

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.



Plan Year 2026 Updates

New diabetes management program is now available omada

Omada® for Diabetes is a digital diabetes management program that delivers personalized health coaching and education to help participants manage diabetes. The program is available to eligible participants at no additional cost. With expert support from a dedicated care team and smart devices to monitor your progress, you'll learn to make small, lasting changes — at your own pace — so you live healthier, feel better and have more energy.

Learn more by visiting the Omada for Diabetes page:

healthselectoftexas.com/condition-management/omada-for-diabetes



Annual out-of-pocket maximum

Effective Jan. 1, 2026, the out-of-pocket maximum will increase to \$8,300 for individual coverage and \$16,600 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 2026, scan the QR code with your phone's camera to open the Fall Enrollment webpage.

healthselectoftexas.com/medical-benefits/fall-enrollment-2025



Condition Management Programs

Eligible HealthSelect medical plan participants have resources at no additional cost to help manage certain health conditions.

Hello Heart

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

healthselectoftexas.com/condition-management/hello-heart



Hinge Health is an app-based exercise therapy program, led by physical therapists, that addresses joint, bone and muscle pain.

healthselectoftexas.com/condition-management/hinge-health



learntolive

Learn to Live is an online, coach-supported program that can help you with mental health concerns including depression, stress, anxiety and substance use.

healthselectoftexas.com/condition-management/learn-to-live



Wellness Resources



Buena Vida can help you achieve your health goals with easy-to-use tools and well-being resources and rewards you for healthy activities, like getting your annual checkup.

healthselectoftexas.com/wellness-resources/buena-vida



A VirtualCheckup® by Catapult Health allows eligible participants to get their annual checkup from the comfort of home. And, it can earn you Buena Vida Bucks.

healthselectoftexas.com/medical-benefits/preventive-care/catapult-health-virtualcheckup



Fitness Program

The Fitness Program by Well onTarget® gives you unlimited in-person and digital access to a nationwide network of fitness facilities.

healthselectoftexas.com/wellness-resources/fitness-program



With Virtual Visits, you can get the medical and mental health care support you need, wherever you are.

healthselectoftexas.com/medical-benefits/virtual-visits



SECONDARY BENEFITS CHART

Effective Jan. 1, 2026

Benefits	HealthSelect SM Secondary In-Network and Out-of-Network
Annual medical deductible	\$200 per individual, \$600 per family 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	Jan. 1 – Dec. 31, 2025: \$8,050 per person; \$16,100 per family Jan. 1 – Dec. 31, 2026: \$8,300 per person; \$16,600 per family (includes medical coinsurance and deductibles; excludes prescription drugs ¹ and 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 ²
Ambulance transportation (for emergencies)	\$0 copay / 30% coinsurance ²
Bariatric surgery	Not covered
Chiropractic care	\$0 copay / 30% coinsurance ² ; maximum of 30 visits per calendar year covered; \$75 maximum benefit per visit
Diabetes equipment	\$0 copay / 30% coinsurance ² ; some supplies may be covered under the pharmacy plan benefits at \$0 cost to you
Diagnostic X-rays and lab tests	\$0 copay / 30% coinsurance ²
Diagnostic mammography	In-network: No cost to participant(s) Out-of-network: Balance billing may apply
Durable medical equipment	\$0 copay / 30% coinsurance ²
Eye exam – routine	\$0 copay / 30% coinsurance ² ; limited to one exam per calendar year
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians, etc.)	\$0 copay / 30% coinsurance ²
Facility emergency care and hospital-affiliated freestanding emergency departments (not freestanding emergency room facilities)	\$0 copay / 30% coinsurance ²
Freestanding emergency room facility (FSER)	\$0 copay / 30% coinsurance ² 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 ²
Hearing aids requiring a prescription	Up to \$1,000 allowance per ear for any consecutive 36-month period and \$1 per battery. Annual HealthSelect Secondary deductible does not apply. Participants 18 years of age and younger are limited to one hearing aid per ear per 36-month period but are not subject to the \$1,000 benefit limit.
Hearing test – routine	30% coinsurance ²
High-tech radiology (CT scan, MRI and nuclear medicine)	\$0 copay / 30% coinsurance ²

SECONDARY BENEFITS CHART

Effective Jan. 1, 2026

Benefits	HealthSelect SM Secondary In-Network and Out-of-Network
Home health care	\$0 copay / 30% coinsurance for home infusion therapy ² Plan pays 100% for all other home health care services. Annual HealthSelect Secondary deductible does not apply. Maximum of 100 visits per calendar year when out-of-network providers are used.
Hospice care	\$0 copay / 30% coinsurance ² Annual HealthSelect Secondary deductible does not apply.
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)	\$0 copay / 30% coinsurance ²
Medications and injections administered by a provider (see below for outpatient medications and injections)*	\$0 copay / 30% coinsurance ² Preventive vaccines are covered at 100%*
Office surgery and diagnostic procedures	\$0 copay / 30% coinsurance ²
PCP office visit	\$0 copay / 30% coinsurance ²
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 ²
Retail health/convenience care clinic	\$0 copay / 30% coinsurance ²
Skilled nursing facility (SNF)/inpatient rehabilitation facility services	No cost to participant(s) ² Annual HealthSelect Secondary deductible does not apply.
Specialist physician office visit	\$0 copay / 30% coinsurance ²
Surgery (outpatient) other than in physician's office	\$0 copay / 30% coinsurance ²
Telemedicine visit	\$0 copay / 30% coinsurance ²
Therapeutic treatments - outpatient	\$0 copay / 30% coinsurance ²
Urgent care clinic	\$0 copay / 30% coinsurance ²
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 For participants in HealthSelect Secondary who are not enrolled in the HealthSelect Medicare Rx prescription drug program, prescription drug copays are included in the annual out-of-pocket maximum.

² 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, 2026

Mental Health Benefits – Member’s Share of Costs

(Benefits apply to all covered mental health and behavioral health services, including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.)

Benefits	HealthSelect SM 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	HealthSelect SM 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.

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.

Omada is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide diabetes management for members with coverage through BCBSTX.

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.

WebMD is an independent company that administers the Buena Vida program. WebMD contracts directly with the Employees Retirement System of Texas to provide employee health and wellness programs. They do not offer Blue Cross and Blue Shield of Texas products or services and are solely responsible for the products and services they provide. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

The Fitness Program is provided by Tivity Health, an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

Catapult Health is an independently contracted provider that has contracted with BCBSTX to provide health and wellness screenings for members with coverage through BCBSTX.

These third-party vendors are solely responsible for their operations and contracted providers.

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

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