

All Active
Employees



Retirees
under age 65

Your Plan
HealthSelectSM
Benefit Highlights

Effective September 1, 2010

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Learn about changes
to your out-of-pocket costs

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Review the
Benefit Highlights chart

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Find helpful phone
numbers and websites

Health Insurance Cost Changes

- \$25 copay for primary care physician (PCP) office visit and Retail Health Clinics
- \$40 copay for specialist office visit
- \$150 copay per day for inpatient hospital care
- \$2,000 out-of-pocket coinsurance maximum for network benefits; \$7,000 for non-network; \$3,000 for out-of-area
- New way to save money with Urgent Care Clinic benefit
- \$150 copay for Emergency Room visit
- \$100 copay for high-tech radiology services
- Limited annual visits and lower benefit maximum for chiropractic care
- Increase in prescription drug copays

Questions about HealthSelect? Call Blue Cross and Blue Shield of Texas (BCBSTX) Customer Service at (800) 252-8039, open 7 a.m. to 7 p.m. Monday through Friday. Or, visit www.bcbstx.com/hs.

Save money, save time, and improve your health with these simple tips:

- Choose providers** in the HealthSelect network.
- You will **receive a HealthSelect medical ID card** and Caremark prescription drug card. If you are an in-area participant, make sure your PCP's name is on the card.
- Before you see a specialist, **get a referral** from your PCP.*
- Consider providers that cost you less** than an emergency room: Network Retail Health Clinics and Urgent Care Clinics. Call the 24/7 Nurseline if you are unsure about where to go for care. For more information, see the "Knowing Your Options" flier at www.bcbstx.com/hs under the Benefits tab.
- Call the 24/7 Nurseline** at (888) 334-9473 if you have a medical concern. A registered nurse can help you decide what to do next. As a HealthSelect participant, you are already signed up for this service.
- Get discounts** on eyeglasses, hearing aids, gyms, and more with BlueExtras^{SM**}.
- Get help** managing a chronic condition, such as diabetes or high blood pressure. Call Blue Care Connection[®] at (800) 462-3275.

*You do not need a PCP referral for an annual routine eye exam, OB/GYN, Retail Health Clinic, or Urgent Care Clinic.

**ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to Blue Cross and Blue Shield of Texas (BCBSTX) Customer Service at (800) 252-8039.

HealthSelect of Texas is a self-funded plan administered by the Employees Retirement System of Texas (ERS). BCBSTX is the third-party administrator of the HealthSelect medical benefit plan.

Access your HealthSelect account,
view your claims, and find BlueExtras
discounts. Sign up for Blue Access[®] for
Members at www.bcbstx.com/hs.



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.[®]



Benefit Highlights Effective September 1, 2010

	In-Area				Out-of-Area	
	Network		Non-Network			
Calendar Year Deductible (per participant/family)	\$0		\$500/\$1,500		\$200/\$600	
Calendar year out-of-pocket coinsurance maximum (per participant)	\$2,000		\$7,000		\$3,000	
Lifetime maximum	None		\$1,000,000		None	
Primary care physician (PCP) required?	Yes		No		No	
PCP office visit	You pay: \$25 copay for office visit	Plan pays: 100%, after copay, or 80% if you receive services subject to coinsurance	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Specialist office visit	You pay: \$40 copay for office visit					
Retail Health Clinic (no PCP referral required when you use network clinic)	You pay: \$25 copay	Plan pays: 100%, after copay, or 80% if you receive services subject to coinsurance	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Urgent Care Clinic (no PCP referral required when you use network clinic)	You pay: \$50 copay					
Routine physical (one per calendar year)	You pay either: \$25 PCP or \$40 specialist copay	Plan pays: 100%, after copay	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Well-woman exam (one per calendar year)						
Routine eye exam (one per calendar year)						
Maternity care Physician charges only	You pay either: \$25 PCP or \$40 specialist copay	Plan pays: 100%, after copay	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
	20% for lab or radiology	80% for lab or radiology				
Office surgery and diagnostic procedures	You pay: 20% coinsurance	Plan pays: 80%, after copay (if applicable)	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Allergy antigens/serum Allergy injections Allergy testing	If billed with office visit, you pay \$25 PCP or \$40 specialist copay					

All covered benefits are paid based on the BCBSTX allowable amount. Refer to your Benefits Book on the HealthSelect website at www.bcbstx.com/hs under the Publications and Forms tab for more information on your benefits, limitations, and exclusions. You have out-of-area coverage if you or your dependents live outside of Texas.

A benefit or out-of-pocket cost shown in blue is new for Plan Year 2011, which began September 1, 2010.

Save Money

Use tax-free money from your TexFlex account to pay for medical expenses like copays for office visits, Retail Health Clinics, and Urgent Care Clinics.

Benefit Highlights continued Effective September 1, 2010

	In-Area				Out-of-Area	
	Network		Non-Network			
Low-tech radiology: X-rays Mammography Bone-density scan Echo cardiogram Ultrasound	You pay: 20% coinsurance If billed with office visit, you pay \$25 PCP or \$40 specialist copay	Plan pays: 80%, after copay (if applicable)	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
High-tech radiology: CT scan MRI Nuclear medicine	You pay: \$100 copay* + 20%	Plan pays: 80%, after copay	You pay: \$100 copay* + 40% , after deductible	Plan pays: 60%, after deductible and copay	You pay: \$100 copay* + 30% , after deductible	Plan pays: 70%, after deductible and copay
Chiropractic Care (maximum 30 visits per calendar year, per participant, benefit maximum of \$75 per visit for network, non-network, and out-of-area)	You pay either \$40 copay for office visit and/or 20% + amount over \$75 benefit maximum	Plan pays: 100% after copay (if applicable), up to benefit maximum , or 80% of benefit maximum if you receive services subject to coinsurance	You pay: 40%, after deductible + amount over \$75 benefit maximum	Plan pays: 60%, after deductible, up to \$75 benefit maximum	You pay: 30%, after deductible + amount over \$75 benefit maximum	Plan pays: 70%, after deductible, up to \$75 benefit maximum
**Inpatient hospital (facility charges, \$750 copay maximum per admission, \$2,250 calendar year inpatient copay max) (per participant)	You pay: \$150 copay per day + 20%	Plan pays: 80%, after copay	You pay: \$150 copay per day + 40%, after deductible	Plan pays: 60%, after deductible and copay	You pay: \$150 copay per day + 30%, no deductible	Plan pays: 70%, after copay
***Inpatient physician (per admission)	You pay: 20%	Plan pays: 80%	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Emergency room In a non-emergency situation, consider less expensive options like a Retail Health Clinic or Urgent Care Clinic	You pay: \$150 copay + 20% (waived if admitted)	Plan pays: 80%, after copay	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Outpatient day-surgery (facility charges)	You pay: \$100 copay per day + 20%	Plan pays: 80%, after copay	You pay: \$100 copay + 40% , after deductible	Plan pays: 60%, after deductible and copay	You pay: \$100 copay per day + 30%, after deductible	Plan pays: 70%, after deductible and copay
Outpatient day-surgery (physician charges)	You pay: 20%	Plan pays: 80%	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Hearing aids	Plan pays up to \$500 per ear every three years.					
Durable medical equipment	You pay: 20%	Plan pays: 80%	You pay: 40%, after deductible	Plan pays: 60%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible
Ambulance services	You pay: 20%	Plan pays: 80%	You pay: 20%, after deductible	Plan pays: 80%, after deductible	You pay: 30%, after deductible	Plan pays: 70%, after deductible

*Copay waived if high-tech radiology performed during ER visit or inpatient admission

**Preauthorization required.

***You may have to pay additional costs if treated by a non-network physician during your hospital stay.

HealthSelect Resources



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HealthSelect Website – www.bcbstx.com/hs

Use Provider Finder® (under Doctors and Hospitals tab)

View and download your complete Benefits Book (under Publications and Forms tab)

Log in to Blue Access for Members, where you can:

- View your claims;
- “Live Chat” with a Customer Service representative;
- Turn off your paper Explanation of Benefits (EOB) statements and start receiving them by email;
- Log your meals and activity in the Personal Health Manager and earn Blue PointsSM;
- Take the Health Risk Assessment;
- Get discounts on eyeglasses, hearing aids, gym memberships, and more with BlueExtras*^{*}; and
- Sign up for the new Fitness Program for a \$29 initiation fee and only \$29 per month. You’ll have access to a nationwide network of gyms.

HealthSelect Phone Numbers

Blue Cross and Blue Shield of Texas (BCBSTX) **Customer Service** – **(800) 252-8039**

24/7 Nurseline – **(888) 334-9473**

Around the clock access to ask a nurse your medical questions and get advice about where to go for care.

Blue Care Connection – **(800) 462-3275**

- Help for managing a chronic condition like diabetes, high blood pressure, or asthma
- Weight-loss and tobacco cessation tools
- Special Beginnings®[®] mother and baby program – **(888) 421-7781**

Caremark – **(888) 886-8490**

Prescription Drug Program

*ERS cannot and does not guarantee the length of time that a specific type of “Value-Added” product shall be offered. Any questions or concerns about these products should be directed to BCBSTX Customer Service at (800) 252-8039.

BlueExtras is a discount program available to HealthSelect participants. This is NOT insurance. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your Benefits Book or call BCBSTX Customer Service at (800) 252-8039 for specific benefit information under your health plan. Use of BlueExtras does not affect your contribution, nor do costs of BlueExtras’ services or products count toward your plan deductible, or calendar year or lifetime maximums. Discounts are only available through participating vendors.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.