



CONSUMER DIRECTED

HealthSelectSM

**CONSUMER DIRECTED
HEALTHSELECT
BENEFITS AT A GLANCE**

An overview of your
medical benefits.

www.healthselectoftexas.com



CONSUMER DIRECTED HEALTHSELECT

Consumer Directed HealthSelect

Consumer Directed HealthSelect is a high-deductible health plan paired with a health savings account (HSA)*, available to active employees, participants under 65, and their eligible dependents who live or work in the State of Texas.

Some important things to know about the Consumer Directed HealthSelect plan:

- No primary care physician (PCP) required
- Referrals not needed to see specialists
- Deductible must be met before any services (other than preventive care) are paid for by the plan: \$2,100 in-network deductible per person/\$4,200 per family and includes in-network medical and prescription drug expenses
- Preventive services – like annual check-ups and preventive vaccinations – covered at 100% when you visit an in-network doctor, even if you haven't met the deductible
- This plan is paired with an HSA to help you pay for higher out-of-pocket costs

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: in FY18, the state will contribute \$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, make tax-free contributions to your HSA through payroll deductions or independently
- Payroll deductions are not available if you are retired, but you can make contributions independently
- 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 at the end of the year
- Your HSA is administered by a separate bank — not Blue Cross and Blue Shield of Texas. Go to the Consumer Directed HealthSelect page of www.healthselectoftexas.com for more information about your HSA bank account.

If you see a provider outside the plan's network, there is a \$4,200 per person/\$8,400 per family deductible.

* Participants who are enrolled in any part of Medicare (Part A, B, C and/or D), receive 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, or based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA. HSAs have tax and legal ramifications.

BENEFITS CHART

Benefits ¹	Consumer Directed HealthSelect	
	In-Network	Out-of-Network
Calendar year deductible	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family
Out-of-pocket coinsurance maximum ²	None	None
Total out-of-pocket maximum ³ (including deductibles, coinsurance and copays) ⁴	\$6,550 per person \$13,100 per family	\$13,100 per person \$26,200 per family
Primary care physician required	No	No
Primary care physicians' office visits	20%*	40%**
Physicals [†]	No charge	40%**
Specialty physicians' office visits	20%*	40%**
Routine eye exam, one per year per participant ⁵	20%*	40%**
Routine preventive care [†]	No charge	40%**
Diagnostic x-rays, lab tests, and mammography	20%*	40%**
Office surgery and diagnostic procedures	20%*	40%**
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{6,7}	20%*	40%**
Urgent care clinic	20%*	40%**
Maternity Care doctor charges only [†] ; inpatient hospital copays will apply	No charge for routine prenatal appointments 20% coinsurance for first prenatal 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) ⁷	20%*	40%**

Benefits ¹	Consumer Directed HealthSelect	
	In-Network	Out-of-Network
Emergency care ⁸	20%*	20%*
Outpatient surgery other than in physician's office	20%*	40%**
Bariatric surgery	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (after deductible is met).	
Durable medical equipment [†]	20%*	40%**
Ambulance services (non-emergency) ⁷	20%*	40%**
Mental health care		
a. Outpatient physician or mental health provider office visits	20%*	40%**
b. Hospital Mental health inpatient stay	20%*	40%**
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20%*	40%**

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

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

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 Does not include copays.

³ 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.

⁴ Includes medical and prescription drug coinsurance and deductibles. Excludes non-network and bariatric services.

⁵ For treatment charges, one visit per plan year.

⁶ Outpatient testing only. Does not apply to inpatient services.

⁷ Preauthorization required.

⁸ Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see the Master Benefit Plan Document.

[†] 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.

This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans. Contact a Personal Health Assistant for specific questions. Call toll-free at **(800) 252-8039**, Monday-Friday 7 a.m. - 7 p.m. CT, or Saturday 7 a.m. - 3 p.m. CT to speak with a Personal Health Assistant.

CONTACT INFORMATION



We're Here to Help

Customer Service: Personal Health Assistants

Blue Cross and Blue Shield of Texas' Personal Health Assistants are trained to help you and your covered family members plan for better health care.

Call toll-free **(800) 252-8039**

Monday–Friday 7 a.m. - 7 p.m. CT and Saturday 7 a.m. - 3 p.m. CT

24/7 Nurseline

If you're not sure where to go for care or you just have questions, calling the 24/7 Nurseline may help you. With the 24/7 Nurseline, you and your covered family members have access to caring registered nurses at any time, any day of the year. Call toll-free **(800) 581-0368**.

Mental Health

Your medical plan offers mental health benefits to support your emotional and psychological well-being. Call a Personal Health Assistant toll-free at **(800) 252-8039** if you have questions about your benefits or need help finding an in-network mental health provider. Mental health benefits are managed by Magellan Healthcare, Inc., which means you may be transferred to Magellan for additional information about your mental health benefits.

Prescription Drugs

For information regarding prescription drug benefits for active employees and their dependents, call the HealthSelect Prescription Drug Program at **(855) 828-9834**.

Send claims and correspondence, including claim appeals, to:

Blue Cross and Blue Shield of Texas
PO Box 660044
Dallas, TX 75266-0044

www.healthselectoftexas.com



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