

Get to know your Explanation of Benefits

As a HealthSelectSM participant, when you get care, your health care provider submits a claim to Blue Cross and Blue Shield of Texas (BCBSTX) for your medical or mental health services. BCBSTX processes these claims and sends you an Explanation of Benefits (EOB).

An EOB is not a bill. It shows the services you got, how much each service costs and how much your HealthSelect plan reduces those costs. It lets you know how much your medical plan covers and how much you might owe in copays, coinsurance or deductible.

Alex's Journey



1. Alex recently saw her primary care provider (PCP) when she wasn't feeling well. A few weeks after her visit, Alex gets an EOB in the mail. She mistakes it for a bill and calls a BCBSTX Personal Health Assistant for help.

2. Raj, a BCBSTX Personal Health Assistant, explains the EOB is not a bill. It lets her know the costs of the medical services she got. Alex tells Raj she doesn't understand the EOB. What do "Coinsurance" and "Deductible" mean?



3. After Raj answers her questions, Alex now understands her EOB and feels confident she'll understand EOBs she gets in the future. She downloads the BCBSTX App so she has easy access to claims and coverage details.

Helpful Terms



Coinsurance: The percentage of allowable amounts you are required to pay for certain covered health services.

If you are enrolled in HealthSelect of Texas[®] or Consumer Directed HealthSelectSM, you pay a 20% coinsurance for most in-network care, when applicable.

Allowable Amounts: The maximum amounts the plan could pay for benefits for covered health services with in-network providers.

The allowable amount limits how much you could pay because an in-network provider cannot balance bill you for covered services. An out-of-network provider may bill you for the difference between the amount they charge and the allowable amount your plan covers; this is called balance billing.

Copay: The set dollar amount you are required to pay for certain covered health services.

If you are enrolled in HealthSelect of Texas, you pay \$25 for an in-network PCP visit and \$40 for an in-network specialist visit. Preventive care from your PCP is covered at 100%. If you're enrolled in Consumer Directed HealthSelect, your plan doesn't have copays. You pay coinsurance for most services once you meet your deductible. But preventive care is still covered at 100%, and you don't have to meet your deductible for that.

Deductible: A set amount you must pay out-of-pocket each calendar year for covered services before the Plan begins to pay for anything except preventive care services.

If you are enrolled in HealthSelect of Texas, this applies only if you go out-of-network. If you are enrolled in Consumer Directed HealthSelect, you have a \$2,100 individual or \$4,200 family deductible for in-network care, and you have a higher deductible for out-of-network care.

BlueCross BlueShield of Texas
PO Box 660044
Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

Log into www.healthselectoftexas.com

- View plan and claim details
- Contact us through our secure Message Center
- Sign up for digital health plan info
- Search for health care providers

Text* GOBCBSTX to 33633 to download the mobile app.

Have questions about this EOB? Personal Health Assistants are here to help! 1-800-252-8039

Participant Name
Address
City, State Zipcode

SUBSCRIBER INFORMATION
HEALTHSELECT OF TEXAS
Member ID#: 000 Group #: 000

Dear Participant Name,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

HELPFUL INFORMATION

Glossary of Terms: We have described below some of the terms in this EOB. If you have questions, contact a Personal Health Assistant at 1-800-252-8039 or you may also find additional information on these terms in your Master Benefit Plan Document at healthselectoftexas.com.

Deductible: a set amount you must pay out-of-pocket each calendar year for covered services before the Plan begins to pay for anything except preventive care services.

Coinsurance: the percentage of allowable amounts you are required to pay for certain covered health services.

Out-of-Pocket Coinsurance Maximum: the most you are required to pay each calendar year for coinsurance.

Copay: the set dollar amount you are required to pay for certain covered health services.

Inpatient Copay Maximum: the most you are required to pay each calendar year in copays for inpatient stays in a hospital or for inpatient care for mental health services, serious mental illness services, or substance use disorder services. There are separate network and non-network inpatient copay maximums for this plan.

Total Network Out-of-Pocket Maximum: the most you are required to pay each calendar year for applicable network deductibles, coinsurance, and copays. The total network out-of-pocket maximum includes both medical and prescription drug services.

Patient: the person who received medical or mental health services.

Subscriber: the participant who is the employee, retiree, or other person enrolled in the Plan as provided for under the Act, and who is not a dependent.

Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com.

BlueCross BlueShield of Texas

CLAIM DETAIL (1 of 1)

PATIENT: Participant Name
PROVIDER: Provider Name
CLAIM #: 000000000

DATE PROCESSED: 05/12/2021

SUBSCRIBER INFORMATION
HEALTHSELECT OF TEXAS
Member ID# 000000000 Group# 000000000
Personal Health Assistants are here to help! 1-800-252-8039

Amount Billed: \$261.97
Discounts and Reductions: -\$138.65
Health Plan Responsibility: -\$98.32
You may owe your health care provider for these services: \$25.00

Service Description	Service Dates	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY					
		Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Medical Visits	05/04/2021	230.00	(1) 115.31	114.69	89.69		25.00			25.00
Laboratory Services	05/04/2021	9.00	(2) 9.00							0.00
Laboratory Services	05/04/2021	22.97	(1) 14.34	8.63	8.63					0.00
CLAIM TOTALS		8 \$261.97	9 \$138.65	10 \$123.32	11 \$98.32	12 \$0.00	13 \$25.00	14 \$0.00	15 \$0.00	16 \$25.00

Total covered benefits approved for this claim: \$98.32 to Provider Name on 05-12-21. Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is more than what is allowed for this service. Your provider should not bill you for any balance over what is allowed.

(2) This service should not be billed as a separate charge. It is part of another service performed on this date. Your provider should not bill you for this.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSTX Mobile App or call the phone number on the back of your ID card.

Participant Name - Benefit Period: 01-01-21 Through 12-31-21 To date this patient has met \$26.10 of her/his \$6,750.00 in-network out-of-pocket maximum.
Benefit Period: 01-01-21 Through 12-31-21 To date \$1,006.72 of the family \$13,500.00 in-network out-of-pocket maximum has been met.

Page One Covers the Basics

1. Confirm your policy ID.
2. Learn how to download the mobile app and access your claims online.
3. Find helpful contacts and a glossary.

On Page Two You Can:

At A Glance, Confirm The:

4. Patient
5. Provider
6. Policy Information

Get The Details

YOUR BENEFITS APPLIED—This section shows your list of services and how they're covered.

7. Summary of Services
8. Amount Billed is the total amount your provider billed for the services.
10. Amount Covered (Allowed) is the amount billed (8) minus any discounts or reductions (9).
11. Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY—This section shows your member cost-share amounts, including:

12. Deductible
13. Copays
14. Coinsurance
15. Amount Not Covered
16. Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary. It does not include any amounts that a non-participating provider may bill you.

Get More Information

Your EOB may include a little more information about:

17. Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (11).
18. Numbered notes give more details about discounts and reductions (9) and any amounts that aren't covered (15).
19. Health care plan maximums help you track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Have questions about HealthSelect medical or mental health coverage?

Call a Blue Cross and Blue Shield of Texas Personal Health Assistant toll-free at (800) 252-8039 (TTY: 711), Monday–Friday, 7 a.m. – 7 p.m. and Saturday, 7 a.m. – 3 p.m. CT., or visit the HealthSelect of Texas website at www.healthselectoftexas.com.