



**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
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. 0059473
Coverage Date	01-01-04      BC Plan 400      BS Plan 900
Network No.	PTXOA      ER Deductible      \$75
	Rx Generic Copay      \$10
	Rx Formulary Copay      \$25
	Rx Non-Formulary Copay      \$40
\$1000.00 Deductible 80% PPO / 60% Non-PPO	Rx Benefits provided by: Medco Health Solutions, Inc.

**SAMPLE ID CARD**

**Deductible will be based  
on the patient's plan**

**Identifies patient's plan  
(i.e., PPO1, PPO2, PPO3, PPO4,  
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 (1-800-810-2583). Non-preferred Provider services will be covered at a lower level.

Pharmacy benefits are administered by Medco Health Solutions, Inc., BIN number 610014. Present this card to a participating pharmacy to receive benefits. For prescription drug benefits, 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 and chemical dependency treatment, 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-PPO1

## PLAN HIGHLIGHTS — EFFECTIVE JANUARY 1, 2008

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*	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Deductible (per calendar year, individual)	<b>\$1,000</b>		<b>\$2,500</b>		<b>\$5,000</b>		<b>\$7,500</b>	
Coinsurance Patient Pays	<b>20%</b>	<b>40%</b>	<b>20%</b>	<b>40%</b>	<b>20%</b>	<b>40%</b>	<b>20%</b>	<b>40%</b>
Coinsurance Maximum (per calendar year, individual)	<b>\$3,000</b>	<b>None</b>	<b>\$3,000</b>	<b>None</b>	<b>\$3,000</b>	<b>None</b>	<b>\$5,000</b>	<b>None</b>
Lifetime Maximum	<b>\$1,500,000</b>							

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



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