

Health Insurance Basics and Blue Cross and Blue Shield of Texas (BCBSTX) Resources

BCBSTX offers a variety of tools and resources to help your participants make the most of their HealthSelect plan benefits.

RESOURCES

BCBSTX's Personal Health Assistants

Personal Health Assistants are trained to help you and your covered family members plan for better health care and save money! When you have a question about your coverage, calling a Personal Health Assistant is a great place to start. Personal Health Assistants can help with the following, and more:

- Helping you better understand your plan's benefits and coverage
- Scheduling appointments
- Helping you find in-network providers and facilities
- Connecting you with a clinician for any medical questions or concerns
- Sharing information about web and mobile tools, and helping you use them

To talk to a Personal Health Assistant, call toll-free at (800) 252-8039, Monday-Friday 7 a.m. - 7 p.m. central time (CT) and Saturday 7 a.m. - 3 p.m. CT. Personal Health Assistants are also available by chat within Blue Access for MembersSM Monday-Friday 8 a.m. - 5 p.m. CT.

Blue Access for MembersSM and the BCBSTX Mobile App

[Blue Access for Members](#) and the BCBSTX Mobile App help you manage your benefits at your fingertips.

Within Blue Access for Members, you can do all of the following, and more:

- Order a replacement ID card or print/download a temporary card
- Change your primary care physician (PCP) on file
- Check claims' status
- Review Explanation of Benefits (EOBs) statements
- Confirm coverage
- Find an in-network doctor or a hospital

How to Register for Blue Access for Members

1. Go to www.healthselectoftexas.com and click "Log In" in the top right corner.
2. Click "Register now" within the dropdown.
3. Follow the prompts to create your account using the information on your ID card.
4. Welcome to Blue Access for Members!

BCBSTX Mobile App

The BCBSTX mobile app offers many of the same tools as Blue Access for Members, from your mobile phone. You can download the BCBSTX app on your smartphone using the App Store or Google Play, or text "BCBSTXAPP" to 33633 to receive a link to download.

HEALTH INSURANCE BASICS: Important Terms to Know

These basic health insurance terms can help you understand your coverage and what treatment may cost for you. If you have any questions about your coverage or benefits, call a Personal Health Assistant from BCBSTX toll-free at (800) 252-8039, Monday–Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m. central time.

Allowable Amount – the maximum amount the plan will pay for a covered health service. For in-network providers, the allowable amount is BCBSTX’s contracted rate for that provider. When you see in-network providers, you cannot be billed any amount above the allowable amount. However, if you see an out-of-network provider, the allowable amount is often less than the allowable amount for a network provider. As a result, your cost will generally be higher. Also, you may be responsible for charges above the allowable amount when you see out-of-network providers. This is referred to as balance billing.

Coinsurance – the percentage of the allowable amounts you are required to pay for certain covered health services. For services where coinsurance applies, the amount will be included on your Explanation of Benefits.

Examples of services where coinsurance applies include: diagnostic labs and x-rays, high-tech radiology, outpatient surgery, durable medical equipment, etc.

Copay – the set dollar amount you pay for certain covered health services such as office visits or emergency room visits. A copay, unlike coinsurance, is a set amount and is usually required to be paid up front.

Deductible – the amount you must pay out-of-pocket before your plan begins to pay for covered health services.

- HealthSelectSM of Texas In-Area does not have a deductible for services received in-network. When you choose to see an out-of-network provider, you will be responsible for a deductible: \$500 per person/\$1500 per family.
- HealthSelect Out-of-State does not have a deductible for services received from in-network providers. When you choose to see an out-of-network provider, you will be responsible for a deductible: \$500 per person/\$1500 per family.
- Consumer Directed HealthSelectSM has an in-network deductible of \$2,100 per person/\$4,200 per family and out-of-network deductible of \$4,200 per person/ \$8,400 per family.
- HealthSelect Secondary has a \$200 per person/\$800 per family deductible.

For HealthSelect plans, the deductible starts over January 1 each year.

Point of Service Health Plan – a health plan that requires a primary care physician who directs your care to in-network providers and requires referrals to see specialists. A point of service plan allows you the freedom to choose a provider outside of the network, but you will pay a greater share of the cost. HealthSelect of Texas is a point of service plan. A point of service plan is not the same as a Health Maintenance Organization (HMO). HMO plans do not allow benefits out-of-network.

Prior Authorization – (sometimes known as preauthorization or predetermination) the review process that the plan uses to determine whether certain services will be covered. For the HealthSelect plans, prior authorizations are needed for some covered health services, like outpatient surgical procedures, inpatient hospital stays, and therapy.

Referral – an authorization obtained from your primary care physician that allows you to receive in-network benefits while seeing a specialist physician. A referral is different from a prior authorization. The HealthSelect of Texas In-Area plan requires referrals to see certain specialists. No referrals are required for HealthSelect Out-of-State, Consumer Directed HealthSelect or HealthSelect Secondary plans.

Third Party Administrator – for the HealthSelect plans, Blue Cross and Blue Shield of Texas is the third party administrator. The Employees Retirement System of Texas (ERS) sets the benefits and pays the claims, while BCBSTX manages the provider network, processes claims and provides customer service.