

# 2014 Enrollment Guide

Get to know **your health** plans



BlueCross BlueShield  
of Texas



**NORTH EAST ISD**

## Important Contact Information

For assistance regarding your health care plan, you may contact a Blue Cross and Blue Shield of Texas customer service representative:

**BlueChoice® PPO**  
Health Care Coverage  
Group #93748

**Customer Service Helpline**  
800-521-2227

Monday through Friday – 8 a.m. to 8 p.m. CT

**Mental Health Helpline**  
800-528-7264

Blue Cross and Blue Shield of Texas customer service representatives can also:

- Provide information about network and ParPlan providers
- Distribute claim forms and answer your claims questions
- Assist in identifying a network provider (but will not recommend specific network providers)
- Provide information about the features of your health benefit plan
- Record your comments about providers
- Provide information regarding the prescription drug program
- Fulfill requests for certificates of creditable coverage
- Fulfill requests for member ID cards

NEISD and Blue Cross and Blue Shield of Texas are committed to providing quality service. If you have a complaint or concern about the service you are receiving, a grievance process is in place to promptly resolve your issues.

If you disagree with the denial of all or part of a claim, you have the right to appeal the denial by submitting a written request to Blue Cross and Blue Shield of Texas. Refer to your Summary Plan Description (benefit booklet) for a description of the grievance and appeal processes.

## Change of Address

Employees should access the NEISD Employee Portal to submit address changes. The Employee Portal system can be accessed by visiting the NEISD Intranet at ***neisd.net***.

**NEISD Employee Benefits Office**  
8961 Tesoro Dr., Suite 209  
San Antonio, TX 78217  
**Monday through Friday 8 a.m. to 4:45 p.m.**  
210-407-0187  
eb@neisd.net

# HOW TO use this guide

1

This enrollment guide outlines your choices for health care benefits. It is important that you compare your options for health care coverage. Take a few minutes now to read through this guide about your health benefits program from NEISD.

## **The district's annual open enrollment period will run in the fall each year.**

During this time, you may enroll in a program for the first time, add, drop, or change your health plan coverage or add/drop eligible dependents. After the open enrollment period, these choices will become effective January 1, for existing employees, or the first day of the month following date of hire for new employees.

## **About Your NEISD Health Benefits Program**

NEISD's health benefits program is self-funded; that means the district pays all medical claims, prescription drug claims, and administrative costs.

Under the self-funded program, employee premiums and district contributions are placed in a trust fund. All claims and costs for the plan are paid out of this fund.

## **Self-Funded Plan**

A unique feature of self-funding is that you help determine the cost of your premiums through the choices you make in receiving health care. If claims are high, premiums will reflect the increase in cost. Lower claims, however, will reflect more savings for the self-funded plan and help reduce premiums. NEISD's managed care health plans are more cost effective and will benefit both employees and the district. To help reduce costs, use network providers each time you need health care.

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.

The information in this guide briefly describes your health plan benefits. It does not replace your summary plan description. Your actual plan benefits are ruled by the plan document.



# 2

## HOW TO enroll or change plans

For information about opportunities to enroll or cancel coverage, please visit the Employee Benefits website at [neisd.net/risk](http://neisd.net/risk). You can also contact the NEISD Employee Benefits Office at 210-407-0187 or [eb@neisd.net](mailto:eb@neisd.net).

You may change your health plan selection during open enrollment for an effective date of January 1. New employees may enroll during the first 31 days of employment.

### Special Enrollments

The benefit choices you make are in effect for one year and may be changed for the next year during the annual open enrollment period. Mid-year changes may be made only if you have a change in family status (such as adding a new dependent as a result of marriage, birth or adoption), or if after originally declining coverage, you lose the group coverage you had. Requests for coverage must be submitted by completing the appropriate information within 31 days of the qualifying event. Refer to your summary plan description (benefit booklet) for details.

### Premiums

The premium for the January coverage will be deducted from your December paycheck(s). **Note:** Premiums will be deducted from each paycheck throughout the plan year.

### Eligibility

To participate in any health program offered by NEISD, you must be regularly scheduled to work 20 or more hours per week. Your dependents may also be covered if you participate in the program and your dependents qualify under one of the dependent categories described in the benefit booklet.

### Unique ID Number

Several states have passed identity theft laws to protect the confidentiality of Social Security numbers (SSNs), and other states are expected to follow. These laws restrict nongovernmental entities' and individuals' use of SSNs. In response, BCBSTX has assigned unique ID (UID) member numbers to replace SSNs.

### 2014 Health Plan Monthly Premiums

BlueChoice® Low Option PPO	Total Monthly Cost	District Share	12 Payments	20 Payments	26 Payments
Employee Only	\$451.00	\$356.00	\$ 95.00	\$ 57.00	\$ 43.85
Employee/Children	\$574.00	\$356.00	\$218.00	\$130.80	\$100.62
Employee/Spouse	\$624.00	\$356.00	\$268.00	\$160.80	\$123.69
Employee/Family	\$746.00	\$356.00	\$390.00	\$234.00	\$180.00
BlueChoice® High Option PPO	Total Monthly Cost	District Share	12 Payments	20 Payments	26 Payments
Employee Only	\$587.00	\$356.00	\$231.00	\$138.60	\$106.62
Employee/Children	\$742.00	\$356.00	\$386.00	\$231.60	\$178.15
Employee/Spouse	\$813.00	\$356.00	\$457.00	\$274.20	\$210.92
Employee/Family	\$965.00	\$356.00	\$609.00	\$365.40	\$281.08



### BlueChoice PPO Plans

BlueChoice is a preferred provider organization (PPO) plan that offers flexibility to choose any network provider for care. If you stay in the network, you receive the plan's higher benefit level and you do not file claims or preauthorize care. You do not have to choose a primary care physician (PCP). Instead, you deal directly with each network provider. If you choose a provider who is not in the network, you receive a reduced level of benefits.

BlueChoice offers a Low Option PPO plan and a High Option PPO plan.

#### Low Option PPO plan features include:

- Office visit – copayment \$25/\$35\*
- Annual deductibles – \$1,500 for individuals and \$4,500 for families
- Coinsurance maximum – \$4,000 for individuals and \$8,000 for families
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammography and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months) – covered at 100%
- Routine vision and hearing exams every 12 months
- Prescription drug coverage and mail order prescription program
- Urgent care office visit – copayment \$45
- Emergency Room (ER) – copayment \$200

#### High Option PPO plan features include:

- Office visit – copayment \$25/\$35\*
- Annual deductibles – \$1,000 for individuals and \$3,000 for families
- Coinsurance maximum – \$2,000 for individuals and \$4,000 for families
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammogram and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months) – covered at 100%
- Routine vision and hearing exams every 12 months
- Prescription drug coverage and mail order prescription program
- Urgent care office visit – copayment \$45
- Emergency Room (ER) copayment – \$200

### Tobacco Cessation Program

Through the Blue Care Connection® program, BCBSTX offers a Tobacco Cessation program that provides you with online tools, support, coaching and discounts for wellness-related products and services to quit smoking. To participate, receive a referral to the program from your completion of the Health Assessment on Blue Access for Members<sup>SM</sup> or call Customer Service.

### Hearing Aid Benefit

The plan will cover medically necessary fitting and purchase of hearing aid devices, limited to one per ear every 36 months. The total benefit for the purchase of hearing aid devices is \$1,000 every 36 months. The plan will not cover replacement for loss, damage or functional defects.

### NEISD Hospital Indemnity Plan

The Hospital Indemnity Plan is administered by NEISD and provides limited coverage for inpatient hospital stays. If you do not participate in any district-offered health program, you will be automatically covered in the Hospital Indemnity Plan. Subject to certain exclusions, the plan pays \$250 per day of inpatient hospital confinement for a maximum of 30 days per confinement, as defined by the benefit plan description. The plan does not require any contribution from the employee. You will be covered if you are regularly scheduled to work 20 or more hours per week on a continuous basis and are not enrolled in another health plan offered by NEISD.

The district knows that each employee has a different range of needs when it comes to benefits. That's why we provide you with a variety of choices, including two comprehensive coverage options or a hospital indemnity plan.

\* If service is delivered by a primary care physician, the copayment is \$25.  
If service is delivered by a specialist, the copayment is \$35.



**Blue Care Connection**

To help you get started and keep going on your journey to wellness, Blue Cross and Blue Shield of Texas gives you the resources you need to succeed. Through the Blue Care Connection program, you'll find convenient online tools and personalized telephone services that support, inform and motivate you.

Whether you are trying to improve your health or reach the next level of wellness, Blue Care Connection can help you and covered family members reach your goals. Blue Care Connection resources can help you customize your wellness action plan and make smarter health care choices. The program can also help you manage your health care.

- **Blue Care® Advisors** – Registered nurses and other health care professionals reach out to members experiencing certain health challenges or chronic conditions. Working with your physician, they provide education and coaching to help you more easily manage your condition or make lifestyle changes.
- **Case Management** – Should you experience a complex medical situation, registered nurse case managers can help you cope with the situation and access the services you need.
- **24/7 Nurseline** – Registered nurses offer health care information by telephone.
- **Special Beginnings®** – This maternity program offers expectant mothers support and education from prenatal to postpartum care.
- **Care onTarget<sup>SM</sup>** gives you health information when you need it most. You can use these tools online at any time: Condition Assessments, Online Health Tutorials, Health Resources, and Live Chat with a Clinician.
- **Well onTarget<sup>SM</sup>** is designed to give you the support you need to make healthy choices. All the while rewarding you for your hard work.

These resources can help you plan and manage your health, but do not replace the care of a doctor. To get the most out of Blue Care Connection, discuss the health information you receive with your doctor.

**Condition Management**

To help prevent or postpone complications and disease progression, Blue Care Advisors help members understand and manage their medical conditions and change unhealthy behaviors. Programs target:

- |   |  |
|---|--|
| • Asthma                                | • Gastroesophageal reflux disease        |
| • Cancer                                | • Hypertension                           |
| • Chronic obstructive pulmonary disease | • Metabolic syndrome                     |
| • Congestive heart failure              | • Rare and other conditions, such as HIV |
| • Coronary artery disease               | • Low back pain                          |
| • Depression                            | • Migraine headaches                     |
| • Tobacco cessation                     | • Weight management                      |

Members are identified for enrollment in this voluntary program based on the severity of the condition. Members meeting the criteria will receive an invitational letter to participate in the program. The programs identify the best methods of helping members learn to control their condition more effectively.

\* Refer to the program terms and conditions for further details. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

**24/7 Nurseline**

The 24/7 Nurseline is staffed by registered nurses who can answer your general health questions and direct you to your doctor or encourage you to seek emergency services if necessary. A nurse can help identify options and provide information to help you choose the appropriate care for your concerns.

Call the 24/7 Nurseline when you have questions about health problems such as minor accidents like cuts, headaches, fever, asthma, back pain and other chronic conditions.

Plus, when you call, you also have the option to access an audio library of more than 1,000 health topics – from allergies to women's health – with more than 600 topics available in Spanish.

Call the 24/7 Nurseline toll free at **866-412-8795, Option 3.**

**Special Beginnings Maternity Program**

If you are expecting a baby, this program can help guide you through your pregnancy and postpartum care. Special Beginnings is a voluntary, confidential maternity program that provides support and education, pregnancy risk assessment and ongoing attention/monitoring.

Enrolled members receive frequent, personal contact from obstetrical nurses who can help them better understand and manage their pregnancies. Educational materials promote healthy behaviors, preventive care, and identify warning signs of complications. Topics also include nutrition, fetal development and newborn care. Additionally, members can access an online health library.

**To enroll in Special Beginnings, or ask questions about the program, call 800-462-3275.**

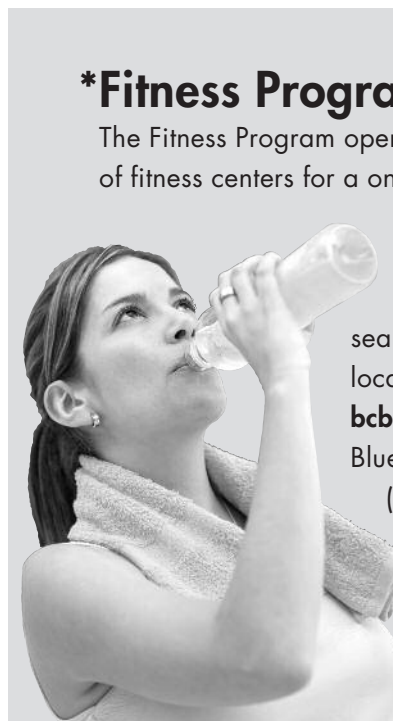
**\*Fitness Program**

The Fitness Program opens the door to a network of fitness centers for a one-time fee of \$25 and

only \$25 per member per month, plus applicable taxes. For more details, to

search for participating locations and to join, visit **bcbstx.com** and log in to your Blue Access for Members<sup>SM</sup>

(BAM) account. Click the *My Health* tab, then the *Access the Fitness Program* button.



### New Wellness Program

Well onTarget offers an expanded array of innovative programs and resources to help members, regardless of where you may be on the lifelong path to health and wellness. Program highlights include an interactive member wellness portal, online courses, fitness programs, points-based incentive programs and online health resources.

Detailed information about Well onTarget is available at [bcbstx.com](http://bcbstx.com). If you have any questions about your benefits, call the toll-free number on the back of your ID card to speak with a BCBSTX customer advocate.

### Member Discount Program

Simply for being a BCBSTX member, you can get exclusive health and wellness deals from national and local retailers to help keep you healthy. Save money on health care products and services that are not always covered by your benefit plan such as gym memberships, vision exams and services, hearing aids, and diet-related services. Log on to Blue Access for Members<sup>SM</sup> for updates on the new discount program.

### Additional Health Resources

To help members with diabetes manage their condition, glucose meters can be ordered at no additional charge. For more information, go to the *My Health* tab on Blue Access for Members.

**Be Smart. Be Well.**<sup>®</sup> is a website dedicated to raising awareness of largely preventable health and safety issues. You'll find in-depth information on important topics such as childhood obesity, drug safety and traumatic brain injury at [besmartbewell.com](http://besmartbewell.com).

### Neonatal Intensive Care Unit (NICU) Program

This is a specialized case management program for neonates hospitalized for more than 10 days.

- Administered internally by specialty NICU nurse case managers
- Any NICU admission greater than 10 days is followed in the program
- Weekly telephone case review with the plan medical director, an independent contracting network practicing neonatologist and the NICU RNs
- Babies are checked on for 30 days post-discharge
- Babies with multiple discharge needs are transferred to a pediatric case manager

### End-Stage Renal Disease (ESRD) Program

This program assists members with the transition to Medicare for dialysis coverage once they have been on dialysis for 33 months.

- Contact information and timelines for applying for Medicare coverage are provided
- Members are identified to receive letters with information about applying to receive Medicare coverage due to their ESRD status
- Assistance is also offered to help a member complete the application in a timely manner
- Members are also screened and referred for enrollment in the complex case management programs, as appropriate



### Preauthorization/Utilization Management

Your health benefits program requires certain health care services and procedures to be preauthorized. Preauthorization helps to ensure you receive appropriate, medically necessary care. When unnecessary care is performed, or necessary care is provided in an inappropriate facility (for example; inpatient hospital setting rather than outpatient hospital setting), it increases your out-of-pocket expenses and raises overall health care costs. Because preauthorization is so important, any designated service or procedure that is not preauthorized may carry a penalty that you must pay. Your network provider will handle preauthorization for you. However, if your network provider does not provide or coordinate your care, then you are responsible for preauthorization by calling the number listed on your member ID card.

Discounts are only available through participating vendors. BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

The Well onTarget program is for informational purposes only and is not a substitute for the sound medical advice of your doctor. If you have any questions or concerns regarding your health, you should consult with your doctor.

### Prescription Drug Program

All of NEISD's health care benefit plans excluding the Hospital Indemnity Plan include a prescription drug coverage program as well as a mail order pharmacy program. When you go to a participating network pharmacy, you pay a set copayment amount and any maximum allowable costs (MACs—please see Terms to Know on Page 7), if applicable, for up to a 30-day supply. You may use the mail order pharmacy for up to a 90-day supply with two copays. You don't have to buy medications through the mail order service, but you will save money if you do.

Step therapy programs help manage the rising cost of prescription drugs, and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

All medical plans include retail and mail order prescription drug benefits with a three-tier copayment program.

- Generic drugs are available for a \$15 copayment
- Preferred brand name drugs are available for a \$30 copayment
- Non-preferred brand name drugs are available for a \$60 copayment
- Smoking cessation prescription drugs are covered
- A step therapy program is now in place as described above

You are encouraged to consult with your doctor regarding the selection of a generic or preferred medication to help maximize your benefit. A copy of the Preferred Drug List is available at [bcbstx.com](http://bcbstx.com). For information about your pharmacy benefits through Prime Therapeutics, go to [myrxhealth.com](http://myrxhealth.com).

### Employee Assistance Program (EAP)

NEISD offers all employees and eligible dependents the Employee Assistance Program that provides short-term counseling for personal, family or stress problems. **For more details, visit Risk Management's website at [www.neisd.net/risk](http://www.neisd.net/risk) or call Deer Oaks at 210-615-8880.**

### Well onTarget

Well onTarget is designed to give you the support you need to make healthy choices. All while rewarding you for your hard work.

- **Well onTarget Member Wellness Portal** - The heart of Well onTarget is the member portal, available at [wellontarget.com](http://wellontarget.com). It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.
- **onmytime™ Self-directed Courses** - Online courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson. Reach your milestones and earn Life Points.
- **Health and Wellness Content** - Health library teaches and empowers through evidence based, user-friendly articles.
- **Tools and Trackers** - Interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical and lifestyle trackers.
- **onmyway™\* Health Assessment (HA)** - The HA features adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. The confidential record offers tips for living your healthiest life. Your answers will be used to tailor the Well onTarget portal with the programs that may help you reach your goals.

### Life Points

With the Life Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

- **Easily manage your points** - The interactive portal makes it easier to understand how many points are available to be earned. You can also track the total number of points earned year-to-date. All of your point data will be displayed on one screen.
- **Get more Life Points** - The Life Points program gives you the option to supplement your Life Points balance using a credit card to redeem your points for a larger reward.
- **Expanded selection of rewards** - Redeem your hard-earned points in an expanded online Shopping Mall. Reward categories include Apparel, Books, Health & Personal Care, Jewelry, Electronics, Music and Sporting Goods. In addition, check out the 'Rewards on Sale' section for discounted merchandise including electronics, games, luggage and more.

## Knowing these terms will be helpful as you read through this enrollment guide

**Affordable Care Act:** A new, comprehensive law passed in 2010, aimed at reforming America's health care system to improve access and affordability for more Americans.

**Allowable amount:** The maximum amount determined by the health plan to be eligible for consideration of payment for a particular service, supply or procedure.

**Consolidated Omnibus Budget Reconciliation Act (COBRA):** A federal act that requires group health plans to allow employees and certain dependents to continue their group coverage for a stated period of time following a qualifying event which causes the loss of group health coverage. Qualifying events include reduced work hours, death or divorce of a covered employee and termination of employment.

**Copayment (copay) amount:** The set amount you pay for certain medical services and prescription drugs. For example, for an in-network office visit with the BlueChoice plans, you pay only \$25/\$35\* toward the cost of that service.

**Coshare amount:** The percentage of medical expenses that you and the plan share. For example, if the coshare amount is "80/20," that means the plan pays 80 percent and you pay 20 percent of eligible charges.

**Creditable coverage:** Most health benefit plans impose a waiting period for a pre-existing condition for all new or reinstated members. A certificate of creditable coverage indicates the length of time you have been continuously covered under a qualifying previous health care plan, individual health insurance policy, COBRA, Medicare or Medicaid, and allows waiver of any waiting period related to a pre-existing condition.

**Deductible:** The allowable amount of eligible charges you pay before medical benefits begin.

**Employer responsibility** Starting in 2014, if an employer with at least 50 full-time equivalent employees doesn't provide affordable health insurance and an employee uses a tax credit to help pay for insurance through a Health Insurance Exchange, the employer must pay a fee to help cover the cost of tax credits.

**HIPAA:** A federal law which outlines certain rules and requirements employer sponsored group health plans, insurance companies and managed care organizations must follow to provide health care insurance coverage for individuals and groups; most recently amended to add privacy rules which became effective April 14, 2003.

**Individual mandate:** Starting in 2014, you must be enrolled in a health insurance plan that meets basic minimum standards. If you aren't, you may be required to pay a penalty on your income tax filing. You won't have to pay an assessment if you have a very low income and coverage is unaffordable to you, or for other reasons including your religious beliefs. You can also apply for a waiver asking not to pay an assessment if you don't qualify automatically.

**Managed care:** An arrangement where health care providers, including participating pharmacies and behavioral health providers, have agreed to negotiated rates for services as well as to provide appropriate and cost-effective care.

### MAC III PPO:

On January 1, 2014, North East ISD will be adding the Member Pay the Difference (MPTD) program to your prescription drug benefit plan through Blue Cross and Blue Shield of Texas (BCBSTX). This program will apply to prescription drugs filled at retail and mail-service pharmacies. The MPTD program is designed to encourage safe, cost-effective drug use.

**What does this mean to you?** When your doctor writes Dispense as Written (DAW) and you obtain a brand-name drug for which a generic equivalent is available, you will be responsible for your preferred brand-name drug copay plus the difference in cost between the brand-name drug and its generic equivalent, up to the entire cost of the drug. Generic drugs work in the same way as brand-name drugs, and often cost less.

Here is an example for a 30-day supply of medication\*:

Preferred brand-name drug copay = \$30  
Brand-name drug cost = \$200  
Generic equivalent drug cost = \$55  
Difference between brand-name drug and its generic equivalent = \$145 (\$200-\$55)

<b>You pay:</b>	
\$30	preferred brand-name drug copay
\$145	difference between brand-name drug and its generic equivalent
<hr/>	
= \$175	your out-of-pocket cost

Even if your doctor indicates "do not substitute" on the prescription, you will be required to pay the difference in cost. Remember, treatment decisions are always between you and your doctor.

**Maximum annual benefit:** The maximum dollar amount your health plan will pay for a particular health care service or for all health care services provided to you during one year.

**Office procedure:** Any service performed in the provider's office or other outpatient facility that includes, but is not limited to, surgical procedures or certain outpatient procedures. Examples include, but are not limited to MRI, CT scan and diagnostic medical procedures.

**Out-of-Pocket Limit:** This amount includes Deductible, Coinsurance percentage and Medical Copays. If you reach your plan's Out of Pocket Limit, the plan then pays 100 percent of the allowable amount for any eligible expenses for the rest of the calendar year. Prescription drug copays do not count toward the Out of Pocket Limit.

**Preauthorization:** Your benefit plan requires preauthorization for all inpatient hospital admissions, extended hospital stays, extended care expenses, home infusion therapy and organ and tissue transplants. Preauthorization requires you, your doctor, the hospital or a family member to call the toll-free number listed on the back of your ID card before receiving services. A benefit management nurse will work with your physician's office to complete the process. To precertify, call toll-free: 800-441-9188.

**Preferred drug list coverage:** A list of commonly prescribed drugs (also known as a prescription drug list). Not all drugs listed in a health plans prescription drug list are automatically covered under that plan.

**Preferred provider organization (PPO) coverage:** A health care program that allows you to decide if you will receive care through the network of participating providers or outside the network. The in-network level of benefits is higher than the out-of-network level of benefits, and you will pay less out of pocket.

**Primary Care Physician:** The physician you choose to be your primary source for medical care. Your PCP coordinates all your medical care, including hospital admissions and referrals to specialists.

**Provider listing:** A listing of doctors, hospitals and other health care providers who participate in the network. For the most current information, visit [bcbstx.com](http://bcbstx.com).

**Specialist:** Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine.

**Step therapy:** Step therapy programs help manage the rising cost of prescription drugs, and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

\* If service is delivered by a primary care physician, the copayment is \$25.  
If service is delivered by a specialist, the copayment is \$35.

	BlueChoice Low Option		BlueChoice High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Information</b>				
<b>Calendar-year Deductible</b>				
Individual	\$1,500	\$2,500	\$1,000	\$1,500
Family	\$4,500	\$7,500	\$3,000	\$4,500
<b>Coinsurance Maximum</b>				
Individual	\$4,000/calendar year	\$8,000/calendar year	\$2,000/calendar year	\$10,000/calendar year
Family	\$8,000/calendar year	\$16,000/calendar year	\$4,000/calendar year	\$20,000/calendar year
<b>Out of Pocket Limit**</b>				
Individual	\$5,500/calendar year	\$10,500/calendar year	\$3,000/calendar year	\$11,500/calendar year
Family	\$12,500/calendar year	\$23,500/calendar year	\$7,000/calendar year	\$24,500/calendar year
<b>Lifetime Maximum (per person)</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Other</b>				
Hospital Deductible (per admission)	\$100	\$250	\$100	\$250
Penalty for Failure to Preauthorize	N/A	\$500	N/A	\$500
<b>PCP Referral Required</b>	No	No	No	No
<b>Pre-existing Conditions Limitation</b>	No	No	No	No
<b>Physician Services</b>				
<b>Office Visit</b>	100% after \$25 Copay	60% after Deductible	100% after \$25 Copay	70% after Deductible
Office Procedure	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Urgent Care Office Visit</b>	100% after \$45 Copay	60% after Deductible	100% after \$45 Copay	70% after Deductible
Office Procedure	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Specialist Office Visit</b>	100% after \$35 Copay	60% after Deductible	100% after \$35 Copay	70% after Deductible
Office Procedure	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Office Procedure</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Routine Exams</b>				
Gynecological Exam	100%	60% after Deductible	100%	70% after Deductible
Cancer Screening	100%	60% after Deductible	100%	70% after Deductible
Eye Exam (1 every 12 months)	100% after \$25/\$35* Copay	60% after Deductible	100% after \$25/\$35* Copay	70% after Deductible
Hearing Exam	100% after \$25/\$35* Copay	60% after Deductible	100% after \$25/\$35* Copay	70% after Deductible
Maximum	None	\$250 per 12 Months	None	\$250 per 12 Months
<b>Well-Child Care</b>	100%	60% after Deductible	100%	70% after Deductible
<b>Immunizations</b>	100%	60% after Deductible	100%	70% after Deductible
<b>Allergy Testing/Treatment</b>				
Testing	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
Injections	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
Office Visit	100% after \$25/\$35* Copay	60% after Deductible	100% after \$25/\$35* Copay	70% after Deductible
<b>Diagnostic X-ray and Lab</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Hospital Services</b>				
<b>Inpatient Hospital Expenses</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Outpatient Surgery</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Emergency Medical Services</b>	80% after \$200 Copay (Copay waived if admitted)	80% after \$200 Copay (Copay waived if admitted)	90% after \$200 Copay (Copay waived if admitted)	90% after \$200 Copay (Copay waived if admitted)
(Facility and Physician Charges Only)	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived
<b>Non-emergency Use of ER</b>	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible

All percentages stated are percentages of the Blue Cross and Blue Shield of Texas determined allowable amount.

\* If service is delivered by a primary care physician, the copayment is \$25. If service is delivered by a specialist, the copayment is \$35.

\*\* Out-of-Pocket Limit: Deductible, Coinsurance percentage and Medical Copays.

	BlueChoice Low Option		BlueChoice High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Other Services</b>				
<b>Chiropractic Services</b>				
Office Visit	100% after \$25/\$35* Copay	60% after Deductible	100% after \$25/\$35* Copay	70% after Deductible
Other Services	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
Maximum	35 Visits/Calendar Year	35 Visits/Calendar Year	35 Visits/Calendar Year	35 Visits/Calendar Year
<b>Durable Medical Equipment</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Skilled Nursing or Convalescent Facility</b>				
Max. Days/Calendar Year	80% after Deductible 120 Days	60% after Deductible 120 Days	90% after Deductible 120 Days	70% after Deductible 120 Days
<b>Hospice Care</b>				
Lifetime Maximum	80% after Deductible Unlimited	60% after Deductible Unlimited	90% after Deductible Unlimited	70% after Deductible Unlimited
<b>Home Health Care</b>				
Calendar Year Maximum	80% after Deductible 120 Visits	60% after Deductible 120 Visits	90% after Deductible 120 Visits	70% after Deductible 120 Visits
<b>Prescriptions</b>				
<b>Retail Pharmacy Card</b> (Copay for a 30-day supply)	100% after Copay	Refer to Summary Plan Description	100% after Copay	Refer to Summary Plan Description
Generic	\$15		\$15	
Preferred Brand Name	\$30		\$30	
Non-Preferred Brand Name	\$60		\$60	
<b>Mail Order Prescriptions</b> (Copay for a 90-day supply)	100% after Copay		100% after Copay	
Generic	\$30		\$30	
Preferred Brand Name	\$60		\$60	
Non-Preferred Brand Name	\$120		\$120	
<b>Mental Health Services</b>				
<b>Inpatient</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Partial Hospitalization</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible
<b>Outpatient Counseling</b>	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible

† Covered annually through age 17, biannually thereafter

Benefits for the above plans are paid at a percentage of the allowable amount as determined by Blue Cross and Blue Shield of Texas.

The above comparison is not the summary plan description. Please refer to your summary plan description benefit booklet for a detailed description of your health plan, including limitations and exclusions. Benefits will be paid according to the summary plan description only.

\* If service is delivered by a primary care physician, the copayment is \$25. If service is delivered by a specialist, the copayment is \$35.



### Information Is a Powerful Tool

That is why Blue Cross and Blue Shield of Texas provides a variety of online resources for its members – from the status of medical claims to strategies for staying healthy. Blue Cross and Blue Shield of Texas conveniently delivers information and resources wherever you have access to the Internet.

### Blue Access for Members<sup>SM</sup> – Personalized Information about Your Health Care Coverage

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who is included under your coverage? Blue Access for Members (BAM), Blue Cross and Blue Shield of Texas' secure member portal, can help. Get immediate online access to health and wellness information and:

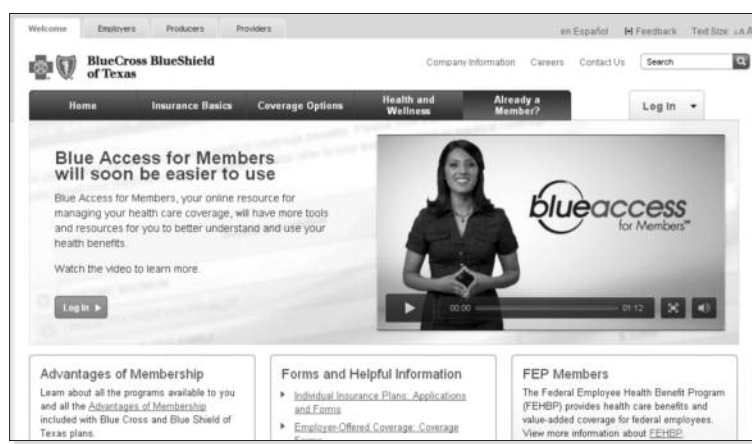
- Check the status of a claim and your claims history
- Confirm who in your family is covered under your plan
- View and print an Explanation of Benefits (EOB) for a claim
- Select the option to not receive EOBs in the mail
- Sign up to receive email notification of claim status
- Request a new or replacement member ID card or print a temporary member ID card

### It's Easy to Get Started

1. Go to **bcbstx.com**.
2. Click the *Already a Member?* tab, then the *Register Now* button.
3. Use the information on your BCBSTX ID card to complete the registration process.

Look no further. Downloadable forms are now available at **bcbstx.com/member**. From claim forms to mail order prescription forms – all are just a click away.

Log in to Blue Access for Members<sup>SM</sup> to view claim information for yourself and your covered dependents.



# that's right for you

Blue Cross and Blue Shield of Texas knows that finding a doctor or hospital that meets your personal needs can be challenging. Provider Finder is a quick and easy way to find a contracting network doctor, hospital or other health care provider. Go to **bcbstx.com** and locate the *Find a Doctor* section. Select your health plan coverage type from the drop-down menu. Then choose to search by name or provider type and click *Find*. This will take you to the Provider Finder portal.

Use the BlueCompare online tool to find performance information on providers in the BlueChoice network. For physicians, BlueCompare uses claims and member data to help compare doctors' performance using evidence-based measures. BlueCompare uses data that hospitals report to help compare general acute-care hospitals' performance and affordability.

## Lower Your Costs through Pharmacy Locator and Preferred Drugs

Lower your out-of-pocket costs by using a Blue Cross and Blue Shield of Texas contracting pharmacy. Pharmacy Finder is available at **myrxhealth.com** to help you find contracting pharmacies that are located near your home or office.

Another way to save on your prescription expense is to talk with your doctor about referring to our Preferred Drug List before prescribing drugs to you. This list contains the 1,500 most commonly prescribed drugs.

The Preferred Drug List is updated regularly to include current generic drugs and a select group of brand-name drugs. You can search by a drug's therapeutic classification, or find out if a generic equivalent is available.

Blue Cross and Blue Shield of Texas strives to maintain the highest level of security and confidentiality by meeting the industry standard for Internet security.

The screenshot displays the Blue Cross Blue Shield of Texas member portal for Jose Martinez. The page includes a navigation bar with tabs for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. A 'Message Center' on the left shows four new messages. The 'MY COVERAGE' section displays the member's plan details and a table of copays.

In Network Benefits	
<b>Medical Copays</b>	
LIFETIME MAXIMUM	\$0 PER LIFETIME
PREAUTHORIZATION PENALTY	\$75
DEDUCTIBLE PER FAMILY	\$5,000
DEDUCTIBLE PER INDIVIDUAL	\$2,500
OUT OF POCKET PER FAMILY	\$1,000
<a href="#">View medical benefits &gt;&gt;</a>	
<b>Prescription Drug Copay</b>	
Generic - Retail	\$10.00
Generic - Mail	\$20.00
Formulary Brand - Mail	\$60.00

Provider Finder information is updated regularly.



### BlueChoice PPO

What is an emergency?

Emergency care means health care services provided in a hospital emergency facility (emergency room) or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that the person's condition, sickness or injury is of such a nature that failure to get immediate care could result in:

1. Placing the patient's health in serious jeopardy
2. Serious impairment of bodily functions
3. Serious dysfunction of any bodily organ or part
4. Serious disfigurement
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus or the mother.

Examples of a medical emergency include, but are not limited to:

- Unusual bleeding
- Suspected heart attack
- Convulsions
- Acute abdominal or chest pain

What do I do when I need emergency care?

If you need emergency care, call 911 or seek help from any doctor or hospital immediately. BCBSTX will coordinate your care with the emergency provider.

What if I go to the emergency room and am seen by an out-of-network doctor?

If this is an emergency, the physician will be paid at the network level of benefit, but you may be balance-billed for the difference between billed and allowed charges.

What if I need non-emergency care while traveling outside the San Antonio area?

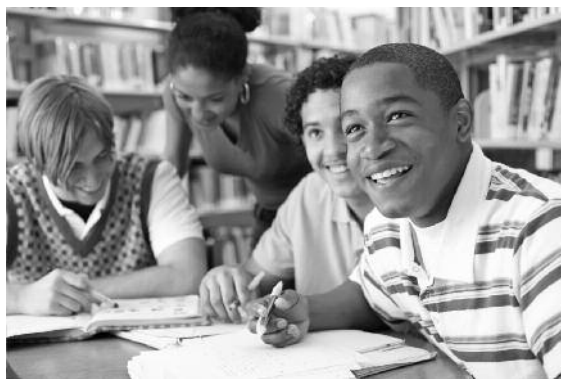
Contact your BlueChoice network provider to coordinate your medical care in order to receive the highest level of benefits.

Am I required to select one doctor for all my primary health care needs?

No. You may make an appointment with any BlueChoice network doctor, including specialists. You may consider selecting a doctor from the BlueChoice network that you or a family member may see for all primary health care needs. Please have all mental health care coordinated through your Employee Assistance Program or call the Mental Health Helpline at 800-528-7264.

BlueChoice PPO	
How do I change my primary care physician?	Selecting a PCP is not required. Please call and make an appointment with any BlueChoice network provider. While selecting a PCP is not required, you may want to consider establishing a relationship with a BlueChoice doctor who will be familiar with your personal medical history. For the most current listing of network providers, check the online Provider Finder at <b>bcbstx.com</b> .
Does my plan have waiting periods for pre-existing conditions?	No, there is no pre-existing condition waiting period due to Healthcare Reform.
Can I see my OB/GYN without a referral?	Yes, you may call and make an appointment with any BlueChoice network OB/GYN to obtain OB/GYN services at the in-network level of benefits. Services from out-of-network doctors will be covered at the out-of-network level. Please see Page 8 for more details.
What if my dependent moves out of the San Antonio area?	Please notify your employer of your dependent's change in address and contact the BCBSTX Customer Service Helpline at 800-521-2227 to request a BlueChoice Provider Directory for the area of the state in which the dependent now resides.
How do I add a spouse* or dependent child to my plan?	To add a spouse or dependent child under 26 years of age to your coverage, a completed health enrollment form must be received by BCBSTX through your NEISD Employee Benefits Office within 31 calendar days of an eligible family status change. Eligible changes in your family status can include: marriage, birth of a child, legal adoption of a child, change in custody or eligibility of a child, FMLA leave of absence, loss of other coverage, and change or loss of employment. Supporting documentation will be required for all family status changes.
Who is considered an eligible dependent?	Your eligible dependents include: <ol style="list-style-type: none"> <li>1. Your spouse*</li> <li>2. A child under the age limits shown above</li> <li>3. Any other child included as an eligible dependent under the plan</li> </ol>

\* Excluding any person to whom the participant claims as a common-law spouse.



notes

notes

notes



***[bcbstx.com](http://bcbstx.com)***

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation,  
provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims

725236.0813