or mobile app. Virtual Visits are available at no cost to you if you are enrolled in HealthSelect of Texas.¹

Examples of Health Issues

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

¹ For in-network medical Virtual Visits providers, HealthSelect of Texas, HealthSelect Out-of-State and HealthSelect Secondary participants have a \$0 copay. Consumer Directed HealthSelect participants will have to meet the plan's annual deductible and then the applicable coinsurance for Virtual Visits.

Doctor's Office – \$

Your doctor knows you and your medical history and can treat you, and refer you to a specialist if needed.

Examples of Health Issues

- Fever, colds and flu
- Sore throat
- Minor burns
- Stomach ache
- Ear or sinus pain
- Physicals
- Flu shots
- 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
- Shots
- Flu 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.

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 true emergency but out-of-network deductible applies if not a true emergency.
- The plan pays 80% of the out-of-network allowable amount if true emergency and 60% of the out-of-network allowable amount if 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.

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 a 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.

Maria's Journey



Maria spent Saturday doing yardwork, and now she's paying for it with pain in her lower back. She can't sleep and really needs some relief.

Does Maria 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.

Maria 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.

WELLNESS TOOLS



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 Health Assessment is available through Well onTarget. It takes about 15 minutes to answer the online questions. You will be asked questions about your lifestyle and health habits to identify what you are already doing well and where there are opportunities for improvement.

Take the Health Assessment

If you have not taken your Health Assessment, there will be a pop-up notification after you log in to Well onTarget. You can also take your Health Assessment by clicking on “Start” in 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 in inches

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 healthy tips. If you have completed previous assessments, 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 spend up to 17,325 points each calendar year. 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

The Fitness Program¹ offers unlimited access to a nationwide network of more than 11,500 fitness centers. After paying a one-time enrollment fee of \$19 (plus tax), HealthSelect participants and covered dependents (ages 16 or older) can choose between four no-contract membership packages.

Enroll by calling the Fitness Program toll-free at:
(888) 762-BLUE (2583) (TTY: 711)
 Monday through Friday, 8 a.m. – 9 p.m., in any U.S. time zone.

FEATURES		FITNESS PROGRAM PACKAGE			
Price	One-Time Enrollment Fee	\$19 plus tax			
	Monthly Fee (plus tax)	Base	Core	Power	Elite
		\$19	\$29	\$39	\$99
Facilities	Gym Facilities Network Size	2,900	7,000	11,400	11,700
	Gym Chain Examples within Network	<ul style="list-style-type: none"> Planet Fitness Blink Fitness 	<ul style="list-style-type: none"> Gold's Gym Crunch Fitness Fitness 19 	<ul style="list-style-type: none"> Curves Anytime Fitness LA Fitness 	<ul style="list-style-type: none"> Life Time Fitness

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.

 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.

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.

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.

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.¹ If you meet certain eligibility requirements, you can apply for enrollment in Naturally Slim[®] or Real Appeal[®] at no cost to you. 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
- 18 or older and
- have a BMI of 23 or higher.
- Medicare-primary participants are not eligible)

natura)(y)slim[®]

Real
Appeal[®]

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 10 weekly sessions hosted by Naturally Slim nutrition and health specialists.

To enroll, go to www.naturallyslim.com/healthselect

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.

SAMPLE EXPLANATION OF BENEFITS



An Explanation of Benefits (EOB) is a notification provided to you when BCBSTX processes a medical or mental health care claim. The EOB shows how the claim was processed and how much you may owe your provider. The EOB is not a bill. Your provider may bill you separately.

The EOB has four major sections:

Subscriber Information and Total of Claim(s):

This section includes the participant's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed by your provider, any discounts applied by the HealthSelect plan, and the amount you may owe the provider.

Service Detail for each claim includes:

- patient and provider information,
- the claim number and when it was processed,
- service dates and descriptions,
- the amount billed,
- discounts or other reductions subtracted from the amount billed,
- total amount covered and
- the amount you may owe (your responsibility).

Plan Provisions include:

- the amount covered and
- any amounts you may owe, like your deductible (if there is one), copay and coinsurance.

Your Responsibility includes:

- your deductible (if your plan has one) and copay amount,
- your share of coinsurance,
- the amount not covered, if any, and
- the amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

BlueCross BlueShield of Texas
P.O. Box 660044
Dallas, TX 75266-0044

Jon Smith
1234 Cedar Road
APT #2
Any Town, TX 76065

EXPLANATION OF BENEFITS

An 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.**

Log in at www.healthselectoftexas.com to see plan and claim details or to contact us through our secure Message Center.

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

1 SUBSCRIBER INFORMATION
EMPLOYEES RETIREMENT SYSTEM OF TEXAS
Member ID: JEA123456789 Group #: 606238008

2 SERVICE DETAIL - CLAIM (1)
PATIENT: SUSAN SMITH
SERVICE DATE: 10/01/2017

3 TOTAL OF CLAIM
Amount Billed: \$3,400.00
Discounts, reductions and payments: -\$2,800.00
You may have to pay your provider: \$600.00

4 PLAN PROVISIONS
Amount billed: \$3,400.00
Discounts and reductions: (\$1,200.00)
Amount covered (allowed)*: \$2,200.00

5 PROVIDER: FERNANDO G TORRES

6 CLAIM #: 123456789012
Processed: 10/18/2017

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY	
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Amount not covered
Emerg Accident Care	3,000.00		3,000.00		
Emerg Accident X-Ray	200.00	(1,200.00)			
Emerg Accident Lab	200.00	(1,200.00)			
CLAIM TOTALS	\$3,400.00	\$400.00	\$3,000.00	\$0.00	\$600.00

7 Service Description

8 Amount billed

9 Amount covered (allowed)*

10 Deductible and copay amount

11 Amount not covered

12 PLAN PROVISIONS

PLAN PROVISIONS	YOUR RESPONSIBILITY
Amount covered (allowed)*	\$3,000.00
Deductible and copay amount	\$0.00
Coinsurance	-\$600.00
Total	\$2,400.00

13 Fraud Hotline at 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.

14 Patient: SUSAN SMITH
Benefit Period: 09-01-17 Through 12-31-17 To date this patient has met \$2,735.49 of her/his \$6,550.00 Out-of-pocket Expense.
Benefit Period: 09-01-17 Through 12-31-17 To date \$3,095.49 of the Family \$13,100.00 Out-of-pocket Expense has been met.

EOB Information Guide

1. Participant's name and mailing address
2. Participant's member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Provider information
6. Claim number and date the claim was processed
7. Patient name and service date
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered minus your responsibility
13. Health Care Fraud Hotline
14. Deductible and/or out-of-pocket expense information

HEALTHSELECT OF TEXAS



HealthSelect of Texas

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 designate a PCP for you and your eligible dependents within 60 days of the first day you have HealthSelect coverage, or you will pay out-of-network charges, even if you see a provider who is in the HealthSelect network.
- Copay for in-network office visits.
- Your PCP coordinates your care and manages any referrals you may need to see specialists.
- 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 www.healthselectoftexas.com, click on "Find a Doctor/Hospital," look for HealthSelect of Texas.

PCP Selection

If you enroll in HealthSelect of Texas, you should 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**.

 **Remember to use HealthSelectShoppERS to save money and earn TexFlex 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. For most services, you need to get a referral before you can get medical care, including most specialists, from anyone except your PCP. BCBSTX must authorize the referral. 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 therapy¹ and
- Virtual Visits, urgent care centers and convenience care clinics.

Prior Authorization

You need prior authorization for certain covered health services. Usually, your network PCP and other network providers will get prior authorization before they provide these services to you. 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.

 **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.

HEALTHSELECT OF TEXAS

Effective September 1, 2020

Benefits	HealthSelect of Texas	
	Network	Non-Network
Annual deductible	None	\$500 per person ¹ \$1,500 per family ¹
Out-of-pocket coinsurance maximum^{2,3}	\$2,000 per person per calendar year ¹	\$7,000 per person per calendar year ¹
Total out-of-pocket maximum^{3,4,5}		
Participant (per Calendar Year)	\$6,750 per person ¹	None
Family (per Calendar Year, not to exceed the applicable Individual amount per Participant for Network Benefits)	\$13,500 per family ¹	
Primary care physician required	Yes	No
Primary care physicians' office visit	\$25 copay	40%*
Mental health care		
a. Outpatient physician or mental health provider office visits	\$25 copay	40%*
b. Hospital mental health inpatient stay⁶	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)^{6,7}	20%	40%*
Specialty physicians' office visits	\$40	40%*
Routine eye exam, one per year per participant	\$40	40%*
Routine preventive care⁷	No charge	40%*
Diagnostic mammograms⁷	No charge	40%*
Diagnostic x-rays and lab tests	20%	40%*
Office surgery and diagnostic procedures	20%	40%*
High-tech radiology (CT scan, MRI, and nuclear medicine)^{6,7,8}	\$100 copay plus 20%	\$100 copay plus 40%*
Urgent care clinic	\$50 copay plus 20%	40%*
Virtual Visits for medical services (Benefit available if services are rendered by Doctor On Demand or MDLIVE)	\$0 copay	None

Benefits	HealthSelect of Texas	
	Network	Non-Network
Maternity care doctor charges only¹; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for initial visit ⁹	40%*
Chiropractic care		
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%*
b. Maximum benefit per visit	\$75	\$75
c. Maximum visits Each participant Per calendar year	30	30
Inpatient hospital (semi-private room and day's board, and intensive care unit)⁶	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay) ¹⁰
Outpatient surgery other than in physician's office⁶	\$100 copay plus 20%	\$100 copay plus 40%*
Bariatric surgery^{6,11,12,13}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered
Hearing aids (Effective 09/01/18, the \$1,000 maximum will no longer apply to hearing aids for minors 18 years and younger)	Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment⁶	20%	40%*
Ambulance services (non-emergency)⁶	20%	20%

*Note: 40% coinsurance after you meet the annual out-of-network deductible

¹ Applies to calendar year. ² Does not include copays. ³ Out-of-pocket maximums are not increasing for Plan Year 2021. ⁴ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. ⁵ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ⁶ Preauthorization required. ⁷ Outpatient testing only. Does not apply to inpatient services. ⁸ No copay if high-tech radiology is performed during ER visit or inpatient admission. ⁹ Copay depends on whether treatment is given by PCP or specialist. ¹⁰ Benefits shown do not apply to out-of-network freestanding ERs. ¹¹ Active employees only; see health plan for additional requirements/limitations. ¹² The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ¹³ Covered bariatric services must be provided at Centers of Excellence to be eligible for reimbursement under the plan. For information about this coverage, see the Master Benefit Plan Document. ¹⁴ Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services. Effective September 1, 2020, diagnostic mammograms are covered at no cost to the participant.

HEALTHSELECT OUT-OF-STATE



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.

Living or working outside of Texas?

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 will have a copay for certain services, such as when you see your PCP or visit a specialist.
- 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.

If you move outside of Texas, please contact the Employees Retirement System of Texas 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 to move your dependent to the HealthSelect Out-of-State plan.

HEALTHSELECT OUT-OF-STATE

Effective September 1, 2020

Benefits	HealthSelect Out-of-State	
	Network	Non-Network
Annual deductible	None	\$500 per person ¹ \$1,500 per family ¹
Out-of-pocket coinsurance maximum ^{2,3}	\$2,000 per person per calendar year ¹	\$7,000 per person per calendar year ¹
Total out-of-pocket maximum ^{3,4,5}		
Participant (per Calendar Year)	\$6,750 per person ¹	None
Family (per Calendar Year, not to exceed the applicable Individual amount per Participant for Network Benefits)	\$13,500 per family ¹	
Primary care physician required	No	No
Primary care physicians' office visit	\$25 copay	40%*
Mental health care		
a. Outpatient physician or mental health provider office visits	20%	40%*
b. Hospital mental health inpatient stay ⁶	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment) ^{6,7}	20%	40%*
Specialty physicians' office visits	\$40	40%*
Routine eye exam, one per year per participant	\$40	40%*
Routine preventive care ¹	No charge	40%*
Diagnostic mammograms ¹	No charge	40%*
Diagnostic x-rays and lab tests	20%	40%*
Office surgery and diagnostic procedures	20%	40%*
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{6,7,8}	\$100 copay plus 20%	\$100 copay plus 40%*
Urgent care clinic	\$50 copay plus 20%	40%*
Virtual Visits for medical services (Benefit available if services are rendered by Doctor On Demand or MDLIVE)	\$0 copay	None

Benefits	HealthSelect Out-of-State	
	Network	Non-Network
Maternity care doctor charges only ¹ ; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for initial visit ⁹	40%*
Chiropractic care		
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%*
b. Maximum benefit per visit	\$75	\$75
c. Maximum visits Each participant Per calendar year	30	30
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁶	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay) ¹⁰
Outpatient surgery other than in physician's office ⁶	\$100 copay plus 20%	\$100 copay plus 40%*
Bariatric surgery ^{6,11,12,13}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered
Hearing aids (Effective 09/01/18, the \$1,000 maximum will no longer apply to hearing aids for minors 18 years and younger)	Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment ⁶	20%	40%*
Ambulance services (non-emergency) ⁶	20%	20%

*Note: 40% coinsurance after you meet the annual out-of-network deductible.

¹Applies to calendar year. ²Does not include copays. ³Out-of-pocket maximums are not increasing for Plan Year 2021. ⁴Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. ⁵Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ⁶Preauthorization required. ⁷Outpatient testing only. Does not apply to inpatient services. ⁸No copay if high-tech radiology is performed during ER visit or inpatient admission. ⁹Copay depends on whether treatment is given by PCP or specialist. ¹⁰Benefits shown do not apply to out-of-network freestanding ERs. ¹¹Active employees only; see health plan for additional requirements/limitations. ¹²The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ¹³Covered bariatric services must be provided at Centers of Excellence to be eligible for reimbursement under the plan. For information about this coverage, see the Master Benefit Plan Document. ¹⁴Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services. Effective September 1, 2020, diagnostic mammograms are covered at no cost to the participant.

CONSUMER DIRECTED HEALTHSELECT

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 is a high-deductible health plan paired with a health savings account (HSA)¹.
- You pay the full cost for your health care and prescriptions (except for preventive care) until you meet the annual deductible: \$2,100 in-network deductible per person/\$4,200 per family includes in-network medical and prescription drug expenses.
- Preventive services, like annual check-ups and preventive vaccinations, are covered at 100% when you visit an in-network doctor, even if you haven't met the deductible.
- You do not have 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.
- You can use funds in your HSA to pay for qualified medical expenses, including your deductible and coinsurance.
- The monthly premium for dependent coverage is lower than HealthSelect of Texas.

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

Effective September 1, 2020

Benefits	Consumer Directed HealthSelect	
	Network	Non-Network
Annual deductible	\$2,100 per person ¹ \$4,200 per family ¹	\$4,200 per person ¹ \$8,400 per family ¹
Out-of-pocket coinsurance maximum^{2,3}	None	None
Total out-of-pocket maximum^{3,4,5}		
Participant (per Calendar Year)	\$6,750 per person ¹	
Family (per Calendar Year, not to exceed the applicable Individual amount per Participant for Network Benefits)	\$13,500 per family ¹	None
Primary care physician required	No	No
Primary care physicians' office visit	20%**	40%*
Mental health care		
a. Outpatient physician or mental health provider office visits	20%**	40%*
b. Hospital mental health inpatient stay⁶	20%**	40%*
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment) ^{6,7}	20%**	40%*
Specialty physicians' office visits	20%**	40%*
Routine eye exam, one per year per participant	20%**	40%*
Routine preventive care⁷	No charge	40%*
Diagnostic mammograms⁷	20%**	40%*
Diagnostic x-rays and lab tests	20%**	40%*
Office surgery and diagnostic procedures	20%**	40%*
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{6,7,8}	20%**	40%*
Urgent care clinic	20%**	40%*
Virtual Visits for medical services (Benefit available if services are rendered by Doctor On Demand or MDLIVE)	\$0 copay	None

Benefits	Consumer Directed HealthSelect	
	Network	Non-Network
Maternity care doctor charges only¹; inpatient hospital copays will apply	No charge for routine prenatal appointments 20%** for initial visit	40%*
Chiropractic care		
a. Coinsurance	20%**	40%*
b. Maximum benefit per visit	\$75	\$75
c. Maximum visits Each participant Per calendar year	30	30
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁶	20%**	40%*
Emergency care	20%**	20%** ¹⁰
Outpatient surgery other than in physician's office⁶	20%**	40%*
Bariatric surgery^{5,11,12,13}	Not covered	Not covered
Hearing aids (Effective 09/01/18, the \$1,000 maximum will no longer apply to hearing aids for minors 18 years and younger)	Plan pays up to \$1,000 per ear every three years (after deductible is met).	
Durable medical equipment⁶	20%**	40%*
Ambulance services (non-emergency) ⁶	20%**	20%**

*Note: 40% coinsurance after you meet the annual out-of-network deductible.

**Note: 20% coinsurance after you meet the annual in-network deductible.

¹Applies to calendar year. ²Does not include copays. ³Out-of-pocket maximums are not increasing for Plan Year 2021. ⁴Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. ⁵Includes medical and prescription drug copays, coinsurance and deductibles. Excludes out-of-network and bariatric services. ⁶Preauthorization required. ⁷Outpatient testing only. Does not apply to inpatient services. ⁸No copay if high-tech radiology is performed during ER visit or inpatient admission. ⁹Copay depends on whether treatment is given by PCP or specialist. ¹⁰Benefits shown do not apply to out-of-network freestanding ERs. ¹¹Active employees only; see health plan for additional requirements /limitations. ¹²The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ¹³Covered bariatric services must be provided at Centers of Excellence to be eligible for reimbursement under the plan. For information about this coverage, see the Master Benefit Plan Document. ¹⁴Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services.

¹ Participants who are enrolled in any part of Medicare (Part A, B, C and/or D), get benefits under TRICARE or TRICARE for Life, or have a health care flexible spending account (like a TexFlex health care account) in the same plan year are not eligible for an HSA.
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.

HEALTHSELECT SECONDARY



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.

For example, if both you and your spouse are enrolled in HealthSelect, and you become eligible for Medicare but your spouse is not eligible for Medicare, Medicare will be 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

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.

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.

HEALTHSELECT SECONDARY

Effective September 1, 2020

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 services¹ (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.)	\$0
Office surgery and diagnostic procedures	\$0 copay / 30% ^{6,7} coinsurance
Immunizations¹	\$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 exam⁸	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 care⁹	\$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 Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means 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 After payment of deductible. Medicare and HealthSelect deductibles run concurrently. Member may be responsible for some charges when the provider does not accept Medicare assignment.

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 reference 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 reference your plan's Master Benefits Plan Document for more information.

¹⁰ 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 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, 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.

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@hscs.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 تساعد أسئلة، فلدك 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 એવું કોઈ બીજું વ્યક્તિને અસુબા.અમ. 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 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, ທ່ານມີສິດຂໍອຳການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເປັນພາສາຂອງທ່ານໄດ້ໄດ້ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອສົມກັບນາຍແປພາສາ, ໃຫ້ໃຫ້ທ່ານເບີ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánilwo'ígíí, na'ídiłkido, ts'ídá bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bina'ídiłkido'ígíí bee ní hodoonih. Ata'dahalne'ígíí bich'í' 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 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.



CONTACT INFORMATION

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.

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**.

www.healthselectoftexas.com



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.

The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

AlwaysOn is provided by OnLife Health, an independent company that offers Wellness Management Solutions. OnLife is solely responsible for the programs, products and services that it provides.

Naturally Slim and Real Appeal are independent companies that provide wellness services for HealthSelect of Texas and Consumer Directed HealthSelect. They are solely responsible for the products and services that they provide. Your acceptance is not guaranteed.

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

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

753508.0620

Download the
BCBSTX App

Text
BCBSTXAPP
to 33633
to get a link.*

*Standard messaging rates apply.