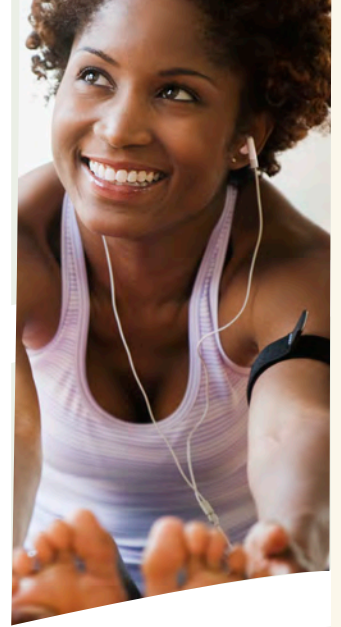


# Your Health Your Way

## 2023 Medical Benefits Guide

Sept. 1, 2022 - Aug. 31, 2023

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)





## QUICK START CHECKLIST

# WELCOME TO YOUR HEALTHSELECT<sup>SM</sup> MEDICAL PLAN.

Follow this checklist to get started. It'll help keep you on track so you can get the most from your benefits.

### ☐ Use your new medical ID card

New HealthSelect participants get medical ID cards by mail and can also access a digital version through the BCBSTX App. It can be helpful to have your medical ID card with you when getting medical care.

For more details, visit  
[healthselectoftexas.com/medical-benefits/medical-id-card](https://healthselectoftexas.com/medical-benefits/medical-id-card)



### ☐ Schedule your annual wellness check-up

Preventive care, like annual check-ups, is covered at no cost to you as long as you visit in-network providers and have a PCP on file with BCBSTX if you are enrolled in a plan that requires one.

For more details, visit  
[healthselectoftexas.com/medical-benefits/preventive-care](https://healthselectoftexas.com/medical-benefits/preventive-care)



### ☐ Register for Blue Access for Members<sup>SM</sup>

Once registered, you'll be able to view your benefits and claims details, find in-network providers and access health and wellness resources.

For more details, visit  
[healthselectoftexas.com/web-mobile-tools](https://healthselectoftexas.com/web-mobile-tools)



### ☐ Sign up for Well onTarget<sup>®</sup>

Well onTarget is an online wellness portal that offers personalized resources and incentives to support your wellness journey.

For more details, visit  
[healthselectoftexas.com/health-and-wellness-incentives/portal](https://healthselectoftexas.com/health-and-wellness-incentives/portal)



### ☐ Choose a primary care provider (PCP)

HealthSelect of Texas<sup>®</sup> participants must have a PCP on file with Blue Cross and Blue Shield of Texas (BCBSTX) to receive the highest level of benefits. All plan participants can benefit from having a PCP.

For more details, visit  
[healthselectoftexas.com/find-a-doctor-hospital/choose-a-primary-care-provider](https://healthselectoftexas.com/find-a-doctor-hospital/choose-a-primary-care-provider)



### ☐ Complete your Health Assessment

When you complete your Health Assessment in Well onTarget, you'll get personalized tips on your health.

For more details, visit  
[healthselectoftexas.com/health-and-wellness-incentives/health-assessment](https://healthselectoftexas.com/health-and-wellness-incentives/health-assessment)



### Questions? Contact a BCBSTX Personal Health Assistant today.

BCBSTX Personal Health Assistants are trained to help you get the most value from your HealthSelect plan. Call 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.





Health care is more than just knowing where to go when you get sick. It’s also about knowing how to stay well. In this 2023 Medical Benefits Guide, you will learn how to access your medical benefits, health and wellness programs and available incentive programs so you can take charge of your health, your way.


HealthSelect of Texas and Consumer Directed HealthSelect<sup>SM</sup> are offered by the Employees Retirement System of Texas (ERS). ERS determines what medical coverage participants get and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

**The 2023 health plan year begins Sept. 1, 2022, and runs through Aug. 31, 2023.**

Throughout this guide, you’ll see the following icons:

 Tips on maximizing your benefits

 Tips for cost savings

 Activities that will earn you Blue Points

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## RESOURCES



### BCBSTX Personal Health Assistants

BCBSTX Personal Health Assistants are here to help you understand and use your health plan benefits, including:

- answering questions about medical and mental health benefits,
- assisting with prior authorizations and referrals,
- providing information about programs and benefits available to you and
- helping you find in-network providers.

Learn more about your BCBSTX Personal Health Assistants by visiting [healthselectoftexas.com/find-a-doctor-hospital/personal-health-assistants](https://www.healthselectoftexas.com/find-a-doctor-hospital/personal-health-assistants)



Or 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.

### HealthSelect Website

The HealthSelect of Texas website, [www.healthselectoftexas.com](https://www.healthselectoftexas.com), is dedicated to HealthSelect plan participants. It has the most up-to-date information about your medical plan benefits, value-added programs, resources and tools.

### Blue Access for Members

Blue Access for Members is your online participant portal where you can:

- view your claims,
- find in-network doctors, hospitals and other providers,
- choose or change your PCP,
- download a digital ID card and
- confirm your prior authorizations and referrals on file.

### BCBSTX App

With the BCBSTX App, your Blue Access for Members account is at your fingertips wherever you are. Text **BCBSTXAPP** to **33633** to download.



You can chat with a BCBSTX Personal Health Assistant via Blue Access for Members or the BCBSTX App, Monday–Friday, 8 a.m. – 5 p.m. CT.

### Provider Finder



By using Provider Finder, you'll be able to:

- find in-network doctors, hospitals and other providers,
- compare costs for in-network providers and procedures,
- estimate out-of-pocket costs and
- save money and earn HealthSelectShoppERS rewards when shopping for certain medical services and procedures.

To find more details, visit [healthselectoftexas.com/find-a-doctor-hospital](https://www.healthselectoftexas.com/find-a-doctor-hospital)



### Care Management

BCBSTX care management clinicians can answer all types of health questions about many topics including asthma, cancer, diabetes, heart disease, high blood pressure, musculoskeletal conditions and pregnancy. Dedicated mental health clinicians are available for concerns including substance use issues, anger management, anxiety, depression, domestic violence, grief, post-traumatic stress disorder and stress. The care management program is available to you and your covered dependents at no out-of-pocket cost. If you have questions for a clinician about a physical or mental health concern or condition, call BCBSTX toll-free at **(800) 252-8039 (TTY:711)** between 8 a.m. and 6:30 p.m. CT, Monday – Friday, and ask to speak with a clinician.





## 24/7 Nurseline

If you're not sure where to go for care, call the 24/7 Nurseline and speak with a registered nurse toll-free at **(800) 581-0368**. Call any time, any day of the year.<sup>1</sup>

## 24/7 HealthSelect Mental Health Support Line

If you or your covered dependent are in a crisis situation and need immediate help to find resources for care, call **(800) 252-8039 (TTY:711)**. Ask to speak to a mental health clinician or follow the prompts to get help with a mental health or substance use issue 24 hours a day, seven days a week.



### Malcom's Journey

Learn more about how Malcom received mental health care through his HealthSelect medical benefits.



<sup>1</sup> For medical emergencies, call 911. The 24/7 Nurseline is not a substitute for your doctor's care. Talk to your doctor about any health questions or concerns.



## IMPORTANT INFORMATION

### Select a Primary Care Provider



Your PCP serves as your first point of contact when you need non-emergency medical care or if you need a referral or prior authorization for certain services.

If you enroll in the HealthSelect of Texas plan, you will have to name an in-network PCP to receive the highest level of benefits. Select your PCP in Blue Access for Members or by calling a BCBSTX Personal Health Assistant.

To learn how to choose or change your PCP online, visit [healthselectoftexas.com/find-a-doctor-hospital/choose-a-primary-care-provider](https://healthselectoftexas.com/find-a-doctor-hospital/choose-a-primary-care-provider)



**If you haven't named a PCP after your first 60 days on the plan, out-of-network benefits will apply to most services – even if they're from an in-network provider – until an in-network PCP is named.** This means you will pay more of the costs for PCP visits, including an out-of-network deductible and 40% coinsurance, rather than the \$25 PCP copay. In addition, preventive care will not be covered at 100%, as it is when you have designated an in-network PCP. Remember: you can change your PCP at any time.

HealthSelect<sup>SM</sup> Out-of-State, Consumer Directed HealthSelect and HealthSelect Secondary participants may also benefit from having an in-network PCP, even though they are not required to have one on file with BCBSTX.

### Stay in the HealthSelect Network



You will pay less for care if you see in-network health care providers. To find in-network providers or check network status, go to the *"Find a Doctor/Hospital"* page on [www.healthselectoftexas.com](https://www.healthselectoftexas.com) or call a BCBSTX Personal Health Assistant. You can also use the BCBSTX App to find in-network providers in your area.

### Balance Billing

Balance billing, also called surprise billing, happens when you see an out-of-network provider and get billed for the difference between what the provider charges and what your health plan pays for a service. Texas law protects you from surprise bills in emergency situations and in certain cases when you have no choice of providers.

### Referrals

Referrals are required under the HealthSelect of Texas plan. Before you see a specialist, be sure you have chosen a PCP and informed BCBSTX.

A referral is an order from your PCP that must be authorized through BCBSTX for you to see a specialist. For most services, HealthSelect of Texas participants need to get a referral before you can get most medical care from anyone except your PCP. If you don't get a referral before you see most specialists, those services will be considered out-of-network, and you will pay more, even if the provider is in your plan's network.

### Prior Authorizations

You are required to get prior authorization from BCBSTX for certain services, including inpatient hospital stays, surgery and durable medical equipment. In general, in-network providers are responsible for getting prior authorization before they provide services. To see the full list of services that require prior authorization, see your plan's Master Benefit Plan Document on the HealthSelect website.

Learn more about referrals and prior authorizations by visiting [healthselectoftexas.com/find-a-doctor-hospital/referrals-and-prior-authorizations](https://healthselectoftexas.com/find-a-doctor-hospital/referrals-and-prior-authorizations)







## Medical ID Card

After you enroll in a HealthSelect plan, you usually get your new medical ID card in the mail in seven to 10 business days after the date your enrollment is processed. Providers may ask to see your medical ID card when you are getting health care services. It can be helpful to have your medical ID card with you.

New medical ID cards are mailed to new participants, currently enrolled participants changing plans and participants in HealthSelect of Texas who change their PCP on file with BCBSTX. You can also access your digital medical ID card from the BCBSTX App.

You will get a separate ID card for pharmacy benefits from your prescription drug benefits plan administrator. It can be helpful to have your pharmacy benefits ID card with you when you pay for prescriptions at the pharmacy.



Learn more about medical ID cards by visiting [healthselectoftexas.com/medical-benefits/medical-id-card](https://healthselectoftexas.com/medical-benefits/medical-id-card)



### Ravi's Journey

Learn more about how Ravi chose his PCP.





## PREVENTIVE CARE

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family. Your health plan covers screenings and services with no out-of-pocket costs, like copays or coinsurance, as long as your provider is in the HealthSelect network. This is true even if you are enrolled in Consumer Directed HealthSelect. Your preventive care, like annual check-ups, mammograms and colonoscopies, will be covered at no cost to you as long as you see an in-network provider.

For more information about preventive care, visit [healthselectoftexas.com/medical-benefits/preventive-care](https://www.healthselectoftexas.com/medical-benefits/preventive-care)



## Annual Wellness Check-Up

Your PCP should be your first stop for preventive care each year. Annual check-ups can help you stay informed about your health. By scheduling annual check-ups with your PCP and getting preventive screenings, you may be able to assess, manage and prevent many health issues. Routine annual check-ups may even help you save money by avoiding costly health care services in the future.

Consult your plan's Master Benefit Plan Document at [www.healthselectoftexas.com](https://www.healthselectoftexas.com) on the "Publications and Forms" page for a list of covered preventive care services. You can also call a BCBSTX Personal Health Assistant with questions about preventive care benefits.

## MENTAL HEALTH

HealthSelect mental health benefits include coverage for inpatient treatment, outpatient treatment and office visits and Virtual Visits. You do not need a referral for mental health services, but some services, such as inpatient treatment or intensive outpatient hospital treatment, need prior authorization before the plan will cover them.

### Your mental health benefits may be used for:

- office visits to a licensed counselor,
- outpatient intensive therapy for a severe mental health disorder.
- inpatient intensive therapy program for addiction and

Access Provider Finder or call a BCBSTX Personal Health Assistant to find in-network mental health providers.

Mental health Virtual Visits are available through **Doctor On Demand®** and **MDLIVE®**.

### Help is available 24/7

If you or your covered dependent are in a crisis situation and need immediate help to find resources for care, call **(800) 252-8039 (TTY:711)**. Ask to speak to a mental health clinician or follow the prompts to get help with a mental health or substance use issue 24 hours a day, seven days a week.

For more information about your mental health benefits, visit [healthselectoftexas.com/medical-benefits/mental-health](https://www.healthselectoftexas.com/medical-benefits/mental-health)







## VIRTUAL VISITS



**Doctor On Demand**  
[doctorondemand.com](https://doctorondemand.com) | (800) 997-6196



**MDLIVE**  
[mdlive.com/healthselect](https://mdlive.com/healthselect) | (800) 770-4622

You and your eligible dependents can consult a licensed board-certified doctor online for your urgent health care needs 24 hours a day, seven days a week, including holidays.

If you are enrolled in HealthSelect of Texas, HealthSelect Out-of-State or HealthSelect Secondary, medical and mental health Virtual Visits are available at no cost to you. If you are enrolled in Consumer Directed HealthSelect, you must meet your annual deductible before visits are covered. You will pay 20% coinsurance after meeting the deductible.



### Michael's Journey

Learn how Michael used Virtual Visits.



### Get started

You have the same benefit with two Virtual Visits providers: **Doctor On Demand** and **MDLIVE**.

**1. Go online or download the app**

Visit **Doctor On Demand** ([doctorondemand.com](https://doctorondemand.com)) or **MDLIVE** ([mdlive.com/healthselect](https://mdlive.com/healthselect)) by website or app from your computer or mobile phone

**2. Create your account**

Have your medical ID card handy

**3. Choose a doctor**

Make an immediate appointment or schedule for later (you must schedule mental health Virtual Visits in advance)

**4. Consult with a board-certified doctor or licensed mental health professional**



Create your Virtual Visits account now and be ready when you need it.



HealthSelectShoppERS is a program that allows eligible HealthSelect participants to save money and receive an incentive in a TexFlex<sup>SM</sup> health care flexible spending account (FSA) when shopping for certain medical services and procedures.

With HealthSelectShoppERS, you and your eligible dependents can shop for medical care, compare costs and earn up to \$500 per family in FSA rewards each plan year.

## 1. SHOP

When your doctor recommends a procedure, use Provider Finder to find out if it is eligible for an incentive and where it can be performed.

Online: Go to **[www.healthselectoftexas.com](http://www.healthselectoftexas.com)**, log in to Blue Access for Members and click on the "Find Care" tab to compare costs. Or call a BCBSTX Personal Health Assistant to help you compare costs. If you select a lower-cost, high-quality in-network care option, you can earn rewards!

## 2. GO

Have your procedure at the HealthSelectShoppERS incentive-eligible location you chose. You can earn incentives on services like ultrasounds and mammograms, CT scans and MRIs, and procedures like knee, shoulder and hip surgery.

## 3. EARN

Once your service or procedure is complete and BCBSTX processes your claim, your reward is credited in a TexFlex FSA. You and your eligible dependents can earn a total of \$500 per family in rewards each plan year. No forms. No hassles. It's that easy.

If you are enrolled in Consumer Directed HealthSelect, any reward you earn will be credited into a limited-purpose FSA. Your incentive can only be used for eligible vision and dental expenses.

**Get started today and begin earning rewards.**

Who can participate in the HealthSelectShoppERS program? Visit **[healthselectoftexas.com/medical-benefits/healthselectshoppers](http://healthselectoftexas.com/medical-benefits/healthselectshoppers)** for more details.







### Get Care When You Need It

It's important to know where to go when you need medical care. Knowing your options and deciding where to go can make a big difference in how much you pay. You will pay less for care from providers who are in the HealthSelect network.

To find out more about your options for care and how you can save, visit [healthselectoftexas.com/find-a-doctor-hospital/options-for-care](https://healthselectoftexas.com/find-a-doctor-hospital/options-for-care)



## EXPLANATION OF BENEFITS

As a HealthSelect participant, when you get care, your health care provider submits a claim to BCBSTX. BCBSTX processes these claims and sends you an Explanation of Benefits (EOB). An EOB is not a bill. It is a breakdown of 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 as your copay, coinsurance or deductible.

For details and an example of an EOB, visit [healthselectoftexas.com/medical-benefits/explanation-of-benefits](https://healthselectoftexas.com/medical-benefits/explanation-of-benefits)





WELLNESS TOOLS

Well onTarget

Well onTarget is an online wellness portal that offers personalized resources and incentives to support you on your wellness journey. Get the support you need to make healthy choices while being rewarded for your hard work!

Get access to tools and resources including:

- the Health Assessment,
- Blue Points rewards,
- health and wellness content and
- trackers and tools

HEALTH ASSESSMENT

The Well onTarget Health Assessment provides a snapshot of your current health. You answer a series of questions about lifestyle and health habits, and the Health Assessment helps identify what you are doing well and where there are opportunities for improvement.

Take the Health Assessment

The first time you log in to Well onTarget you will be prompted to complete your Health Assessment. You might find it helpful to get a wellness exam with your provider before doing the assessment. That way, you will have the health information you need to answer assessment questions more accurately.



Earn 2,500 Blue Points every six months for completing the Health Assessment.

BLUE POINTS



Once you are logged in to the Well onTarget portal, you can begin earning Blue Points<sup>1</sup> by participating in healthy activities. You can use your points as soon as you earn them and redeem up to 17,325 points each calendar year on a wide variety of items including fitness gear, electronics and housewares. If you earn more points, they'll carry over from year to year.

To access the portal, log in to Blue Access for Members and click on the Wellness tab. For Well onTarget on the go, download the AlwaysOn Wellness App.

For more details, visit [healthselectoftexas.com/health-and-wellness-incentives/portal](https://healthselectoftexas.com/health-and-wellness-incentives/portal)



After completing the Health Assessment, you will get a confidential Personal Wellness Report. This report will show you how you are doing and give you tips for improving your health. You'll also have access to a Certificate of Completion that does not contain any personal health information. The Health Assessment meets the requirement for agency health assessments. Check with your benefits coordinator to see if your agency gives you wellness incentives for completing the Health Assessment.

For more information about the Health Assessment, visit [healthselectoftexas.com/health-and-wellness-incentives/health-assessment](https://healthselectoftexas.com/health-and-wellness-incentives/health-assessment)



Earn points by completing activities like the Health Assessment, self-management programs, enrolling in the Fitness Program and connecting a wearable fitness device.

Learn more about Blue Points by visiting [healthselectoftexas.com/health-and-wellness-incentives/blue-points](https://healthselectoftexas.com/health-and-wellness-incentives/blue-points)



<sup>1</sup> Blue Points Program Rules are subject to change without prior notice. See the Program Rules at [www.wellontarget.com](https://www.wellontarget.com) for further information. Redemption of points for items is limited to \$99 per participant per calendar year.



## FITNESS PROGRAM

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee (No initiation fee for Digital Only Option)					

The Fitness Program<sup>1</sup> is a flexible membership program that gives you and your covered dependents (age 16 and older) unlimited access to a nationwide network of facilities, from gyms and sports facilities to specialty fitness studios, including access to digital fitness videos and live classes. The digital-only option lets you stay active from the comfort of your own home.

Enroll by calling the Fitness Program toll-free at: **(888) 762-BLUE (2583) (TTY: 711)** Monday through Friday, 7 a.m. - 7 p.m. CT.

For more information about the Fitness Program and to learn about additional membership benefits, visit [healthselectoftexas.com/health-and-wellness-incentives/fitness-program](https://healthselectoftexas.com/health-and-wellness-incentives/fitness-program)



Earn 2,500 Blue Points for enrolling and up to 300 additional Blue Points each week for visits to a Fitness Program network fitness center.

## WEIGHT MANAGEMENT PROGRAMS

Managing weight is difficult for many people, but a support system can make it easier. Your HealthSelect medical benefits include access to two online weight management programs. If you meet certain eligibility requirements, you can apply for enrollment in Wondr™ or Real Appeal® at no cost to you.<sup>1</sup> You may choose either program but can only participate in one program at any given time.

### You are eligible if you are:

- an employee, retiree or dependent enrolled in a HealthSelect plan (Medicare-primary participants are not eligible)
- 18 or older and
- have a BMI of 23 or higher.



Learn more about tools and programs available to help you meet your weight management goals by visiting [healthselectoftexas.com/health-and-wellness-incentives/weight-management-programs](https://healthselectoftexas.com/health-and-wellness-incentives/weight-management-programs)



<sup>1</sup> The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.



## HEALTHSELECT OF TEXAS

### A point-of-service plan available to active employees, non-Medicare-eligible retirees and their eligible dependents who live or work in Texas.

- You must contact BCBSTX to name an in-network PCP. If you haven't named a PCP after your first 60 days on the plan, you will pay out-of-network costs for most services — even if they're from an in-network provider — until an in-network PCP is named.
- Your PCP coordinates your care and manages referrals needed to see specialists.
- Prior Authorization is required for certain services.
- Routine preventive care is covered at 100%.
- You will have a copay for in-network office visits.

- You pay nothing for medical and mental health Virtual Visits through MDLIVE and Doctor On Demand.
- There is no deductible for in-network services. For out-of-network services, there is a \$500 per-person/\$1,500 per-family deductible.
- Seeing in-network providers will help keep your health care costs down.

For more information about the HealthSelect of Texas plan or to find care, visit [healthselectoftexas.com/medical-benefits/healthselect-plans](https://healthselectoftexas.com/medical-benefits/healthselect-plans).



Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
Annual deductible	None	\$500 per individual \$1,500 per family
Out-of-network benefits?		Yes
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays) <sup>1</sup>	Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 – 12/31/23: \$7,050 per person; \$14,100 per family	
Out-of-pocket coinsurance maximum	\$2,000 per person	\$7,000 per person
Inpatient copay maximum	\$750 copay max, up to five days per hospital stay \$2,250 copay max per calendar year per person	
Primary care provider (PCP) required?	Yes	No
Referrals required?	Yes	No
Allergy treatment	Covered at 100% if administered in a physician's office; 20% coinsurance in any other outpatient location	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply
Bariatric surgery <sup>2</sup>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000</li> <li>• Coinsurance: 20%</li> <li>• Lifetime max: \$13,000</li> </ul>	Not covered
Chiropractic care	<ul style="list-style-type: none"> <li>• Without office visit: 20% coinsurance</li> <li>• With office visit: \$40 copay plus 20% coinsurance</li> <li>• Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year</li> </ul>	40% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year
Diagnostic A1c testing (for participants diagnosed with diabetes)	20% coinsurance	40% coinsurance after annual deductible is met
Diabetes Supplies	20% coinsurance for in-network and out-of-network covered diabetic supplies (Annual deductible does not apply.)	
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met
Durable medical equipment (including diabetes equipment) <sup>3</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met
Facility emergency care and hospital-affiliated freestanding emergency departments	\$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.)	Emergencies: \$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.) Annual deductible does not apply. Non-emergencies: \$150 copay plus 40% coinsurance after annual out-of-network deductible is met.



Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
<b>Freestanding emergency room facility</b>	\$150 copay plus 20% coinsurance	Emergencies: \$150 copay plus 20% coinsurance; annual deductible does not apply. Non-emergencies: \$150 copay plus 40% coinsurance after annual out-of-network deductible is met.
<b>Habilitation and rehabilitation services - outpatient therapy</b> (including physical therapy, occupational therapy and speech therapy)	20% coinsurance	40% coinsurance after annual deductible is met
<b>Hearing aids</b> (for covered participants over age 18)	Plan pays up to \$1,000 per ear for any consecutive 36-month period and \$1 per battery. In-network and out-of-network hearing aids are covered at the same benefit level.	
<b>Hearing aids</b> (for participants 18 years of age and younger)	Plan pays 100%, limit of one hearing aid per ear for any consecutive 36-month period and \$1 per battery (In-network and out-of-network hearing aids are covered at the same benefit level.)	
<b>High-tech radiology</b> (CT scan, MRI and nuclear medicine) <sup>2</sup>	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met
<b>Home health care</b> <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
<b>Hospice care</b> <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
<b>Inpatient hospital facility</b> (semi-private room and day's board, and intensive care unit) <sup>2</sup>	<ul style="list-style-type: none"> <li>\$150/day copay plus 20% coinsurance</li> <li>\$750 copay max, up to 5 days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>	<ul style="list-style-type: none"> <li>\$150/day copay plus 40% coinsurance after annual deductible is met.</li> <li>\$750 copay max, up to 5 days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>
<b>Maternity care doctor charges only; inpatient hospital copays will apply</b>	\$25 or \$40 for first pre-natal visit; no charge for routine post natal appointments	40% coinsurance after annual deductible is met
<b>Medications and injections administered by a provider</b>	<ul style="list-style-type: none"> <li>Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit)</li> <li>Any other outpatient location: 20% coinsurance.</li> <li>Preventive vaccines covered at 100%</li> </ul>	40% coinsurance after annual deductible is met
<b>Office surgery and diagnostic procedures</b>	20% coinsurance	40% coinsurance after annual deductible is met
<b>PCP office visit</b>	\$25 copay	40% coinsurance after annual deductible is met
<b>Private duty nursing</b> <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Retail health/convenience care clinic	\$25 copay	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	\$40 copay	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
<b>Skilled nursing facility/inpatient rehabilitation facility services</b> <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
<b>Specialist physician office visit</b>	\$40 copay with valid PCP referral on file	40% coinsurance after annual deductible is met
<b>Surgery (outpatient) other than in physician's office</b> <sup>2</sup>	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met
<b>Telemedicine visit</b>	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> <li>Provider's office: \$25/\$40 copay for physician's office visit</li> <li>Any other outpatient telemedicine: 20% coinsurance</li> </ul>	40% coinsurance after annual deductible is met
<b>Therapeutic treatments - outpatient</b>	20% coinsurance	40% coinsurance after annual deductible is met
<b>Urgent care clinic</b>	\$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met
<b>Virtual Visits</b> (medical)	\$0 copay for Virtual Visits when provided by Doctor On Demand or MDLIVE	Not covered

#### Mental Health and Substance Abuse Benefits

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

Benefits	HealthSelect of Texas®	
	In-Network	Out-of-Network
<b>Inpatient hospital mental health stay</b> <sup>2</sup>	<ul style="list-style-type: none"> <li>\$150/day copay plus 20% coinsurance</li> <li>\$750 copay max, up to five days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>	<ul style="list-style-type: none"> <li>\$150/day copay plus 40% coinsurance after annual deductible is met</li> <li>\$750 copay max, up to five days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>
<b>Mental health telemedicine</b>	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> <li>Provider's office: \$25/\$40 copay for physician's office visit</li> <li>Any other outpatient telemedicine: 20% coinsurance</li> </ul>	40% coinsurance after annual deductible is met
<b>Outpatient facility care</b> (partial hospitalization/day treatment and extensive outpatient treatment) <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
<b>Applied Behavioral Analysis (ABA) treatment</b>	Coverage is based on place of treatment. <ul style="list-style-type: none"> <li>\$25 copay if administered in a mental health provider's office</li> <li>20% coinsurance for any other outpatient location, including the home</li> </ul>	40% coinsurance after annual deductible is met
<b>Outpatient physician or mental health provider office visit</b>	\$25 copay	40% coinsurance after annual deductible is met
<b>Virtual Visits</b> (mental health)	\$0 copay for Virtual Visits when provided by Doctor On Demand or MDLIVE	Not covered

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<sup>1</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

<sup>2</sup> Preauthorization may be required.

<sup>3</sup> Additional benefits may be available through your HealthSelect PDP benefits



## HEALTHSELECT OUT-OF-STATE

**Available to active employees, non-Medicare-eligible retirees and their eligible dependents who live or work outside of Texas.**

- Benefits are the same as HealthSelect of Texas
- You do not need a referral to see a specialist.
- Prior Authorization is required for certain services.
- You pay nothing for medical and mental health Virtual Visits through MDLIVE and Doctor On Demand.
- Routine preventive care is covered at 100%.
- You will have a copay for certain services like PCP and specialist office visits.
- There is no deductible for in-network services.
- You are not required to have a PCP on file with BCBSTX; however, having a PCP is important to help manage your overall health.

- Seeing in-network providers will help keep your health care costs down.

If you move outside of Texas, contact ERS to update your address and move to the HealthSelect Out-of-State plan: go to **[www.ers.texas.gov](http://www.ers.texas.gov)** or call toll-free **(877) 275-4377**.

If you live in Texas but have an eligible dependent living in another state, call a BCBSTX Personal Health Assistant to move your dependent to the HealthSelect Out-of-State plan.

For more information about the HealthSelect Out-of-State plan or to find care, visit **[healthselectoftexas.com/medical-benefits/healthselect-plans](http://healthselectoftexas.com/medical-benefits/healthselect-plans)**



Benefits	HealthSelect <sup>SM</sup> Out-of-State	
	In-Network	Out-of-Network
Annual deductible	None	\$500 per individual \$1,500 per family
Out-of-network benefits?		Yes
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays) <sup>1</sup>	Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 – 12/31/23: \$7,050 per person; \$14,100 per family	
Out-of-pocket coinsurance maximum	\$2,000 per person	\$7,000 per person
Inpatient copay maximum	\$750 copay max, up to five days per hospital stay \$2,250 copay max per calendar year per person	
Primary care provider (PCP) required?	No	No
Referrals required?	No	No
Allergy treatment	Covered at 100% if administered in a physician's office; 20% coinsurance in any other outpatient location	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply
Bariatric surgery <sup>2</sup>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000</li> <li>• Coinsurance: 20%</li> <li>• Lifetime max: \$13,000</li> </ul>	Not covered
Chiropractic care	<ul style="list-style-type: none"> <li>• Without office visit: 20% coinsurance</li> <li>• With office visit: \$40 copay plus 20% coinsurance</li> <li>• Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year</li> </ul>	40% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year
Diagnostic A1c testing (for participants diagnosed with diabetes)	20% coinsurance	40% coinsurance after annual deductible is met
Diabetes Supplies	20% coinsurance for in-network and out-of-network covered diabetic supplies (Annual deductible does not apply.)	
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met
Durable medical equipment (including diabetes equipment) <sup>3</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met



Benefits	HealthSelect <sup>SM</sup> Out-of-State	
	In-Network	Out-of-Network
Facility emergency care and hospital-affiliated freestanding emergency departments	\$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.)	Emergencies: \$150 copay plus 20% coinsurance (If admitted, copay will apply to hospital copay.) Annual deductible does not apply. Non-emergencies: \$150 copay plus 40% coinsurance after annual out-of-network deductible is met.
Freestanding emergency room facility	\$150 copay plus 20% coinsurance	Emergencies: \$150 copay plus 20% coinsurance; annual deductible does not apply. Non-emergencies: \$150 copay plus 40% coinsurance after annual out-of-network deductible is met.
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20% coinsurance	40% coinsurance after annual deductible is met
Hearing aids (for covered participants over age 18)	Plan pays up to \$1,000 per ear for any consecutive 36-month period and \$1 per battery. In-network and out-of-network hearing aids are covered at the same benefit level.	
Hearing aids (for participants 18 years of age and younger)	Plan pays 100%, limit of one hearing aid per ear for any consecutive 36-month period and \$1 per battery (In-network and out-of-network hearing aids are covered at the same benefit level.)	
High-tech radiology (CT scan, MRI and nuclear medicine) <sup>2</sup>	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met
Home health care <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Hospice care <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Inpatient hospital facility (semi-private room and day's board, and intensive care unit) <sup>2</sup>	<ul style="list-style-type: none"> <li>\$150/day copay plus 20% coinsurance</li> <li>\$750 copay max, up to 5 days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>	<ul style="list-style-type: none"> <li>\$150/day copay plus 40% coinsurance after annual deductible is met.</li> <li>\$750 copay max, up to 5 days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>
Maternity care doctor charges only; inpatient hospital copays will apply	\$25 or \$40 for first pre-natal visit; no charge for routine post natal appointments	40% coinsurance after annual deductible is met
Medications and injections administered by a provider <sup>2</sup>	<ul style="list-style-type: none"> <li>Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit)</li> <li>Any other outpatient location: 20% coinsurance.</li> <li>Preventive vaccines covered at 100%</li> </ul>	40% coinsurance after annual deductible is met
Office surgery and diagnostic procedures	20% coinsurance	40% coinsurance after annual deductible is met
PCP office visit	\$25 copay	40% coinsurance after annual deductible is met
Private duty nursing <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Retail health/convenience care clinic	\$25 copay	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	\$40 copay	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Specialist physician office visit	\$40 copay with valid PCP referral on file	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office <sup>2</sup>	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met
Telemedicine visit	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> <li>Physician's office: \$25/\$40 copay for physician's office visit</li> <li>Any other outpatient telemedicine: 20% coinsurance</li> </ul>	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met
Urgent care clinic	\$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met
Virtual Visits (medical)	0 copay for Virtual Visits when provided by Doctor On Demand or MDLIVE	Not covered

### Mental Health and Substance Abuse Benefits

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

Benefits	HealthSelect <sup>SM</sup> Out-of-State	
	In-Network	Out-of-Network
Inpatient hospital mental health stay <sup>2</sup>	<ul style="list-style-type: none"> <li>\$150/day copay plus 20% coinsurance</li> <li>\$750 copay max, up to five days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>	<ul style="list-style-type: none"> <li>\$150/day copay plus 40% coinsurance after annual deductible is met</li> <li>\$750 copay max, up to five days per hospital stay</li> <li>\$2,250 copay max per calendar year per person</li> </ul>
Mental health telemedicine	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> <li>Provider's office: \$25/\$40 copay for physician's office visit</li> <li>Any other outpatient telemedicine: 20% coinsurance</li> </ul>	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment) <sup>2</sup>	20% coinsurance	40% coinsurance after annual deductible is met
Applied Behavioral Analysis (ABA) treatment	Coverage is based on place of treatment. <ul style="list-style-type: none"> <li>\$25 copay if administered in a mental health provider's office</li> <li>20% coinsurance for any other outpatient location, including the home</li> </ul>	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	\$25 copay	40% coinsurance after annual deductible is met
Virtual Visits (mental health)	\$0 copay for Virtual Visits when provided by Doctor On Demand or MDLIVE	Not covered

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<sup>1</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

<sup>2</sup> Preauthorization may be required.

<sup>3</sup> Additional benefits may be available through your HealthSelect PDP benefits



## CONSUMER DIRECTED HEALTHSELECT

**A high-deductible health plan available to active employees and non-Medicare-eligible retirees and their eligible dependents.**

- This plan is a high-deductible health plan paired with a health savings account (HSA).
- You pay the full cost for most of your health care and prescriptions (except preventive care) until you meet the annual deductible.
- You have access to the same provider network as HealthSelect of Texas participants.
- You are not required to have a PCP on file with BCBSTX; however, having a PCP is important to managing your overall health.
- You do not need a referral to see a specialist.
- Prior Authorization is required for certain services.
- The monthly premium for dependent coverage is lower than HealthSelect of Texas.
- If you are enrolled in Medicare, you are not eligible for this plan.

**Important Information about HSAs:** HSA contributions and limits may change from year to year. They may also change based on eligibility requirements and the participant's age. The IRS sets the maximums for HSA contributions, which include both pre-tax and post-tax contributions to an HSA. HSAs have tax and legal ramifications. For more information about the HSA available to Consumer Directed HealthSelect participants, visit **[www.healthselectoftexas.com/consumer-directed-healthselect](http://www.healthselectoftexas.com/consumer-directed-healthselect)**.

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





## 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: \$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, you can make tax-free contributions to your HSA through payroll deductions or independently.
- You cannot make payroll deductions if you are retired, but you can deposit money into your HSA on your own.
- HSAs are portable. 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 if you don't use all the funds by the end of the year.

For more information about the Consumer Directed HealthSelect and HSAs plan or to find care, visit [healthselectoftexas.com/medical-benefits/healthselect-plans](https://healthselectoftexas.com/medical-benefits/healthselect-plans)





## CONSUMER DIRECTED HEALTHSELECT

Benefits	Consumer Directed HealthSelect <sup>SM</sup> High-deductible Health Plan	
	In-Network	Out-of-Network
<b>Annual deductible</b>	\$2,100 per individual, \$4,200 per family  To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family.	\$4,200 per individual, \$8,400 per family  To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family.
<b>Out-of-network benefits?</b>		Yes
<b>Balance billing?</b> (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-network services. For more information, see the plan's Master Benefit Plan Document.
<b>Total in-network out-of-pocket maximum</b> (including deductibles, coinsurance and copays) <sup>1</sup>	Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 – 12/31/23: \$7,050 per person; \$14,100 per family	
<b>Out-of-pocket coinsurance maximum</b>	None	None
<b>Inpatient copay maximum</b>	None	None
<b>Primary care provider (PCP) required?</b>	No	No
<b>Referrals required?</b>	No	No
<b>Allergy treatment</b>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Ambulance services</b> (for emergencies)	20% coinsurance after annual deductible is met	20% coinsurance after annual in-network deductible is met
<b>Bariatric surgery</b> <sup>2</sup>	Not covered	Not covered
<b>Chiropractic care</b>	20% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year
<b>Diagnostic A1c testing</b> (for participants diagnosed with diabetes)	20% coinsurance. Annual deductible does not apply.	40% coinsurance after annual deductible is met
<b>Diabetes Supplies</b>	20% coinsurance for in-network and out-of-network covered	diabetic supplies after annual deductible is met
<b>Diagnostic X-rays and lab tests</b>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Diagnostic mammography</b>	20% coinsurance after annual deductible is met (unless provider bills as preventive).	40% coinsurance after annual deductible is met
<b>Durable medical equipment</b> (including diabetes equipment) <sup>3</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Facility-based providers</b> (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
<b>Facility emergency care and hospital-affiliated freestanding emergency departments</b>	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
<b>Freestanding emergency room facility</b>	20% coinsurance after annual deductible is met	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
<b>Habilitation and rehabilitation services - outpatient therapy</b> (including physical therapy, occupational therapy and speech therapy)	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Hearing aids</b> (for covered participants over age 18)	Plan pays up to \$1,000 per ear every three years after deductible is met.	
<b>Hearing aids</b> (for participants 18 years of age and younger)	20% coinsurance after annual in-network deductible is met. In-network and out-of-network hearing aids are covered at the same benefit level.	
<b>High-tech radiology</b> (CT scan, MRI and nuclear medicine) <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Home health care</b> <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Hospice care</b> <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
<b>Inpatient hospital facility</b> (semi-private room and day's board, and intensive care unit) <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met



Benefits	Consumer Directed HealthSelect <sup>SM</sup> High-deductible Health Plan	
	In-Network	Out-of-Network
Maternity care doctor charges only; inpatient hospital copays will apply	No charge for routine prenatal and post-natal appointments after annual deductible is met and 20% coinsurance for initial visit	40% coinsurance after annual deductible is met
Medications and injections administered by a provider <sup>2</sup>	20% coinsurance after annual deductible is met Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met
Office surgery and diagnostic procedures	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
PCP office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Private duty nursing <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Retail health/convenience care clinic	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Specialist physician office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Telemedicine visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Urgent care clinic	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual Visits (medical)	20% coinsurance after annual deductible is met if Doctor On Demand or MDLIVE is used	Not covered

#### Mental Health and Substance Abuse Benefits

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

Benefits	Consumer Directed HealthSelect <sup>SM</sup> High-deductible Health Plan	
	In-Network	Out-of-Network
Inpatient hospital mental health stay <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Mental health telemedicine	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment) <sup>2</sup>	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Applied Behavioral Analysis (ABA) treatment	Coverage is based on place of treatment. • \$25 copay if administered in a mental health provider's office • 20% coinsurance for any other outpatient location, including the home	40% coinsurance after annual deductible is met
Virtual Visits (mental health)	20% coinsurance after annual deductible is met if Doctor On Demand or MDLIVE is used	Not covered

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<sup>1</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

<sup>2</sup> Preauthorization may be required.

<sup>3</sup> Additional benefits may be available through your HealthSelect PDP benefits



## HEALTHSELECT SECONDARY

A PPO plan available to retirees and their eligible dependents enrolled in Medicare, return to work retirees (unless they choose active coverage) and active employees with an address on file with ERS that is outside the U.S.

- Plan benefits coordinate with Medicare. Usually, HealthSelect Secondary pays for services only after Medicare has paid first.
- If you are required to pay a portion of the cost, you need to meet a deductible of \$200 per person/\$600 per family before the plan begins to pay for services (other than preventive care).
- Medicare and HealthSelect Secondary deductibles run concurrently.
- Preventive services, like annual check-ups and preventive vaccinations, are covered at no cost to you when you visit a doctor that accepts Medicare, even if you haven't met the deductible.
- You are not required to have a PCP on file with BCBSTX; however, having a PCP is important to help manage your overall health.
- You do not need a referral to see a specialist.
- Seeing in-network providers will help keep your health care costs down.





## It's important to know how HealthSelect Secondary coverage works with Medicare.

If you are retired from the State of Texas and are eligible for Medicare (due either to your age or a disabling condition), you should enroll in Medicare Part A and Medicare Part B.<sup>1</sup>

If you do not have Medicare Part A and Medicare Part B coverage, you will have to pay the charges that Medicare would have paid had you been enrolled. You and family members with HealthSelect may have different coverage, depending on age and Medicare eligibility.

1. If your spouse is an active employee, he or she could cover you (and pay the "you and spouse" premium) on his or her plan.
- Or
2. Medicare will become the primary benefit plan for you, and HealthSelect will continue to be the primary plan for your spouse.

This is true until your spouse turns 65 and/or becomes eligible for Medicare.

Your prescription benefits are managed separately. Go to **[www.healthselectoftexas.com](http://www.healthselectoftexas.com)** and click "Prescription Drug Benefits" to access information about your prescription drug benefits.

For more information about the HealthSelect Secondary plan or to find care, visit **[healthselectoftexas.com/medical-benefits/healthselect-plans](http://healthselectoftexas.com/medical-benefits/healthselect-plans)**



<sup>1</sup> If you do not qualify for free part A, send Blue Cross and Blue Shield of Texas a copy of the SSA documentation showing that you do not qualify for free Part A. If you turned 65 and retired prior to September 1, 1992, you are not required to purchase Part B.





## HEALTHSELECT SECONDARY

Benefits	HealthSelect <sup>SM</sup> Secondary In-Network and Out-of-Network
Annual deductible	\$200 per individual, \$600 per family You must meet <b>both</b> your Medicare and your HealthSelect Secondary deductible(s) before this plan pays for covered services. The two deductibles run concurrently.
Out-of-network coverage?	Yes. Most services are covered at the same benefit levels as long as the provider accepts Medicare and this plan. See below for details.
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 your Medicare benefits are exhausted, you could be balance-billed for non-emergency services from a non-network provider.
Total in-network out-of-pocket maximum <sup>1</sup> (including deductibles, coinsurance and copays)	Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 - 12/31/23: \$7,050 per person; \$14,100 per family
Out-of-pocket coinsurance maximum	\$3,000 per person; Resets on Jan. 1
Inpatient copay maximum	None
Primary care provider (PCP) required?	No
Referrals required?	No
Allergy treatment	\$0 copay / 30% coinsurance
Ambulance services (for emergencies)	\$0 copay / 30% coinsurance
Bariatric surgery	Not covered
Chiropractic care	\$0 copay / 30% coinsurance; Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year
Diagnostic A1c testing (for participants diagnosed with diabetes)	\$0 copay/ 30% coinsurance; annual deductible does not apply
Diabetes supplies	\$0 copay / 30% coinsurance; Some supplies may be covered under the pharmacy plan benefits at \$0 cost to you.
Diagnostic X-rays and lab tests <sup>2</sup>	\$0 copay / 30% coinsurance
Diagnostic mammography	\$0 copay; In-network diagnostic mammography is covered at no cost to participant(s)
Durable medical equipment (including diabetes equipment)	\$0 copay / 30% coinsurance
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	\$0 copay / 30% coinsurance
Facility emergency care and hospital-affiliated freestanding emergency departments	\$0 copay / 30% coinsurance
Freestanding emergency room facility	\$0 copay / 30% coinsurance
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	\$0 copay / 30% coinsurance
Hearing aids (for covered participants over age 18)	\$0 copay; Up to \$1,000 per ear for any consecutive 36-month period and \$1 per battery. Annual HealthSelect Secondary deductible does not apply.
High-tech radiology (CT scan, MRI and nuclear medicine) <sup>2</sup>	\$0 copay / 30% coinsurance
Home health care	\$0 copay / 30% coinsurance for home infusion therapy. Plan pays 100% for all other home health care services. Maximum of 100 visits per calendar year when non-network providers are used.
Hospice care	\$0 copay / 30% coinsurance; Annual HealthSelect deductible does not apply.
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)	\$0 copay <sup>2</sup> / 30% coinsurance
Medications and injections administered by a provider	\$0 copay / 30% coinsurance Preventive vaccines are covered at 100%*
Office surgery and diagnostic procedures	\$0 copay / 30% coinsurance
PCP office visit	\$0 copay / 30% coinsurance
Private duty nursing	30% coinsurance; Unlimited hours
Retail health/convenience care clinic	\$0 copay / 30% coinsurance



Benefits	HealthSelect <sup>SM</sup> Secondary In-Network and Out-of-Network
Routine eye exam	30% coinsurance; limited to one exam per calendar year
Routine hearing test	30% coinsurance
Routine preventive care	No cost to participant(s)*
Skilled nursing facility (SNF)/inpatient rehabilitation facility services	No cost to participant(s); Annual HealthSelect deductible does not apply
Specialist physician office visit	\$0 copay / 30% coinsurance
Surgery (outpatient) other than in physician's office	\$0 copay / 30% coinsurance
Telemedicine visit <sup>3</sup>	\$0 copay / 30% coinsurance
Therapeutic treatments - outpatient	\$0 copay / 30% coinsurance
Urgent care clinic <sup>3</sup>	\$0 copay / 30% coinsurance
Virtual Visits (medical)	Doctor on Demand or MDLIVE covered at no cost to participant(s). Other providers not covered.
<b>Mental Health Benefits – Member's Share of Costs</b> (Benefits apply to all covered mental health and behavioral health services, including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.)	
Inpatient hospital mental health stay	\$0 copay <sup>2</sup> / 30% coinsurance
Mental health telemedicine	\$0 copay / 30% coinsurance
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)	\$0 copay / 30% coinsurance
Outpatient physician or mental health provider office visit	\$0 copay / 30% coinsurance
Virtual Visits (mental health)	Doctor on Demand or MDLIVE covered at no cost to participant(s). Other providers not covered.
<p>*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. Some age requirements may apply.</p> <p><sup>1</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and non-covered services.</p> <p><sup>2</sup> In the event that the provider/facility does not accept Medicare assignment (so the charges are not covered by Medicare and therefore not subject to COB); you may be responsible for copay(s) and/or a coinsurance. Please see your Evidence of Coverage or Master Benefit Plan Document (MBPD) for more information.</p> <p><sup>3</sup> Certain services related to COVID-19 testing may be covered by Medicare and your health plan at \$0 cost share during the Public Health Emergency. For information on what Medicare pays, visit <a href="https://www.medicare.gov/medicare-coronavirus">https://www.medicare.gov/medicare-coronavirus</a>. You may also contact your health plan by calling the number on the back of your medical ID card.</p>	



## NON-DISCRIMINATION POLICY

### Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.  
We do not discriminate on the basis of race, color, national origin, sex, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



## LANGUAGE ASSISTANCE

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984.
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બાજી વ્યક્તિને અસુ બા.અમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
日本語 Japanese	ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
ພາສາລາວ Laotian	ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເປັນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອສົມກັບນາຍແປພາສາ, ໃຫ້ໃບຫາເບີ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánilwo'ígíí, na'idílkidgo, ts'idá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bina'idílkidígíí bee níł hodoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شمار 855-710-6984 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.



## CONTACT US

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### We're Here to Help



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

Live chat is available when you log in to your Blue Access for Members account or when you use the BCBSTX App.

Text **BCBSTXAPP** to **33633** to get a download link.\*

\*Standard messaging rates apply.



**BlueCross BlueShield of Texas**

### [www.healthselectoftexas.com](http://www.healthselectoftexas.com)

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The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Wondr and Real Appeal are independent companies that provide wellness services for HealthSelect of Texas and Consumer Directed HealthSelect. They are solely responsible for the products and services that they provide. Your acceptance is not guaranteed.

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