

HEALTHSELECTSM SECONDARY

How does it work?

This plan coordinates your medical plan benefits with Medicare. If you have questions about who pays first or how this plan processes benefits when you have Medicare, contact a Blue Cross and Blue Shield of Texas (BCBSTX) Personal Health Assistant toll-free at **(800) 252-8039 (TTY: 711)**.

If you need details about your Medicare benefits, call Medicare toll-free at **(800) 633-4227** or visit **Medicare.gov**.

Who is eligible?

You are eligible if you are:

- a retiree who is Medicare eligible,
- a Medicare-eligible return-to-work retiree who chooses retiree benefits,
- a Medicare-eligible surviving spouse,
- anyone who is age 65 or older or enrolled in Medicare under age 65, or
- an employee whose address on file with ERS is outside of the United States.

Your covered dependents may also participate in the HealthSelect Secondary plan if:

- they are Medicare-eligible.

If your dependent does not have Medicare, they may be eligible to participate in the HealthSelect of Texas[®] or HealthSelectSM Out-of-State plan, depending on where they live. Visit the Employees Retirement System of Texas (ERS) website at **ers.texas.gov** for more information on your plan eligibility.

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



Plan Year 2024 Updates

New HealthSelect programs are now available

Several new condition management programs are available at no additional cost to eligible HealthSelect Secondary medical plan participants. If you're dealing with heart health issues, need musculoskeletal-related help or want to proactively manage your mental health, these programs can help.



The Hello Heart program focuses exclusively on cardiovascular health, aiming to prevent or decrease the development or advancement of heart disease and other cardiovascular conditions.

The program is available at no additional cost to eligible participants. It includes a free Hello Heart blood pressure monitor that pairs directly with your smartphone to help build a habit of monitoring your blood pressure and other aspects of your heart health and create sustained lifestyle changes.

HealthSelect of Texas medical plan participants who are age 18 and older and living in the U.S., including those enrolled in Consumer Directed

HealthSelectSM or HealthSelect Secondary administered by BCBSTX, are eligible to enroll in the Hello Heart program.

Participants are also asked to self-attest to having one or more of the following clinical conditions during the initial self-evaluation:

- blood pressure readings of 130/80 mmHg or higher,
- currently taking medication for treatment of cardiovascular disease, including but not limited to blood pressure and/or cholesterol medication,
- increased risk for cardiovascular disease such as family history, and/or
- a woman aged 52 or older who is going through or has gone through menopause.

Learn more about Hello Heart

For more information on what's, scan the QR code with your phone's camera or visit www.helloheart.com/go-ers





Hinge Health is a digital, physical therapist-led musculoskeletal (MSK) care program. Hinge Health is available at no additional cost to eligible participants and includes access to the Hinge Health mobile app and a care team including a board-certified health coach and physical therapist.

This digital program is focused on exercise therapy designed to address a wide range of MSK conditions. It can be done anywhere, at any time.

The program includes:

- personalized exercise therapy to improve strength and mobility in short, 15-minute sessions,
- one-on-one health coaching to provide motivation and support via text, email or phone, and
- interactive education to teach you how to manage your specific condition, treatment options and more.

HealthSelect of Texas medical plan participants who are age 18 and older, and living in the U.S., including those enrolled in Consumer Directed HealthSelect or HealthSelect Secondary administered by BCBSTX, are eligible to enroll in the Hinge Health program. Participants with musculoskeletal pain may benefit from participating in the Hinge Health program.

Learn more about Hinge Health

For more information, scan the QR code with your phone's camera or visit <http://hinge.health/healthselect>





Learn to Live is an online, on-demand, self-paced mental health service grounded in cognitive behavioral therapy. This style of therapy focuses on thoughts and actions and how adjusting those can positively impact an individual's state of mind. All Learn to Live programs can be accessed online via desktop, tablet or mobile device and use videos and interactive lessons to engage participants.

Learn to Live provides online, coach-supported programs to help participants overcome depression, insomnia, panic disorder, stress, anxiety, social anxiety and substance use. Participants can also work with a Learn to Live Coach via their preferred communication method after completing an initial assessment.

HealthSelect of Texas medical plan participants who are age 13 and older and living in the U.S., including those enrolled in Consumer Directed HealthSelect or HealthSelect Secondary administered by BCBSTX, are eligible to participate.

Learn more about Learn to Live

For more information, scan the QR code with your phone's camera or visit www.learntolive.com/welcome and enter the code **TEXAS**.



Recommended Clinical Review

Your provider may submit a recommended clinical review (RCR) request to BCBSTX to confirm your plan coverage, benefit limitations and medical necessity prior to providing certain covered health services when Medicare is not your Primary Plan. For more information, call a BCBSTX Personal Health Assistant at **(800) 252-8039 (TTY: 711)**.

Annual out-of-pocket maximum

Effective Jan. 1, 2025, the out-of-pocket maximum will increase to \$8,050 for individual coverage and \$16,100 for family coverage. The out-of-pocket maximum includes expenses you pay toward medical and prescription drug copays, coinsurance and deductibles, if your plan has one.

Plan Updates

For more information on what's changing for Plan Year 2025, scan the QR code with your phone's camera to open the Fall Enrollment webpage.

healthselectoftexas.com/medical-benefits/fall-enrollment-2024



SECONDARY BENEFITS CHART

Effective Jan. 1, 2025

| | HealthSelect SM Secondary In-Network and Out-of-Network |
|--|--|
| Annual medical deductible | Deductible per individual: \$200 Deductible per family: \$600 You must meet your Medicare AND your HealthSelect Secondary deductibles before the plan pays for covered services. The two deductibles run concurrently. |
| Out-of-network coverage? | Yes. Most out-of-network services are covered at the same benefit levels as long as the provider participates in Medicare and this plan. |
| Balance billing? (when an out-of-network provider charges you the difference between their billed charges and amount your plan allows) | Yes. Balance billing may apply to certain out-of-network services. When a service is not covered by Medicare or Medicare benefits are exhausted, you could be balance-billed. |
| Total in-network out-of-pocket maximum | \$8,050 per person or \$16,100 per family (includes medical and prescription drug copays, coinsurance and deductibles; excludes out-of-network and non-covered services); resets each calendar year |
| Out-of-pocket coinsurance maximum | \$3,000 per person (includes medical coinsurance only); resets each calendar year |
| Inpatient copay maximum | N/A |
| Primary care provider (PCP) required? | No |
| Referrals required? | No |
| Allergy treatment | \$0 copay / 30% coinsurance ¹ |
| Ambulance transportation (for emergencies) | \$0 copay / 30% coinsurance ¹ |
| Bariatric surgery | Not covered |
| Chiropractic care | \$0 copay / 30% coinsurance ¹ ; maximum of 30 visits per calendar year covered; \$75 maximum benefit per visit |
| Diabetes equipment | \$0 copay / 30% coinsurance ¹ ; see page 7 for details |
| Diabetic supplies | See page 7 for details |
| Diagnostic X-rays and lab tests | \$0 copay / 30% coinsurance ¹ |
| Diagnostic mammography | In-network: No cost to participant(s). Out-of-network: Balance billing may apply |
| Durable medical equipment | \$0 copay / 30% coinsurance ¹ |
| Eye exam – routine | \$0 copay / 30% coinsurance ¹ ; limited to one exam per calendar year |
| Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians, etc.) | \$0 copay / 30% coinsurance ¹ |
| Facility emergency care and hospital-affiliated freestanding emergency departments (not freestanding emergency room facilities) | \$0 copay / 30% coinsurance ¹ |
| Freestanding emergency room facility (FSER) | \$0 copay / 30% coinsurance ¹ FSERs are not covered by Medicare, so HealthSelect will pay primary. |
| Habilitation and rehabilitation services – outpatient (including physical, occupational and speech therapy) | \$0 copay / 30% coinsurance ¹ |
| Hearing aids requiring a prescription (for covered participants over age 18) | Up to \$1,000 allowance per ear for any consecutive 36-month period and \$1 per battery. Annual HealthSelect Secondary deductible does not apply. A valid prescription for the hearing aid(s) must be submitted with your claim. |
| Hearing test – routine | 30% coinsurance ¹ |
| High-tech radiology (CT scan, MRI and nuclear medicine) | \$0 copay / 30% coinsurance ¹ |

¹ In the event that the provider/facility opts out of Medicare (so the charges are not covered by Medicare and therefore not subject to coordination of benefits (COB)), you may be responsible for your deductible and/or coinsurance. Please see your Master Benefit Plan Document for more information.

SECONDARY BENEFITS CHART

Effective Jan. 1, 2025

| Medical Benefits | |
|--|---|
| | HealthSelect SM Secondary In-Network and Out-of-Network |
| Home health care | \$0 copay / 30% coinsurance for home infusion therapy ¹ Plan pays 100% for all other home health care services. Maximum of 100 visits per calendar year when out-of-network providers are used. |
| Hospice care | \$0 copay / 30% coinsurance ¹ Annual HealthSelect Secondary deductible does not apply. |
| Hospital - inpatient stay (semi-private room and day's board, and intensive care unit) | \$0 copay / 30% coinsurance ¹ |
| Medications and injections administered by a provider (see below for outpatient medications and injections)* | \$0 copay / 30% coinsurance ¹ Preventive vaccines are covered at 100%* |
| Office surgery and diagnostic procedures | \$0 copay / 30% coinsurance ¹ |
| PCP office visit | \$0 copay / 30% coinsurance ¹ |
| Preventive Services* (physical, screening mammogram, well woman exam, prostate cancer screening, etc.) | In-network: No cost to participant(s)* Out-of-network: Balance billing may apply. |
| Private duty nursing | 30% coinsurance; Unlimited hours ¹ |
| Retail health/convenience care clinic | \$0 copay / 30% coinsurance ¹ |
| Skilled nursing facility (SNF)/inpatient rehabilitation facility services | No cost to participant(s) ¹ Annual HealthSelect Secondary deductible does not apply. |
| Specialist physician office visit | \$0 copay / 30% coinsurance ¹ |
| Surgery (outpatient) other than in physician's office | \$0 copay / 30% coinsurance ¹ |
| Telemedicine visit | \$0 copay / 30% coinsurance ¹ |
| Therapeutic treatments - outpatient | \$0 copay / 30% coinsurance ¹ |
| Urgent care clinic | \$0 copay / 30% coinsurance ¹ |
| Virtual Visits (medical) | Doctor On Demand [®] or MDLIVE [®] covered at no cost to participant(s); other virtual providers not covered |

* Under the Affordable Care Act and CMS requirements, certain preventive health and women's services are paid at 100% (at no cost to the participant) conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Balance-billing may apply for out-of-network providers. Some age requirements may apply.

¹ In the event that the provider/facility opts out of Medicare (so the charges are not covered by Medicare and therefore not subject to coordination of benefits (COB)), you may be responsible for your deductible and/or coinsurance. Please see your Master Benefit Plan Document for more information.

For more information about the HealthSelect Secondary plan or to find care, visit healthselectoftexas.com/medical-benefits/healthselect-plans



SECONDARY BENEFITS CHART

Effective Jan. 1, 2025

| Mental Health / Behavioral Health / Substance Abuse Benefits | |
|---|--|
| Benefits apply to all covered mental health and behavioral health services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.). | |
| | HealthSelectSM Secondary In-Network and Out-of-Network |
| Inpatient hospital mental health stay | \$0 copay / 30% coinsurance ¹ |
| Mental health telemedicine | \$0 copay / 30% coinsurance ¹ |
| Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment) | \$0 copay / 30% coinsurance ¹ |
| Outpatient physician or mental health provider office visit | \$0 copay / 30% coinsurance ¹ |
| Virtual Visits (mental health) | Doctor On Demand [®] or MDLIVE [®] covered at no cost to participant(s); other virtual providers not covered |
| Diabetes Equipment and Supplies | |
| Other diabetes equipment, supplies and prescription drugs not listed below may be covered under these plans. For more information about your medical and prescription drug program benefits, refer to the contact information on the last page of this Fall Enrollment guide or on the back of your ID card for your medical or prescription drug plan. | |
| Supply | HealthSelectSM Secondary In-Network and Out-of-Network |
| Diabetes glucometers | \$0 copay / 30% coinsurance ¹ |
| Continuous glucose monitors / insulin pumps | \$0 copay / 30% coinsurance ¹ |
| Diabetes glucometer test strips | \$0 copay / 30% coinsurance ¹ |
| Diabetes supplies^{2,3} | \$0 copay / 30% coinsurance ¹ For more information, contact BCBSTX. |
| Prescription insulin^{2,3} | Not covered under medical plan benefits |

¹ In the event that the provider/facility opts out of Medicare (so the charges are not covered by Medicare and therefore not subject to coordination of benefits (COB)), you may be responsible for your deductible and/or coinsurance. Please see your Master Benefit Plan Document for more information.

² Preauthorization may be required.

³ Out-of-network prescriptions and diabetic supplies may be covered in certain situations, depending on Medicare requirements and your specific circumstance. Your prescription may be covered in certain situations. Your cost may be greater if you use an out-of-network pharmacy to fill your prescription, and you must submit a paper claim in order to be reimbursed.

All Texas Employees Group Benefits Program (GBP) benefits could change without notice. The Texas Legislature decides the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.

Should I enroll in Medicare?

If you are eligible for Medicare, you should enroll in Medicare Part A and Medicare Part B. If you do not enroll when first eligible, you may pay more.

Things to know:

- Any copays or coinsurance you pay reduces both your Medicare and HealthSelect Secondary annual deductibles.
- You do not need to choose a primary care provider (PCP), although it is recommended.
- You do not need a referral from a PCP to see a specialist, and prior authorization is never required under this plan.
- Preventive services – like annual checkups and preventive vaccinations – are covered at 100% when you visit a provider who accepts Medicare, even if you haven't met the deductible.
- Your prescription drug benefits are managed separately. Go to **healthselectoftexas.com** and click *"Prescription Drug Benefits"* for more information.

We're here to help:

If you have any questions, call a BCBSTX 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 via live chat Monday – Friday, 8 a.m. – 5 p.m. CT. You can also refer to the HealthSelect Secondary Master Benefit Plan Document found on the *"Publications, Forms and Presentations"* page at **healthselectoftexas.com**.

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

Hinge Health is an independent company that has contracted with BCBSTX to provide an online musculoskeletal program for members with coverage through BCBSTX.

Hello Heart is an independent company that has contracted with BCBSTX to provide online tools and cardiovascular health support programs for members with coverage through BCBSTX.

MDLIVE, a separate company, and Doctor On Demand, an independent company, have contracted with Blue Cross and Blue Shield of Texas to administer the Virtual Visits programs for members of BCBSTX. These third-party vendors are solely responsible for their operations and contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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Blue Cross and Blue Shield of Texas is the third-party administrator for HealthSelect of Texas® and Consumer Directed HealthSelectSM.

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