



BlueCross BlueShield
of Texas



QUICK REFERENCE GUIDE

Group Name	Texas Health Insurance Risk Pool (THIRP)
Group Number	059473
Alpha Prefix	ZGR
Plan Type	Preferred Provider Organization (PPO)
Customer Service	1-888-398-3927
Preauthorization	1-800-441-9188
Behavioral Health (INROADS®)	1-800-528-7264
Address to File Claims	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044
Pharmacy Program Administrator	Medco Health Solutions, Inc. 1-800-290-1708
Accredo	Provider call 800-987-4904 Member call 800-501-7260
Prescription (Outpatient)	No drug coverage for members with Medicare (MED 1, MED 2, MED 3)
THIRP Web site	www.txhealthpool.org
Online Provider Directory	www.bcbstx.com/onlinedirectory

Subscriber: FirstName M. LastName

Identification No.: ZGR123456789 **Group No.:** 059473

Coverage Date: 01-01-09 BC Plan 400 BS Plan 900

Network No.: PTKDA

\$30 Office Copay / first 5 PPO Office visits per yr for covered illness or injury

\$1,000 Deductible	Rx Deductible	\$200
	Rx Generic Copay	\$10
	Rx Formulary Copay	\$25
	Rx Non-Formulary Copay	Greater of \$40 or 50%
	Rx Specialty Copay	\$100

\$75 ER Deductible

PPO 80% PPO / 60% NON-PPO

SAMPLE ID CARD

Deductible and coinsurance

will be based on the patient's plan

Identifies patient's plan

(i.e., PPO1, PPO2, PPO3, PPO4, HDHP, MED 1, MED 2, MED 3)

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and assumes no financial risk or obligation with respect to claims or Rx benefits.

Preferred Provider coverage is available in Texas through BlueChoice network providers. To identify participating network providers outside Texas, call 1-800-810-BLUE (1-800-810-2688). Non-preferred Provider services will be covered at a lower level.

Medco: Pharmacy benefits are administered by Medco. The RX BIN # is 610014. This is also your prescription drug ID card. For customer service or claims information, call 1-800-290-1708.

Some services must be preauthorized before you receive them. Your individual policy has more information. To preauthorize, call 1-800-441-9188.

For preauthorization and referral of mental health care, call 1-800-528-7264.

For Claims or Customer Service information related to medical claims, call 1-888-398-3927. Send medical claims and correspondence to: Texas Health Insurance Risk Pool, P.O. Box 660044, Dallas, TX 75266-0044.
WWW.TXHEALTHPOOL.ORG

THIRP-PP01

PLAN HIGHLIGHTS — EFFECTIVE JANUARY 1, 2009

Refer to the patient's ID card to determine which benefits apply. During the first 12 months following the effective date of coverage, the pre-existing clause may apply. Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits. Pharmacy Program administered by Medco Health Solutions, Inc.

WHAT PATIENT PAYS	PPO-1/MED 1		PPO-2/MED 2		PPO-3/MED 3		PPO-4/MED 4*		HDHP*	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Deductible (per calendar year, individual)	\$1,000		\$2,500		\$5,000		\$7,500		\$3,000	
Coinsurance Patient Pays	20%	40%	20%	40%	20%	40%	20%	40%		40%
Coinsurance Maximum (per calendar year, individual)	\$3,000	\$10,000	\$3,000	\$10,000	\$3,000	\$10,000	\$5,000	\$10,000	N/A	\$10,000
Lifetime Maximum	\$2,000,000									

Benefits (Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits.)

Hospital	Average semi-private room rate. No more than one visit per physician per day
Intensive Care or Cardiac Care Unit	No more than 3 times the average semi-private room rate
Hospital or other facility for Emergency Care	Subject to additional \$75 deductible per visit
Home Health Care	Calendar year maximum benefit of lesser of 60 visits or \$5,000
Named Transplants	\$300,000 combined lifetime maximum benefit
Skilled Nursing Facility	45 days per calendar year
Hospice Care	Lifetime maximum benefit of lesser of 180 days or \$10,000
Ambulance	Calendar year maximum benefit of \$2,000 ground and \$5,000 air
Serious Mental Illness	Calendar year maximum benefit of 30 inpatient days and 50 outpatient visits
Assistant Surgeon or Surgical First Assistant	One assistant – no more than 25% of the primary surgical fee
Preauthorization Provisions	If a preauthorization requirement is not met, benefits for covered expenses will be reduced 50%
Physician Office Visit (preferred providers only) for covered injury or illness	\$30 copay per visit, 5 visits per calendar year. Visits after the first 5 subject to calendar year deductible and coinsurance**
Therapy, including Physical, Occupational, & Speech Language Therapy	Combined maximum benefit of \$2,000 per calendar year (does not apply to Acquired Brain Injury or Serious Mental Illness)

Other Benefits (Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits.)

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| <ul style="list-style-type: none"> • Acquired brain injury • Allergy tests and injections • Anesthesia • Blood • Breast reconstruction after mastectomy • Breast, colorectal, cervical and prostate screenings • Complications of pregnancy (no coverage for normal maternity) | <ul style="list-style-type: none"> • Dietary formulas for PKU and other inheritable diseases • Diabetes equipment, supplies and self-management training • Durable medical equipment • Genetic testing and counseling • Growth hormone treatment • Home infusion therapy • Miscellaneous hospital services | <ul style="list-style-type: none"> and supplies • Outpatient care • Outpatient contraceptive services • Oxygen • Preadmission testing • Preventive care • Prosthetic devices • Radiation therapy, inhalation therapy, chemotherapy | <ul style="list-style-type: none"> • Reconstructive surgery • Reduction mammoplasty • Second surgical opinion • Surgeons • Surgical services and supplies from an ambulatory surgical center and hospital outpatient facility • X-rays and laboratory tests • Vasectomy and tubal ligation or occlusion |
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*Plan 4 and HDHP are not available for Medicare eligible members.

**Does not apply to HDHP.

