

## HealthSelect (Coverage for Employees and Dependents of the State of Texas and Some Institutions of Higher Education)

### In this Section

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## HealthSelect (Coverage for Employees and Dependents of the State of Texas and Some Institutions of Higher Education) Overview

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### HealthSelect Overview

HealthSelect is the self-insured health plan for employees and dependents of the state of Texas and some institutions of higher education. BCBSTX administers this plan, commonly referred to as "Group **38000**." HealthSelect In-Area coverage is very similar to BlueChoice POS coverage. HealthSelect Out-of-Area coverage works like a traditional indemnity plan.

In March 2006, an additional group number was added to HealthSelect: **38001**. This new group number is used for dependents whose coverage type differs from the subscriber's. For example, subscribers who reside in Texas, but have dependents residing outside of Texas.

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### In-area or Out-of-area Coverage?

Participants covered under HealthSelect will have either in-area or out-of-area coverage, depending upon where they reside.

**In-Area** coverage refers to subscribers and dependents that reside in Texas. Subscribers and covered dependents realize lower out-of-pocket costs when a PCP is chosen to direct their care. When treatment is provided by either the PCP or a Specialty Care Physician or other Professional Provider to whom the PCP has referred, the patient receives the highest level of benefits available (network benefits). When treatment is not directed by the PCP, the patient will experience greater out-of-pocket expenses (non-network benefits).

**Out-of-Area** coverage applies to subscribers and dependents that reside outside the state of Texas. Out-of-area coverage generally means that the benefits resemble indemnity coverage with a calendar year deductible and 70 percent coverage of eligible care and services. Retirees who are over the age of 65 also have out-of-area coverage.

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## HealthSelect (Coverage for Employees and Dependents of the State of Texas and Some Institutions of Higher Education)


### HealthSelect ID Cards

The HealthSelect ID card will indicate your patient's type of coverage. Individuals presenting an ID card with a copayment amount and PCP information have in-area coverage. Patients presenting ID cards without this information have out-of-area coverage.


Following are examples of the in-area and out-of-area ID cards:

### Health Select ID Cards

#### POS (In-Area)



**BlueCross  
BlueShield**



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**Subscriber Name:**  
JANE N. DOE

**Identification Number:**  
HXE 123456789

<b>Group Number:</b>	<b>038000</b>	<b>PCP:</b>	<b>\$25</b>
<b>Network:</b>	<b>PSTOA</b>	<b>Retail Health:</b>	<b>\$25</b>
<b>PCP:</b> STEVEN K BOOTON MD		<b>Specialist:</b>	<b>\$40</b>
<b>512-477-1405 09/01/10</b>		<b>Urgent Care:</b>	<b>\$50</b>
		<b>Emergency Room:</b>	<b>\$150</b>
		<b>RxBIN: 004336 RxGRP: RX1292</b>	
		<b>RxPCN: ADV</b>	

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[www.bcbsbc.com/hs](http://www.bcbsbc.com/hs)



**BlueCross BlueShield  
of Texas**

HealthSelect is a self-funded benefit plan offered under the Texas Employees Group Benefit Program with administration being provided by the Employees Retirement System of Texas (ERS).

Network coverage is available through HealthSelect providers with a PCP referral. Non-network services will be covered at a lower level.


File claims with your local Blue Cross and/or Blue Shield Plan.

<b>Members Call</b>	<b>1-800-252-8039</b>
<b>Providers Call</b>	<b>1-800-451-0287</b>
<b>Preauth-Medical</b>	<b>1-800-441-9188</b>
<b>Preauth-MH/CD</b>	<b>1-800-528-7264</b>
<b>Condition Mgmt.</b>	<b>1-800-462-3275</b>
<b>Special Beginning</b>	<b>1-800-462-3275</b>
<b>24/7 Nurseline</b>	<b>1-888-334-9473</b>
<b>Pharmacy*</b>	<b>1-888-886-8490</b>

\*Not a BCBS product.



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BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.




\*Pharmacy Benefits Manager  
\*Not a BCBS product.

**Traditional (Out-of-Area)**

 	
Subscriber Name: <b>JANE H. DOE</b>	
Identification Number: <b>HXE 123456789</b>	
Group Number: <b>038000</b>	Deductible: <b>\$200</b>
Coverage Date: <b>09/01/10</b>	
RxBIN: 004336 RxGRP: RX1292 RxPCN: ADV	

[www.bcbstx.com/hs](http://www.bcbstx.com/hs)

 <p>HealthSelect is a self-funded benefit plan offered under the Texas Employees Group Benefit Program with administration being provided by the Employees Retirement System of Texas (ERS). File claims with your local Blue Cross and/or Blue Shield plan.</p>	<table border="0"> <tr> <td>Members Call</td> <td><b>1-800-252-8039</b></td> </tr> <tr> <td>Providers Call</td> <td><b>1-800-451-0287</b></td> </tr> <tr> <td>Preauth-Medical</td> <td><b>1-800-441-9188</b></td> </tr> <tr> <td>Preauth-MH/CD</td> <td><b>1-800-528-7264</b></td> </tr> <tr> <td>Condition Mgmt.</td> <td><b>1-800-462-3275</b></td> </tr> <tr> <td>Special Beginning</td> <td><b>1-800-462-3275</b></td> </tr> <tr> <td>24/7 Nurseline</td> <td><b>1-888-334-9473</b></td> </tr> <tr> <td>Pharmacy*</td> <td><b>1-888-886-8490</b></td> </tr> </table> <p>*Not a BCBS product.</p>	Members Call	<b>1-800-252-8039</b>	Providers Call	<b>1-800-451-0287</b>	Preauth-Medical	<b>1-800-441-9188</b>	Preauth-MH/CD	<b>1-800-528-7264</b>	Condition Mgmt.	<b>1-800-462-3275</b>	Special Beginning	<b>1-800-462-3275</b>	24/7 Nurseline	<b>1-888-334-9473</b>	Pharmacy*	<b>1-888-886-8490</b>
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<p><b>CAREMARK</b></p>	<p>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.</p> <p>*Pharmacy Benefits Manager *Not a BCBS product.</p>																

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## HealthSelect (Coverage for Employees and Dependents of the State of Texas and Some Institutions of Higher Education), continued

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### HealthSelect Customer Service

BCBSTX provides a Customer Service Department dedicated to serving state of Texas subscribers and the health care Physicians and other Professional Providers who treat them. The Customer Service representatives are available to assist you with inquiries about:

- Benefits and eligibility
- Claims
- BlueChoice Network Physicians and other Professional Providers Complaint procedures

You may reach the HealthSelect Customer Service Department by calling **1-800-451-0287** and choosing the option for HealthSelect/Group 38000 & 38001 Customer Service.

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### Blue Care<sup>®</sup> Connection

Blue Care Connection is a disease management and wellness program available to HealthSelect members. The program simplifies the coordination of members' health care benefits, educates and empowers them to make informed choices, and supports wellness by aiding their understanding of preventive care guidelines, personal risk assessments, and preventive screenings. These services are part of their benefits and are provided to HealthSelect members at no additional cost. Key components of Blue Care Connection include:

- **Wellness Programs** - targeted participant mailings regarding key preventive screenings and disease specific immunizations
- **24/7 NurseLine** - caring, experienced nurses available 24 hours, seven days a week—even on holidays. **1-888-334-9473**
- **Personal Health Manager** - online resources including Diseases A-Z, Health Risk Assessment, and Ask a Specialist
- **Care Management** – operates through the precertification process
- **Case Management** - provides continuity of care for more complex treatment
- **Disease Management** - programs designed for members with specific conditions such as asthma, diabetes, CHF, or CAD
- **Special Beginnings<sup>®</sup>** - integrates high-risk pregnancy identification and the case management program. **1-800-462-3275**

For more information on the Blue Care Connection programs, go to [bcbstx.com/hs/bluecareconnection.html](http://bcbstx.com/hs/bluecareconnection.html) on the HealthSelect website or call **1-800-462-3275**.

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## HealthSelect (Coverage for Employees and Dependents of the State of Texas and Some Institutions of Higher Education), continued

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### **Referral Authorization**

Referral authorization procedures for HealthSelect are the same as outlined for BlueChoice POS. Please refer to the Referral Notification Program Section of this Provider Manual - Sections C & D. It is extremely important that these procedures are followed when referring in-area patients for specialty care. Failure to do so may result in non-network benefits and a higher out-of-pocket expense for the subscriber.

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### **Self-Referral**

Female HealthSelect patients do not need a referral to access any BlueChoice OBGyn for their gynecological and maternity care.

HealthSelect patients also have direct access to any BlueChoice optometrist or ophthalmologist for an annual refractive vision exam.

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### **Preauthorization and Behavioral Health Services**

Administrative procedures for HealthSelect subscribers, such as referrals, preauthorizations and preauthorization of behavioral health services, are handled in the same manner as described in those sections of this Provider Manual. (Sections C, D, & E) For behavioral health information see the Behavioral Health section of this Provider Manual. (Section I)

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### **Benefit Charts**

Charts outlining the different HealthSelect benefit levels can be found on the following pages of this section. Please refer to this information for more detailed explanations of benefits for the HealthSelect subscriber.

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## In-Area Benefits Summary (Under 65)

The benefits summary that follows shows covered services and supplies, with a comparison of network and non-network benefits. Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers for non-network benefits will protect members from liability for amounts over the allowable.

General Provisions	Network	Non-Network
		<b><i>Calendar year deductible applies to charges except</i></b>
Calendar year deductible	None	\$500 individual
Calendar year out-of-pocket coinsurance maximum (does not include copayments)	\$1,000 per person (includes network and non-network coinsurance)	\$3,000 per person (does not include network coinsurance)
Calendar year inpatient copayment maximum (does not include office visit or outpatient day-surgery)	\$1,500 per person (includes both network and non-network inpatient copayments)	\$1,500 per person (includes both network and non-network inpatient copayments)
Precertification penalty deductible	None	\$200 per hospital admission (if not precertified)
Responsibility for precertification	Provider	Participant
Lifetime maximum benefit	None	\$1,000,000
Doctors' and Lab Services		
PCP office visits (includes immunizations, injections, diagnostic x-rays)	\$20 copayment per visit	Plan pays 60%, you pay 40%
Specialist office visits (includes immunizations, injections, diagnostic x-rays and lab)	\$30 copayment per visit	Plan pays 60%, you pay 40%
Physicals	\$20 copayment with designated PCP or \$30 copayment with a Specialist (one per calendar year for adults, periodic for children, and women are allowed one routine well-woman office visit to an OB/Gyn each calendar	Plan pays 60%, you pay 40% (one per calendar year for adults and children, and women are also allowed one well-woman office visit to an OB/Gyn each calendar year)
Diagnostic x-rays, mammography, routine immunizations and lab tests (except when performed	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%

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## In-Area Benefits Summary (Under 65)

The benefits summary that follows shows covered services and supplies, with a comparison of network and non-network benefits. Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers for non-network benefits will protect members from liability for amounts over the allowable.

Doctors' and Lab Services	Network	Non-Network
Immunizations for children 0-6 years old (except when performed during an office visit)	Plan pays 100%	Plan pays 100%
Allergy injections and antigens (when no office visit is billed)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Office surgery and procedures	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Inpatient doctor visits	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Outpatient surgery and anesthesia (physician charges)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Routine eye exam (1 per calendar year per participant)	\$30 Specialist copayment	Plan pays 60%, you pay 40%
Maternity care (doctor charges only; see Hospital Services for inpatient charges)	If care is with designated PCP; \$20 for the first office visit, then Plan pays 100% for maternity care. If care is with Specialist; \$30 for the first office visit, then Plan pays 100% for maternity care	Plan pays 60%, you pay 40%
<b>Hospital Services</b>		
Inpatient hospital (semi-private room and board or intensive care unit)	After a \$100 copayment per day (\$500 max per stay), Plan pays 80%, you pay 20%	After a \$100 copayment per day (\$500 max per stay), Plan pays 60%, you pay 40%
Other inpatient charges, including surgery and anesthesia	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Outpatient facilities, including treatment room and/or pre-admission testing	Plan pays 80% , you pay 20%	Plan pays 60%, you pay 40%
Outpatient day-surgery	After a \$100 copayment, Plan pays 80%, you pay 20%	After \$100 copayment, Plan pays 60%, you pay 40%

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## In-Area Benefits Summary (Under 65)

The benefits summary that follows shows covered services and supplies, with a comparison of network and non-network benefits. Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers for non-network benefits will protect members from liability for amounts over the allowable.

Hospital Services	Network	Non-Network
Emergency care	After a \$100 copayment (waived if you are admitted - hospital stay of at least 24 hours; however inpatient hospital copayment will apply), Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Extended Care Services		
*Skilled nursing care in a skilled nursing facility (does not include custodial care)	Plan pays 80%, you pay 20% (60 day maximum per calendar year)	Plan pays 60%, you pay 40% (60 days/ \$4,200 maximum per calendar year)
*Hospice care (\$18,000 lifetime maximum)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
*Home health care	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40% (100 visits up to \$3,500 calendar year maximum)
*Private duty nursing	Plan pays 80%, you pay 20% (even after out-of-pocket coinsurance is met)	Plan pays 60%, you pay 40% (even after out-of-pocket coinsurance maximum is met); \$7,000 calendar year maximum, \$35,000 lifetime maximum
Other Medical Services		
Hearing aids (repairs not covered)	Plan pays 100% (up to \$500 per ear every three years)	Plan pays 100% (no deductible – up to \$500 per ear every three years)
Hearing aid batteries	Plan pays 100% (up to a maximum of \$1 per battery); you must submit a signed statement and the receipt with each hearing aid battery claim, confirming that the batteries were purchased for the use in your hearing aid (not subject to the \$500/three year limitation)	
Diabetes supplies, other than insulin and syringes	Plan pays 80%, you pay 20%	Plan pays 80%, you pay 20%
Durable medical equipment (includes medically necessary purchase and/or rental)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%

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## In-Area Benefits Summary (Under 65)

The benefits summary that follows shows covered services and supplies, with a comparison of network and non-network benefits. Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers for non-network benefits will protect members from liability for amounts over the allowable.

Other Medical Services	Network	Non-Network
Prosthetic appliances	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
Physical, occupational, speech therapy, and chiropractic care	Plan pays 80%, you pay 20% if no office visit, with office visit \$30 copayment plus 20%	Plan pays 60%, you pay 40%
Ambulance services	Plan pays 80%, you pay 20%	
*Home infusion therapy (HIT)	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40% if you use a provider contracted with BCBSTX or accessible through BlueCard Worldwide; Plan pays 0% and you pay 100% if you use a non-contracting provider
Infertility Services	<p>If care is with designated PCP; \$20 for office visits. For other medical services, Plan pays 80%, you pay 20%</p> <p>If care is with Specialist; \$30 for office visits. For other medical services, Plan pays 80%, you pay 20%.</p>	Plan pays 60%, you pay 40%
<b>Behavioral Health</b> <i>(Does not include serious mental illness or substance abuse treatment, which are covered like any other injury or illness)</i>		
Outpatient visits (maximum 30 visits per calendar year)	Plan pays 80%, you pay 20% (even after out-of-pocket coinsurance is met)	Plan pays 60%, you pay 40% (even after out-of-pocket coinsurance maximum is met); maximum allowable amount \$60 per visit
<p>*Inpatient treatment (maximum 30 days per calendar year)</p> <p>Inpatient copayments apply toward calendar year inpatient copayment maximum of \$1,500 per person.</p>	After \$100 copayment per day (\$500 max per stay), Plan pays 80% for the first 15 days, you pay 20%. The next 15 days, Plan pays 60%, you pay 40%	After \$100 copayment per day (\$500 max per stay), Plan pays 60% for the first 15 days, you pay 40%. The next 15 days, Plan pays 50%, you pay 50%

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## In-Area Benefits Summary (Under 65)

The benefits summary that follows shows covered services and supplies, with a comparison of network and non-network benefits. Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers for non-network benefits will protect members from liability for amounts over the allowable.

<b>Behavioral Health</b> <i>(Does not include serious mental illness or substance abuse treatment, which are covered like any other injury or illness)</i>		
	<b>Network</b>	<b>Non-Network</b>
<b>**</b> Intermediate care facility (maximum 60 days per calendar year)  Intermediate copayments apply toward the calendar year inpatient copayment maximum of \$1,500 per person.	After \$50 copayment per day (\$500 max per stay), Plan pays 80% for the first 30 days, you pay 20%. The next 30 days, Plan pays 60%, you pay 40%	After \$50 copayment per day (\$500 max per stay), Plan pays 60%, for the first 30 days, you pay 40%. The next 30 days, Plan pays 50%, you pay 50%
<b>Prescription Drugs are administered by Caremark (888) 886-8490</b>		
Prescription Drug Plan Year Deductible	\$50 per person, per plan year (September 1 – August 31)	
At participating pharmacies	<b>Up to a 30-day supply</b> for non-maintenance drugs Copayments: \$10 for Tier 1 drugs, \$25 for Tier 2 drugs, \$40 for Tier 3 drugs***  <b>Up to a 30-day supply</b> for maintenance drugs Copayments: \$15 for Tier 1 drugs, \$35 for Tier 2 drugs, \$55 for Tier 3 drugs***	
At non-participating pharmacies	<b>Up to a 30-day supply</b> 60% of the remaining balance of the lesser of: 1) the usual and customary price of the drug minus your deductible (if not met) and your copayment; <b>OR</b> 2) the ERS contract price of the drug minus your deductible (if not met) and your copayment ***	
Mail order pharmacy	<b>90-day supply</b> Copayments: \$30 for Tier 1 drugs, \$75 for Tier 2 drugs, \$120 for Tier 3 drugs ***	

\*Precertification required

\*\*Precertification required. This includes residential treatment centers for children and adolescents, crisis stabilization units, and psychiatric day treatment facilities. Each day of a hospital inpatient stay reduces by two the number of days available for psychiatric intermediate care facilities services. Each two days of intermediate care facilities services reduces by one the number of days available for hospital inpatient stays.

\*\*\*If a brand name drug that has a generic available is dispensed, in addition to paying the generic copayment, you are also responsible for the difference in the cost between the generic and the brand name drug.

**Tier 1** – Primarily Generic drugs

**Tier 2** – Mostly preferred brand name drugs

**Tier 3** – Non-preferred brand name drugs and other preferred brand name drugs

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## Out-of-Area Benefits Summary (Under 65)

Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers will protect members from liability of amounts over the allowable. These benefits apply to participants who reside outside the state. These benefits do not apply to participants who have "opted" for in-area benefits based on their work county.

General Provisions	Benefits
Calendar year deductible	<b><i>Calendar year deductible applies to charges except as noted.</i></b> \$200 individual/\$600 family maximum
Calendar year out-of-pocket coinsurance maximum (does not include copayments)	\$1,000 per person
Calendar year inpatient copayment maximum (includes any inpatient copayments paid while covered as an in-area Precertification penalty deductible	\$1,500 per person  \$200 per hospital admission (if not precertified)
Responsibility for precertification	Participant
Lifetime maximum benefit	None
Doctors' and Lab Services	
Doctor office visits	Plan pays 70%, you pay 30%
Annual physicals (one per calendar year for adults and children; woman are also allowed one well-woman office visit to an OB/Gyn each calendar year)	Plan pays 70%, you pay 30%
Diagnostic x-rays, mammography, injections, routine immunizations, pap smears, and lab tests	Plan pays 70%, you pay 30%
Specific immunizations for children 0-6 years old (except when performed during an office visit)	Plan pays 100%
Allergy injections and antigens	Plan pays 70%, you pay 30%

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## Out-of-Area Benefits Summary (Under 65)

Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers will protect members from liability of amounts over the allowable. These benefits apply to participants who reside outside the state. These benefits do not apply to participants who have *“opted” for in-area benefits based on their work county.*

<b>Doctors' and Lab Services</b>	<b>Benefits</b>
Office surgery and procedures	Plan pays 70%, you pay 30%
Inpatient doctor visits	Plan pays 70%, you pay 30%
Outpatient surgery and anesthesia (physician charges)	Plan pays 70%, you pay 30%
Routine eye exam (one per calendar year per participant)	Plan pays 70%, you pay 30%
Maternity care	Plan pays 70%, you pay 30%
<b>Hospital Services</b>	
Inpatient hospital (semi-private room and board or intensive care unit)	After a \$100 copayment per day (\$500 max per stay), Plan pays 70%, you pay 30% (no deductible)
Other inpatient charges, including surgery and anesthesia	Plan pays 70%, you pay 30%
Outpatient facilities, including treatment room and/or pre-admission testing	Plan pays 70%, you pay 30%
Outpatient day-surgery	After a \$100 copayment, Plan pays 70%, you pay 30%
Emergency care	Plan pays 70%, you pay 30%
<b>Extended Care Services</b>	
*Skilled nursing care in a skilled nursing facility (does not include custodial care)	Plan pays 100%; 60 days up to \$6,000 calendar year maximum (no deductible)
*Hospice care	Plan pays 70%, you pay 30%; \$18,000 lifetime maximum (no deductible)
*Home health care	Plan pays 100%; 100 visits up to \$5,000 calendar year maximum (no deductible)
**Private duty nursing	Plan pays 70%, you pay 30% (even after out-of-pocket coinsurance maximum is met); \$8,000 calendar year maximum; \$40,000 lifetime maximum

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## Out-of-Area Benefits Summary (Under 65)

Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers will protect members from liability of amounts over the allowable. These benefits apply to participants who reside outside the state. These benefits do not apply to participants who have *“opted” for in-area benefits based on their work county.*

Other Medical Services	Benefits
Hearing aids (repairs not covered)	Plan pays up to \$500 per ear every three years (no deductible)
Hearing aid batteries	Plan pays 100% (up to a maximum of \$1 per battery); you must submit a signed statement and the receipt with each hearing aid battery claim, confirming that the batteries were purchased for the use in your hearing aid (not subject to the \$500/three year limitation)
Diabetes supplies, other than insulin and syringes	Plan pays 70%, you pay 30%
Durable medical equipment (includes medically necessary purchase and/or rental)	Plan pays 70%, you pay 30%
Prosthetic appliances	Plan pays 70%, you pay 30%
Physical, occupational, speech therapy, and chiropractic care	Plan pays 70%, you pay 30%
Ambulance services	Plan pays 70%, you pay 30% plus charges above the allowable amount
*Home infusion therapy (HIT)	Plan pays 70%, you pay 30% if you use a provider contracted with BCBSTX or accessible through BlueCard Worldwide; Plan pays 0% and you pay 100% if you use a non-contracting provider
Infertility Services	Plan pays 70%, you pay 30%

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## Out-of-Area Benefits Summary (Under 65)

Benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers will protect members from liability of amounts over the allowable. These benefits apply to participants who reside outside the state. These benefits do not apply to participants who have "opted" for in-area benefits based on their work county.

Behavioral Health	Benefits
<b><i>(Does not include serious mental illness or substance abuse treatment, which are covered like any other injury or illness)</i></b>	
Outpatient visits (maximum 30 visits per calendar year)	Plan pays 70%, you pay 30% (even after coinsurance maximum is met); maximum allowable amount \$60 per visit
<p>* Inpatient treatment (maximum 30 days per calendar year)</p> <p>Inpatient copayments apply toward calendar year inpatient copayment maximum of \$1,500 per person.</p>	<p>After \$100 copayment per day (\$500 max per stay), Plan pays 70% for the first 15 days, you pay 30%. The next 15 days, Plan pays 50%, you pay 50%</p>
<p>** Intermediate care facility (maximum 60 days per calendar year)</p> <p>Intermediate copayments apply toward the calendar year inpatient copayment maximum of \$1,500 per person.</p>	<p>After \$50 copayment per day (\$500 max per stay), Plan pays 70% for the first 30 days, you pay 30%. The next 30 days, Plan pays 50%, you pay 50%</p>
<b>Prescription Drugs</b>	<b>Prescription Drugs are administered by Caremark (888) 886-8490</b>
Prescription Drug Plan Year Deductible	\$50 per person, per plan year (September 1 – August 31)
At participating pharmacies	<p><b>Up to a 30-day supply</b> for non-maintenance drugs Copayments: \$10 for Tier 1 drugs, \$25 for Tier 2 drugs, \$40 for Tier 3 drugs ***</p> <p><b>Up to a 30-day supply</b> for maintenance drugs Copayments: \$15 for Tier 1 drugs, \$35 for Tier 2 drugs, \$55 for Tier 3 drugs***</p>
At non-participating pharmacies	<b>Up to a 30-day supply</b> 60% of the remaining balance of the lesser of: 1) the usual and customary price of the drug minus your deductible (if not met) and your copayment; <b>OR</b> 2) the ERS contract price of the drug minus your deductible (if not met) and your copayment ***
Mail order pharmacy	<b>90-day supply</b> Copayments: \$30 for Tier 1 drugs, \$75 for Tier 2 drugs, \$120 for Tier 3 drugs ***

\*Precertification required.

\*\*Precertification required. This includes residential treatment centers for children and adolescents, crisis stabilization units, and psychiatric day treatment facilities. Each day of a hospital inpatient stay reduces by two the number of days available for psychiatric intermediate care facilities services. Each two days of intermediate care facilities services reduces by one the number of days available for hospital inpatient stays.

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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

General Provisions	Retirees with Medicare Primary (Part A and B) when services are covered by Medicare	Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare
	<i>Calendar year deductible applies to charges except as noted.</i>	<i>Calendar year deductible applies to charges except as noted.</i>
Calendar year deductible	\$200 individual/\$600 family maximum (\$100 Medicare deductible counts toward this amount).	\$200 individual/\$600 family maximum
Calendar year out-of-pocket coinsurance maximum (does not include copayments)	\$1,000 per person	\$1,000 per person
Calendar year inpatient copayment maximum	\$1,500 per person	\$1,500 per person
Precertification penalty deductible	\$200 per hospital admission ( <i>if not precertified</i> )	\$200 per hospital admission ( <i>if not precertified</i> )
Responsibility for precertification	Participant	Participant
Lifetime maximum benefit	None	None
<b>Doctors' and Lab Services</b>		
Doctor office visits	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Annual physicals (one per calendar year for adults and children). Women are also allowed one well-woman office visit to an OB/Gyn each calendar year	Plan pays 70%, you pay 30%	Plan pays 70%, you pay 30%
	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%

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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

<b>Doctors' and Lab Services</b>	<b>Retirees with Medicare Primary (Part A and B) when services are covered by Medicare</b>	<b>Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare</b>
Diagnostic x-rays, mammography, injections, routine immunizations, pap	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Specific immunizations for children 0-6 years old (except when performed during an office visit)	Plan pays 100%	Plan pays 100%
Allergy injections and antigens	Medicare pays 80%, HealthSelect will coordinate	Plan pays 70%, you pay 30%
Office surgery and procedures	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Inpatient doctor visits	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Outpatient surgery and anesthesia	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Routine eye exam (one per calendar year per participant)	Plan pays 70%, you pay 30%	Plan pays 70%, you pay 30%
Maternity care	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%

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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

Hospital Services	Retirees with Medicare Primary (Part A and B) when services are covered by Medicare	Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare
Inpatient hospital (semi-private room and board or intensive care unit)	HealthSelect will coordinate by paying the inpatient deductible, private room difference, and first three pints of blood, and you may be responsible for a copayment amount	<p><b>Grandfathered Retirees only</b> – If you have Part A, HealthSelect will coordinate by paying the inpatient deductible, private room difference, and first three pints of blood, and you may be responsible for a copayment amount</p> <p><b>All others</b> – Plan pays 70%, you pay a \$100 copayment per day (\$500 maximum per stay) plus pay 30% (no deductible)</p>
Other inpatient charges, including surgery and anesthesia	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Outpatient facilities, including treatment room and pre-admission testing	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Outpatient day-surgery	Medicare pays 80%, HealthSelect will coordinate paying secondary and you may be responsible for a copayment amount	Plan pays 70%, you pay a \$100 copayment, plus 30%
Emergency care	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%

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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

<b>Extended Care Services</b>	<b>Retirees with Medicare Primary (Part A and B) when services are covered by Medicare</b>	<b>Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare</b>
*Skilled nursing care in a skilled nursing facility (does not include custodial care)	Medicare pays primary, HealthSelect will coordinate paying secondary up to maximum of 60 days or \$6,000 per calendar year	Plan pays 100%; 60 days up to \$6,000 calendar year maximum (no deductible)
*Hospice care	Medicare pays primary, HealthSelect will coordinate paying secondary up to \$18,000 lifetime maximum	Plan pays 70%, you pay 30%; \$18,000 lifetime maximum (no deductible)
*Home health care	Medicare pays primary, HealthSelect will coordinate paying secondary up to maximum of 100 visits or \$5,000 per calendar year	Plan pays 100%; 100 visits up to \$5,000 calendar year maximum (no deductible)
***Private duty nursing	Medicare pays primary, HealthSelect will coordinate paying secondary up to maximums of \$8,000 per calendar year and \$40,000 lifetime maximum	Plan pays 70%, you pay 30% (even after out-of-pocket coinsurance maximum is met); \$8,000 calendar year maximum; \$40,000 lifetime maximum
<b>Other Medical Services</b>		
Hearing aids (repairs not covered)	Plan pays up to \$500 per ear every three years (no deductible)	Plan pays up to \$500 per ear every three years (no deductible)

Hearing aid batteries	Plan pays 100% (up to a maximum of \$1 per battery); you must submit a signed statement and the receipt with each hearing aid battery claim, confirming that the batteries were purchased for use in your hearing aid (not subject to the \$500/three year limitation)	Plan pays 100% (up to a maximum of \$1 per battery); you must submit a signed statement and the receipt with each hearing aid battery claim, confirming that the batteries were purchased for use in your hearing aid (not subject to the \$500/three year limitation)
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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

Other Medical Services	Retirees with Medicare Primary (Part A and B) when services are covered by Medicare	Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare
Diabetes supplies, other than insulin and syringes	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Durable medical equipment (includes medically necessary purchase and/or rental)	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Prosthetic appliances	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Physical, occupational, speech therapy, and chiropractic care	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
Ambulance services	Medicare pays 80%, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30% plus charges above the allowable
***Home infusion therapy (HIT)	Medicare pays primary, HealthSelect will coordinate paying secondary. You must use a provider contracted with BCBSTX or accessible through BlueCard Worldwide to receive any coverage from HealthSelect	Plan pays 70%, you pay 30% if you use a provider contracted with BCBSTX or accessible through BlueCard Worldwide; Plan pays 0% and you pay 100% if you use a non-contracting provider
Infertility Services	Medicare pays primary, HealthSelect will coordinate paying secondary	Plan pays 70%, you pay 30%
<b>Behavioral Health</b>		
<b><i>(Does not include serious mental illness or substance abuse treatment, which are covered like any other injury or illness)</i></b>		
Outpatient visits (maximum 30 visits per calendar year)	Medicare pays primary, HealthSelect will coordinate paying secondary; maximum allowable amount \$60 per visit	Plan pays 70%, you pay 30% (even after coinsurance maximum is met); maximum allowable amount \$60 per visit

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## Out-of-Area Benefits Summary (Over 65)

The following chart explains benefits when Medicare is your primary plan and services are covered by Medicare, if you are a Grandfathered Retiree, if your dependents are under 65 without Medicare coverage, and when services are not covered by Medicare. All benefits are paid based on the BCBSTX allowable amount. Using ParPlan providers and, if you are eligible for Medicare, using providers who accept Medicare assignment will protect you from liability for amounts over the allowable.

<b>Behavioral Health</b> (Does not include serious mental illness or substance abuse treatment, which are covered like any other injury or illness)	<b>Retirees with Medicare Primary (Part A and B) when services are covered by Medicare</b>	<b>Grandfathered Retirees, dependents under age 65 who do not have Medicare, and when services are not covered by Medicare</b>
* Inpatient treatment (maximum 30 days per calendar year)  Inpatient copayments apply toward the calendar year inpatient copayment maximum.	Medicare pays primary, HealthSelect will coordinate paying secondary and you may be responsible for a copayment amount	After you pay a \$100 copayment per day (\$500 maximum per stay), Plan pays 70% for the first 15 days and you pay 30%; The next 15 days the Plan pays 50%, you pay 50%
** Intermediate care facility (maximum 60 days per calendar year)  Intermediate care copayments apply toward the calendar year inpatient copayment maximum	Medicare pays primary, HealthSelect will coordinate paying secondary and you may be responsible for a copayment amount	After you pay a \$50 copayment per day (\$500 maximum per stay) , Plan pays 70% for the first 30 days and you pay 30%; The next 30 days the Plan pays 50%, you pay 50%
<b>Prescription Drugs</b>	<b>Prescription Drugs are administered by Caremark (888) 886-8490</b>	
Prescription Drug Plan Year Deductible	\$50 per person, per plan year (September 1 – August 31)	
At participating pharmacies	<b>Up to a 30-day supply</b> for non-maintenance drugs Copayments: \$10 for Tier 1 drugs, \$25 for Tier 2 drugs, \$40 for Tier 3 drugs**** <b>Up to a 30-day supply for maintenance drugs</b> Copayments: \$15 for Tier 1 drugs, \$35 for Tier 2 drugs, \$55 for Tier 3 drugs****	
At non-participating pharmacies	<b>Up to a 30-day supply</b> 60% of the remaining balance of the lesser of: 1) the usual and customary price of the drug minus your deductible (if not met) and your copayment; <b>OR</b> 2) the ERS contract price of the drug minus your deductible (if not met) and your copayment ****	
Mail order pharmacy	<b>Up to a 90-day supply</b> Copayments: \$30 for Tier 1 drugs, \$75 for Tier 2 drugs, \$120 for Tier 3 drugs ****	

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\*Precertification required unless you have Medicare Part A benefits.

\*\*Precertification required. This includes residential treatment centers for children and adolescents, crisis stabilization units, and psychiatric day treatment facilities. Each day of a hospital inpatient stay reduces by two the number of days available for psychiatric intermediate care facilities services. Each two days of intermediate care facilities services reduces by one the number of days available for hospital inpatient stays.

\*\*\* Precertification required.

\*\*\*\*If a brand name drug is dispensed that has a generic available, in addition to paying the generic copayment, you are also responsible for the difference between the cost of the generic and the brand name drug.

**Tier 1** – Primarily Generic drugs

**Tier 2** – Mostly preferred brand name drugs

**Tier 3** – Non-preferred brand name drugs and other preferred brand name drugs