

2025 Summer Enrollment Guide

The 2026 plan year begins Sept. 1, 2025,
and runs through Aug. 31, 2026.

Benefits that Work for You *Smart Choices Today for a Healthier Tomorrow*

healthselectoftexas.com



WELCOME TO YOUR PLAN YEAR 2026

Valuable choices for better health

Selecting your medical plan during Summer Enrollment is a first step in making choices to get the most value from your medical plan—value that leads to better health for you and your family. In this guide, you will learn about your medical plan options, changes or updates to your plan benefits and where to access important health and wellness resources.

The Employees Retirement System of Texas (ERS) manages the Texas Employees Group Benefits Program (GBP). HealthSelect of Texas® and Consumer Directed HealthSelectSM are part of the GBP and are administered by Blue Cross and Blue Shield of Texas (BCBSTX). ERS determines medical coverage for enrolled participants and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

Stay up to date on the latest Summer Enrollment updates by visiting **healthselectoftexas.com** and clicking on the Summer Enrollment banner.



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Scan the QR codes in this brochure with your phone's camera app to learn more about each benefit.

Scan to visit the Summer Enrollment webpage.

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



WHAT'S NEW

Benefits Updates

Annual out-of-pocket maximum

Effective Jan. 1, 2026, the total in-network annual out-of-pocket maximum will increase for all HealthSelect plans, including Consumer Directed HealthSelect. The out-of-pocket maximum will increase to \$8,300 for employee-only 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.

New condition management program: Omada® for Diabetes

HealthSelect medical plans will be rolling out a new condition management program for diabetes management effective Sept. 1, 2025.

You can access all the condition management programs (see *pages 8-9*), including Omada, by scanning the QR code and within Blue Access for MembersSM.

Learn more about Plan Year 2026 benefits updates on the Summer Enrollment webpage.

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



Enrollment Plan Comparison Chart

	HealthSelect of Texas [®]	HealthSelect SM Out-of-State	Consumer Directed HealthSelect SM
Available to	Active employees, non-Medicare-eligible retirees and their eligible dependents, who live or work in Texas	Active employees, non-Medicare-eligible retirees and their eligible dependents, who live or work outside of Texas	Active employees, non-Medicare-eligible retirees and their eligible dependents
Type of plan	Point-of-service plan (HME on your ID card refers to the HealthSelect network , not HMO)	Preferred provider organization (PPO)	High-deductible health plan paired with a health savings account (HSA)
Health care benefits (in-network)	When you see in-network providers, you pay: <ul style="list-style-type: none"> • no deductible, • nothing for preventive care and • a copay for primary care provider (PCP) and specialist visits 	When you see in-network providers, you pay: <ul style="list-style-type: none"> • no deductible, • nothing for preventive care and • a copay for PCP and specialist visits 	When you see in-network providers, you pay: <ul style="list-style-type: none"> • nothing for preventive care and • the full cost for most care and prescriptions until you meet your annual deductible
Preventive care services covered at no cost	Yes, for in-network providers	Yes, for in-network providers	Yes, for in-network providers
Medical and mental health Virtual Visits	You pay nothing	You pay nothing	You must meet your annual deductible before visits are covered. You will pay 20% coinsurance after meeting the deductible.
Annual deductible (when you stay in-network)	No	No	Yes
Out-of-network benefits available	Yes, but with higher out-of-pocket costs	Yes, but with higher out-of-pocket costs	Yes, but with higher out-of-pocket costs
Requires a PCP on file to receive in-network benefits	Yes	No	No
Requires referrals to see specialists	Yes	No	No
Includes an HSA	No	No	Yes
Eligible for TexFlex SM health care flexible spending account (FSA)	Yes	Yes	Limited-Purpose FSA that can only be used for eligible vision and dental expenses

LEARN ABOUT YOUR BENEFITS

Choose a primary care provider (PCP)

healthselectoftexas.com/find-a-doctor-hospital/choose-a-primary-care-provider

Your PCP serves as your primary point of contact when you need non-emergency medical care. To choose a PCP, call **(800) 252-8039 (TTY: 711)** to speak with a BCBSTX Personal Health Assistant or log in to Blue Access for Members.

If you are enrolled in HealthSelect of Texas, you are required to choose a PCP to get the highest level of benefits and keep your health care costs down.



Referrals

healthselectoftexas.com/find-a-doctor-hospital/referrals-and-prior-authorizations

A referral is a written order from your PCP for you to see a specialist. For most services, you need to get a referral before you can get medical care from anyone except your PCP.

Referrals are required under the HealthSelect of Texas® plan.



Medical and mental health Virtual Visits

healthselectoftexas.com/medical-benefits/virtual-visits

Virtual Visits let you consult with health care providers online so you or your covered family members can get care from the comfort of your own home. HealthSelect of Texas and HealthSelectSM Out-of-State participants get medical and mental health Virtual Visits at no cost through **Doctor On Demand**® and **MDLIVE**®. Consumer Directed HealthSelect participants must meet the annual deductible before visits are covered, and then pay 20% coinsurance.



LEARN ABOUT YOUR WELLNESS AND REWARDS PROGRAMS

Buena Vida

healthselectoftexas.com/wellness-resources/buena-vida

HealthSelect participants have access to the Buena Vida well-being platform where you can access wellness programs, take the health assessment to learn about your overall health and track progress toward personal goals with a daily habits tool. Earn rewards for completing healthy activities like getting your annual preventive checkup, which earns you \$50 in Buena Vida Bucks.



HealthSelectShoppERS

healthselectoftexas.com/medical-benefits/healthselectshoppers

HealthSelectShoppERSSM allows eligible HealthSelect participants to save money and earn rewards for certain medical services. Use the Provider Finder[®] to compare costs and choose a lower-cost, quality provider with an associated reward. With HealthSelectShoppERS, you could earn up to \$500 in a TexFlexSM health care flexible spending account (FSA), per family, plan year, when you and your eligible dependents choose lower-cost options for medical services.



LEARN ABOUT YOUR CONDITION MANAGEMENT PROGRAMS



New! 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 changes that last — at your own pace — so you live healthier, feel better and have more energy.



Learn more on the Summer Enrollment page:

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



Hello Heart aims to prevent or decrease the development or advancement of heart disease and other cardiovascular conditions. Available at no additional cost to eligible participants, Hello Heart includes a blood pressure monitor that pairs directly with your smartphone. By building a habit of monitoring blood pressure and other aspects of heart health, participants can create sustained lifestyle changes.

The Hello Heart app offers Pregnancy Mode to support heart health during pregnancy. If you're eligible for Hello Heart and are pregnant, you can enable this mode for pregnancy-specific blood pressure tracking and tips. You can turn Pregnancy Mode on or off anytime in your settings.



healthselectoftexas.com/condition-management/hello-heart



Hinge Health is a digital, physical therapist-led musculoskeletal (MSK) care program. Hinge Health is available at no additional cost to eligible participants and includes access to the Hinge Health mobile app and a care team including a board-certified health coach and physical therapist. This digital program is focused on exercise therapy designed to address a wide range of MSK conditions. It can be done anywhere, at any time.

Hinge Health includes a virtual pelvic health therapy program for women. Because pelvic floor disorders are different for everyone and can happen at any age, the women's pelvic health program offers tailored treatment that can help with bladder and bowel control, pelvic pain and pregnancy and postpartum-related pelvic dysfunction.



healthselectoftexas.com/condition-management/hinge-health

Learn to Live is an online, on-demand, self-paced mental health service grounded in cognitive behavioral therapy. This style of therapy focuses on thoughts and actions and how adjusting those can positively impact an individual's state of mind.

Learn to Live provides online, coach-supported programs to help participants overcome depression, insomnia, panic, stress, anxiety and worry, social anxiety and substance use. Participants can also work with a Learn to Live Coach via their preferred communication method after completing an initial assessment. Learn to Live is available to eligible participants at no additional cost.

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



Care Management

The care management program gives HealthSelect medical plan participants access to a team of dedicated Texas-based care management clinicians who can address all types of physical and mental health-related questions. Clinicians can help answer health questions about asthma, cancer, diabetes, heart disease, high blood pressure, musculoskeletal conditions and pregnancy. Dedicated mental health clinicians are available for concerns including substance use issues, anxiety, depression, domestic violence, grief, post-traumatic stress disorder and stress.

healthselectoftexas.com/condition-management/care-management



PLAN COMPARISON CHARTS

	HealthSelect [®] <small>of Texas</small>		CONSUMER DIRECTED HealthSelect [™]	
	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Administrator	Blue Cross and Blue Shield of Texas (BCBSTX)			
Annual deductible	None	\$500 per individual \$1,500 per family	\$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
Out-of-network benefits?		Yes. See next page for details.		Yes. See next page for details.
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.		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) ¹	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		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	
Out-of-pocket coinsurance maximum	\$2,000 per person	\$7,000 per person	None	None
Inpatient copay maximum	\$750 copay max, up to 5 days per hospital stay \$2,250 copay max per calendar year per person		None	None
Primary care provider (PCP) required?	Participants who live and work in Texas: Yes Out-of-state participants: No	No	No	No
Referrals required?	Participants who live and work in Texas: Yes Participants who live out of state: No	No	No	No

¹Includes medical and prescription drug copays, coinsurance and deductibles. Excludes out-of-network and bariatric services.

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

PLAN COMPARISON CHARTS

Health Plan Benefits

Service	HealthSelect of Texas® and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
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	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply	20% coinsurance after annual deductible is met	20% coinsurance after annual in-network deductible is met
Ambulance services (non-emergencies*)	20% coinsurance	20% coinsurance; annual deductible does not apply	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	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Bariatric surgery* Additional eligibility requirements apply. See the MBPD for details.	• Deductible: \$5,000 • Coinsurance: 20% • Lifetime max: \$13,000	Not covered	Not covered	Not covered
Chiropractic care	• Without office visit: 20% coinsurance • With office visit: \$40 copay plus 20% coinsurance • 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	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
Cranial hair prosthetics (wigs)	20% coinsurance; limited to lifetime benefit max of \$1,000. Out-of-network deductible does not apply.		20% coinsurance after annual deductible is met; limited to lifetime benefit max of \$1,000.	
Diagnostic A1c testing (for participants diagnosed with diabetes)	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance; deductible does not apply	40% coinsurance after annual deductible is met
Diabetes equipment	20% coinsurance; see page 14 for details.	40% coinsurance after annual deductible is met; see page 14 for details.	20% coinsurance after annual deductible is met; see page 14 for details.	40% coinsurance after annual deductible is met; see page 14 for details.
Diabetes supplies	See page 14 for details.			
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met	Covered at 100%; subsequent scans after breast cancer is established are covered at 100% after annual deductible is met	40% coinsurance after annual deductible is met
Durable medical equipment	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	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 (Network benefits apply to services rendered by an out-of-network provider in a network facility.)	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. (Network benefits apply to services rendered by an out-of-network provider in a network facility.)

*It is recommended your provider submit a request to BCBSTX to confirm coverage, limitations and medical necessity prior to rendering services.

PLAN COMPARISON CHARTS

Service	HealthSelect of Texas® and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Facility emergency care (non-FSER) 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.	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.
Freestanding emergency room (FSER) 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.	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.
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	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.		20% coinsurance after annual in-network deductible is met. 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.		20% coinsurance after annual in-network deductible is met; limit of one hearing aid per ear per 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)*	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Home health care*	20% coinsurance	40% coinsurance after annual deductible is met Maximum 100 visits per calendar year (for out-of-network only)	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met. Maximum 100 visits per calendar year
Inpatient* and outpatient hospice and rehabilitation	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Inpatient hospital facility (medical and mental health semi-private room and day's board, and intensive care unit)*	<ul style="list-style-type: none"> \$150/day copay plus 20% coinsurance \$750 copay max, up to 5 days per hospital stay \$2,250 copay max per calendar year per person 	<ul style="list-style-type: none"> \$150/day copay plus 40% coinsurance after annual deductible is met. \$750 copay max, up to 5 days per hospital stay \$2,250 copay max per calendar year per person 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Maternity care doctor charges only; inpatient hospital copays will apply	\$25 or \$40 copay for the visit to confirm pregnancy. No cost for subsequent routine prenatal, postnatal visits and obstetrician delivery services.	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met for the visit to confirm pregnancy. No cost for subsequent routine prenatal, postnatal visits and obstetrician delivery services.	40% coinsurance after annual deductible is met

*It is recommended that your provider submit a request to BCBSTX to confirm coverage, limits and medical necessity prior to rendering services.

PLAN COMPARISON CHARTS

Service	HealthSelect of Texas® and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Medications and injections administered by a provider (including specialty medications obtained through BCBSTX*)	<ul style="list-style-type: none"> Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit) Any other outpatient location: 20% coinsurance. Preventive vaccines covered at 100% 	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met
Mental health provider office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient facility care (includes mental health partial hospitalization/ day treatment and extensive outpatient treatment*)	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
PCP office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Private duty nursing*	20% coinsurance	40% coinsurance after annual deductible is met Maximum of 96 hours per calendar year	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met Maximum of 96 hours per calendar year
Retail health/ convenience care clinic	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	\$40 copay	40% coinsurance after annual deductible is met	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	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Specialist physician office visit (non-mental health)	\$40 copay with valid PCP referral on file	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Surgery in a physician's office	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Surgery (outpatient) other than in physician's office*	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Telemedicine visit	Coverage is based on place of treatment billed. <ul style="list-style-type: none"> Provider's office: \$25/\$40 copay for physician's office visit Any other outpatient telemedicine: 20% coinsurance 	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Urgent care clinic	\$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual Visits (medical and mental health)	\$0 copay for virtual visits when provided by Doctor On Demand® or MDLIVE®	Not covered	20% coinsurance after annual deductible is met for virtual visits when provided by Doctor On Demand or MDLIVE	Not covered

*It is recommended your provider submit a request to BCBSTX to confirm coverage, limitations and medical necessity prior to rendering services

Diabetes Equipment and Supplies by Plan

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 prescription drug benefits or for help finding an in-network pharmacy, contact HealthSelect PDP customer care toll-free at **(800) 935-7189 (TTY: 711)**. For more information on your medical plan benefits, contact a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY: 711)**. To see if any other programs for diabetic supplies and equipment may be available to you, see your health plan's Master Benefit Plan Document.

	HealthSelect of Texas® and HealthSelect SM Out-of-State		Consumer Directed HealthSelect SM	
	Prescription Drug Program (PDP) benefits	Medical plan benefits	Prescription Drug Program (PDP) benefits	Medical plan benefits
Diabetes equipment - glucometers	Certain brands of preferred glucometers are covered at no cost to participants when received through the free glucometer program*. For more information on the free glucometer program, call HealthSelect PDP customer care.	Refer to Prescription Drug Program (PDP) benefits	Certain brands of preferred glucometers are covered at no cost to participants when received through the free glucometer program*. For more information on the free glucometer program, call HealthSelect PDP customer care.	Refer to Prescription Drug Program (PDP) benefits
Diabetes equipment - Continuous glucose monitors / insulin pumps	Certain brands of continuous glucose monitors and related supplies	20% coinsurance for in-network and 40% coinsurance for out-of-network covered continuous glucose monitors and insulin pumps through durable medical equipment benefits.	Certain brands of continuous glucose monitors and related supplies	20% coinsurance for in-network and 40% coinsurance for out-of-network covered continuous glucose monitors and insulin pumps through durable medical equipment benefits.
Diabetic supplies	Certain brands of preferred diabetic test strips* are covered at no cost to participants when purchased from a PDP in-network pharmacy. Lancets and lancing devices, and syringes are covered at no cost to participants when purchased from a PDP in-network pharmacy.	20% coinsurance for in-network and out-of-network diabetic supplies used exclusively with a provider prescribed continuous glucose monitor or insulin pump. For all other diabetic supplies, refer to PDP benefits.	20% coinsurance for covered diabetic supplies after annual in-network deductible is met when purchased from a PDP in-network pharmacy 40% coinsurance after annual out-of-network deductible is met when purchased from a PDP out-of-network pharmacy	20% coinsurance for in-network and out-of-network diabetic supplies used exclusively with a provider prescribed continuous glucose monitor or insulin pump. For all other diabetic supplies, refer to PDP benefits.
Prescription insulin	In-network pharmacy: Insulin products on the PDP drug list (formulary) are covered with a maximum \$25 copay per 30-day supply, regardless of tier. Out-of-network pharmacy: Insulin products are covered at a Tier 1, Tier 2 or Tier 3 copay and 40% coinsurance.	Not covered under medical plan benefits	In-network pharmacy: 20% coinsurance (up to \$25 maximum per 30-day supply) for insulin products on the PDP drug list (formulary) Out-of-network pharmacy: 40% coinsurance for insulin products after annual out-of-network deductible is met	Not covered under medical plan benefits

*Benefits and covered brands of glucometers and test strips are subject to change.



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 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.

Sapphire Digital is an independent company that administers the HealthSelectShoppERSSM program for BCBSTX. BCBSTX makes no endorsement, representation or warranty regarding Sapphire Digital's administration of the HealthSelectShoppERS program. Information received through the HealthSelectShoppERS program is not meant to replace the advice of a health care professional, and decisions regarding the course and place of treatment remain with the member and his or her health care provider. Eligibility for rewards is subject to the terms and conditions of the HealthSelectShoppERS program. Active HealthSelect of Texas®, HealthSelectSM Out-of-State and Consumer Directed HealthSelectSM participants may be eligible for rewards. Consumer Directed HealthSelect participants are eligible for a limited-purpose FSA that can only be used for eligible vision and dental expenses.

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.

Omada is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide chronic disease prevention solutions 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.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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

WE'RE HERE TO HELP YOU

BCBSTX PERSONAL HEALTH ASSISTANTS CAN:

- answer questions about medical and mental health benefits,
- assist with referrals if your plan requires them,
- help you locate in-network providers and schedule or cancel doctor's appointments,
- provide you with cost estimates for services and
- help you shop for cost-effective providers and earn HealthSelectShoppERSSM rewards.

Call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039 (TTY: 711)**. BCBSTX Personal Health Assistants are available Monday – Friday, 7 a.m. – 7 p.m. and Saturday, 7 a.m. – 3 p.m. CT.

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. Secure messaging is available 24 hours a day, and you will receive an email response in one to two days. Secure chat and secure messaging are available once you are logged in to Blue Access for Members.



BlueCross BlueShield of Texas

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a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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