



BlueCross BlueShield
of Texas



2026 Medicare Advantage Plan Highlights



Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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BCBSTX Advantages

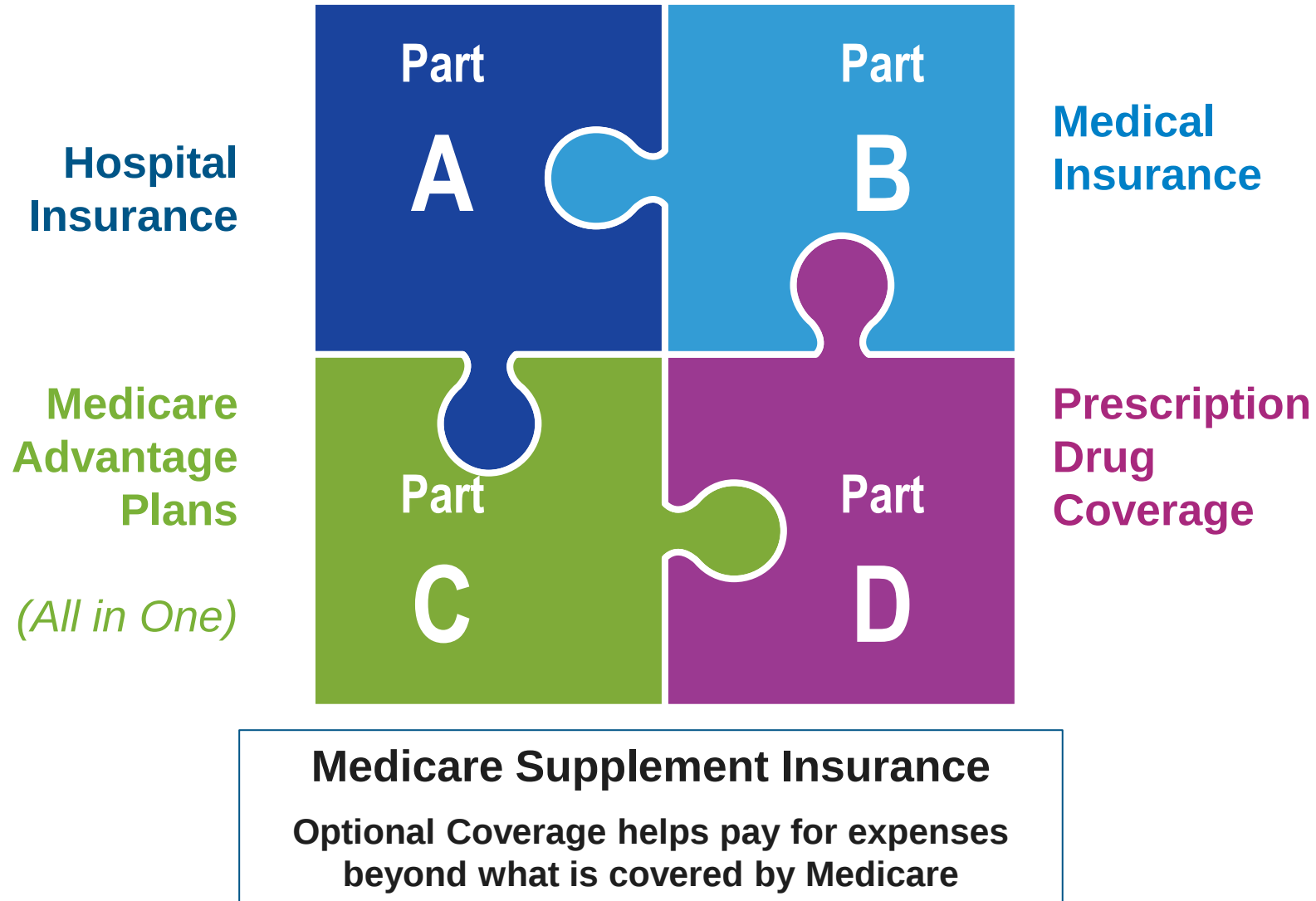
- Same Benefits In-network and Out-of-network
- Dedicated Care Management Professionals
- Prevention and Wellness Support
- Medicare-Specialized Customer Service Team
- Rewards Program
- 24-hour Nurseline / After-Hours Clinical Line

Open Access Plan

- Blue Cross Group Medicare Advantage Open Access (PPO) offers members access to care from providers nationwide who accept Medicare and will bill the plan.
- 98% of U.S. physicians accept Medicare, according to the Centers for Medicare & Medicaid Services (CMS).
- Coverage levels for members are the same inside and outside their plan service area for covered benefits.
- Referrals are not required for specialist visits.



Medicare Basics



What is a Medicare Advantage Plan?

- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all the benefits of Original Medicare (Parts A & B) plus some things Medicare doesn't like health and wellness benefits
- Think of MAPD as your all-in-one plan, covering all your hospital and medical services as well as prescription drugs
- You will also have access to extra health and wellness benefits such as the SilverSneakers® Fitness Program, Rewards Program, 24/7 Nurseline and Virtual Visits



Plan Details

Plan Introduction

Medicare-eligible retirees and dependents will have two new medical plan options to replace the current plan options:

- **Blue Cross Group Medicare Advantage Open Access (PPO)SM** (MAPD)
- **Blue Cross Group Medicare Advantage (HMO)SM** (MAPD)
 - *Available anywhere in Texas*



Blue Cross Group Medicare Advantage (MAPD) Highlights

Medical Coverage Open Access PPO	
Annual Deductible	\$0 Deductible
Out-of-Pocket Maximum	\$0 OPX
Primary Care Office Visit	\$0 copay
Specialist Care Office Visit	\$0 copay
Inpatient Hospital Services	\$0 copay
Outpatient Hospital Services	\$0 copay
Emergency Care	\$0 copay
Urgent Care	\$0 copay
Physical, Speech & Occupational Services	\$0 copay
Ambulance Services	\$0 copay
Rx Deductible	\$0 copay
Rx Drug 5 Tiers – 30-day supply	\$10/\$20/\$35 copay

Blue Cross Group Medicare Advantage (MAPD) Highlights

Medical Coverage HMO	
Annual Deductible	\$0 Deductible
Out-of-Pocket Maximum	\$6,700 OPX
Primary Care Office Visit	\$20 copay
Specialist Care Office Visit	\$40 copay
Inpatient Hospital Services	\$250 copay
Outpatient Hospital Services	\$125 copay
Emergency Care	\$50 copay
Urgent Care	\$20 copay / \$0 copay through MDLive
Physical, Speech & Occupational Services	\$40 copay
Ambulance Services	\$50
Rx Deductible	\$0
Rx Drug 5 Tiers 30-day supply	\$10/\$20/\$40 copay

Pharmacy Overview

National Pharmacy Network

Your plan gives you access to over 61,000 pharmacies.

We make it easy and affordable to get the medications you need, in your neighborhood or across the country. Our national pharmacy network includes over 61,000 retail locations.

All major national retail and grocery pharmacy chains participate in the network.



What is a Drug List?

A drug list, also known as a **formulary**, is a list of medications that are covered by your plan.

It also shows if a medication is subject to certain restrictions, also known as utilization management. Utilization management (UM) includes:

- Prior Authorization Criteria (PA)
- Quantity Limits (QL)
- Step Therapy (ST)



When you call the Enrollment Helpline, an advisor can review if any of the above applies to your medications.



Part D Formulary (Drug List)

- Our Part D Formulary offers comprehensive and robust coverage for most commonly prescribed medications.
- The formulary covers both **brand name** and **generic drugs** as well as **specialty medications**.
- Generic drugs have the same active ingredient as their brand name equivalents and usually cost less than brand name drugs.
- The formulary is set up in **tiers**. A drug in a lower tier will generally cost you less in out-of-pocket expenses than a drug in a higher tier.



Prescription Drug Formulary

Drugs are placed in tiers:

- The costs for drugs in each tier are different
- Drugs on lower-number tiers cost less
- Tier 1 includes the drugs prescribed for common conditions
- The drug list will tell you which tier a drug is in, and you can find cost sharing information in your Summary of Benefits.

Tier 1
Preferred Generics

Tier 2
Non-Preferred Generics

Tier 3
Preferred Brand

Tier 4
Non-Preferred Drug

Tier 5
Specialty

Utilization Management (UM)

What do you do if Utilization Management applies to a medicine you are taking or it is not on the Drug List?

- **Talk to your doctor** to decide if you should switch to another quantity or an appropriate drug that we cover
- **Contact us** to find out if we cover another drug that is used to treat your condition, or log into **MyPrime.com** to look up the medicine on your drug list
- You or your doctor may **ask for an exception**. We will work with your doctor to help make sure you're getting the right medicine for you



Non-Medicare Covered Drugs

- Vitamins and mineral products ordered by a doctor
- For cough or cold
- For cosmetic purposes or to aid hair growth
- For care of anorexia, weight loss, or weight gain, erectile dysfunction
- Drugs not approved by the FDA



**No Medicare
pharmacy plans
cover these
medicines**

Important Notes: Some of these may be covered on PPO plan only due to Supplemental Drug List

Non-Medicare covered drugs are excluded from Medicare Part D coverage per CMS. Your current pharmacy plan also excludes non-FDA approved drugs, over-the-counter drugs, and drugs used for cosmetic purposes.

Submitting a Coverage Determination

You or your doctor can submit a coverage determination request if your medication requires:

- Prior Authorization
- Step Therapy
- Quantity Limit
- Formulary Exception



How does it work?

- You or your provider/physician can call the customer service number on the back of your Member ID Card: **1-877-299-1008 TTY 711**



- Your provider/physician can fill out the coverage determination request form by:
 - Calling Customer Service and returning the form by fax or mail
 - Accessing the online form at **MyPrime.com**



Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can use one of two specialty pharmacy options:



Walgreens Specialty Pharmacy

Visit [WalgreensMailService.com](https://www.walgreensmailservice.com)

or call **1-877-627-6337** to get started

Accredo®

Visit [accredo.com](https://www.accredo.com)

or call **1-833-721-1619** to get started

Home Delivery Pharmacy

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home.

This service offers:

- Three ways to order refills: online, by phone or through the mail
- Up to a 90-day supply of medications at one time
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.



You will need to set up an account using your member ID with one of two options:

Walgreens Mail Service

Visit [WalgreensSpecialtyRx.com](https://www.walgreenspecialtyrx.com)

or call **1-877-277-7895**

Express Scripts® Pharmacy

Visit [express-scripts.com/rx](https://www.express-scripts.com/rx)

or call **1-833-599-0729**

Amazon Pharmacy

Visit [pharmacy.amazon.com](https://www.pharmacy.amazon.com)

or call **1-855-393-4279**

Pharmacy Transition Benefit

- If you are transitioning from another plan, you are eligible for a **30-day supply** at the pharmacy of non-covered or restricted drugs during the first 90 days of enrollment
- **Drugs eligible for transition benefits:**
 - Part D drugs that are not on the formulary
 - Part D drugs that require utilization management (PA, QL, ST)
- Member and provider will receive a letter within 3 days of filling a **transition prescription** highlighting next steps:
 - Discuss formulary alternatives with your doctor
 - Submit a Prior Authorization or Formulary Exception request



Understanding Medicare Part B and Part D

B



VS

D



- Drugs that you don't administer yourself/given in provider's office
- Diabetic supplies as dictated in your Summary of Benefits
- Vaccines covered by Part B
 - Flu
 - Pneumonia
 - Hepatitis B
 - Tetanus/rabies

- Common outpatient drugs you can get at the pharmacy (High blood pressure, High cholesterol, Depression, Osteoporosis)
- Diabetic medications
- Diabetic supplies necessary to inject insulin, including syringes, needles, alcohol swabs and gauze.
- Injectable insulin NOT associated with the use of a durable insulin infusion pump
- Vaccines covered by Part D
 - Shingles
 - Hepatitis A

Searching for Providers

1. Go to www.bcbstx.com/retiree-medicare-tools
2. Scroll down to the **Find a Doctor or Hospital** section
3. Select the link under **Blue Cross Group Medicare Advantage Open Access (PPO)** or **Blue Cross Group Medicare Advantage (HMO)**
4. The Provider Finder will open in a new tab
5. Search for in-network providers by name, specialty or location

Find a Doctor or Hospital

Search Provider Finder® to find the most up-to-date network of doctors, specialists, hospitals and other health care providers. Be sure to schedule your annual wellness visit with your primary care provider (PCP) soon after your coverage effective date. [Use this checklist](#) to guide the conversation. Your PCP can let you know if you'll need a referral to see a specialist.

Blue Cross Group Medicare Advantage (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#).

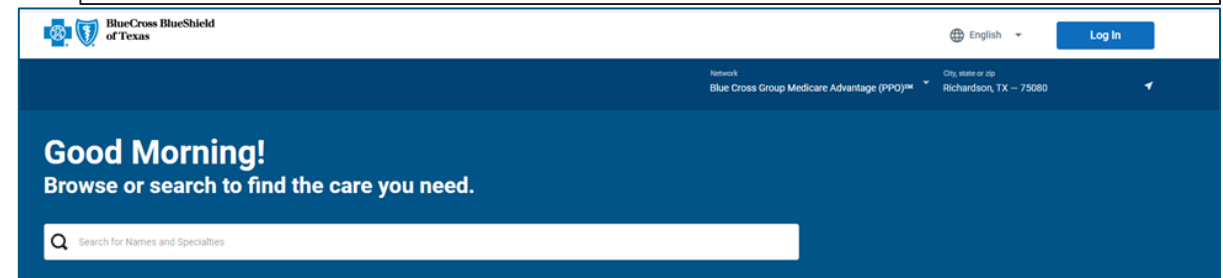
Blue Cross Group Medicare Advantage Open Access (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#).

[Find any provider who accepts Medicare assignment](#).

Blue Cross Group Medicare Advantage (HMO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#).



Searching for Medicines

Visit www.myprime.com to search for medicines and pharmacies before you enroll in the plan.*

The Drug Finder will open in a new tab.

Select ‘Medicines,’ then:

‘Find medicines,’ followed by ‘Continue without sign in.’

Under ‘Select your Health Plan’:

- Select ‘BCBS Texas.’
- Answer ‘Yes.’
- Scroll to the bottom of the drop-down list and select
Blue Cross Group Medicare Advantage (PPO) – 5T, or
Blue Cross Group Medicare Advantage (HMO) – 5T
- Click ‘Continue.’

* Note: Formularies will not be available until October 1, 2024. You will not see the HMO plan as an option until then.

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits in your enrollment kit for your cost.

The image shows a sequence of three screenshots from the MyPrime website. The top screenshot shows the navigation bar with 'Medicines' highlighted, and a dropdown menu with options: 'Your medicines', 'Fill with home delivery', 'Fill specialty medicines', 'Prescription history', and 'Find medicines'. The middle screenshot shows the 'Select your health plan' form with the following fields: 'What is your health plan or employer?' (BCBS Texas), 'Are you a Medicare Part D member, shopping for a Medicare plan with prescription drug coverage, or a Retirement Benefit Enrollee?' (Yes), and 'What is your health plan type? If you are unsure, contact your benefits administrator.' (Blue Cross Group Medicare Advantage (PPO)SM-5T Complete). The bottom screenshot shows the 'Add a medicine' search bar with a search icon and the text 'Search by medicine name'.

Searching for Pharmacies

Visit www.myprime.com to search for pharmacies.

Select the **Pharmacies** tab at the top navigation.

Select the **type of Pharmacy** (retail, preferred retail, mail order, etc.) and search by ZIP, city and state, or address.



Search for an in-network pharmacy

I'm searching for

Retail

 pharmacies.?

Q Enter ZIP, city and state, or address

Q Enter a pharmacy name (optional)

Located within

5 miles

I want to view pricing results for

☒ 30-day supply

☐ 90-day supply

Search

Cancel

Supplemental Benefits

Included in your plan, you will have access to extra health and wellness benefits:

- Hearing
- Vision
- Meals at Home
- Blue365®
- 24/7 Nurseline
- SilverSneakers® Fitness Program
- Non-Emergency Transportation
- Wellness Solutions
- Rewards Program
- Virtual Visits



Hearing Services

You Can Enjoy Better Hearing While You Save:

1. You can lower the cost of hearing tests, evaluations and hearing aids from TruHearing® with discounts through Blue365®. All members can enjoy Blue365 health and wellness discounts, and it is free to join.
2. Your plan has a hearing aid allowance, which allows you to cut your out-of-pocket costs even more by combining your allowance and the Blue365 discounts.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance.





BCBSTX partners with TruHearing® to provide additional hearing services discounts.

Exams

- A hearing exam plus three follow-up visits for fitting and adjustments
- The convenience of over 6,000 provider locations nationwide
- Hearing solutions for almost all types of hearing loss

Hearing aids

- A worry-free purchase with 45-day trial and 3-year warranty
- 48 free batteries per aid included with non-rechargeable models
- Guides to help you get used to your new hearing aids



SilverSneakers®

What is SilverSneakers?

SilverSneakers is a fitness and lifestyle benefit that gives you the opportunity to connect with your community, make friends and stay active.

What does SilverSneakers include?

- Memberships to thousands of fitness locations
- Group exercise classes designed for all abilities
- SilverSneakers On-Demand® online workout videos that feature tips on fitness and nutrition, and allow you to exercise in the privacy and safety of your own home
- SilverSneakers GO® mobile app with workout programs, location finder and more

1. Visit www.silversneakers.com/StartHere to download or print your 16- digit member ID
2. Find one of the 22,000+ partnered fitness centers through the location finder
3. Show your SilverSneakers member ID to the desk attendant at fitness location.



Rewards Program

What is the Rewards Program?

The Rewards Program gives members a healthy and easy way to earn up to \$100 worth of gift cards annually from national and local retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

How do you get your rewards?

- Annual Wellness Visit
- Annual Flu Vaccine
- Diabetic Screenings
- Colorectal Cancer Screening
- Mammogram
- In-Home Test Kits

Visit www.BlueRewardsTX.com to register and learn more about the Rewards Program.



Virtual Visits

What are Virtual Visits?

Virtual Visits, powered by MDLIVE, allow Blue Cross Group Medicare Advantage plan members to access care for non-emergency situations by phone, mobile app or online video anytime, anywhere.

Speak to a doctor, a behavioral health specialist, or schedule an appointment at a time that works best for you.

Below are some examples of conditions that an MDLIVE doctor can treat:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear Infection
- Fever
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Sinus Infection
- Stress Management
- And More



Mom's Meals

Ensure you get the nutrition you need for better health:

- 28 meals/14 days, maximum of 3 times per year.
authorization required aftern inpatient stay
 - ✓ Dietitian-designed meals to support the nutritional needs of most common health conditions
 - ✓ High quality, refrigerated meals arrive at your home when you need them the most
 - ✓ Meals last for 14 days in the fridge—just heat, eat and enjoy in 2 minutes or less
- Call your case manager or the number on the back of your card to make arrangements



Non-Emergency Transportation

Your plan includes 12 one-way trips to plan-approved locations per year.

Coverage applies to travel to and from:

- In-network primary care provider appointments
- Other in-network health care providers
- The pharmacy to fill a prescription after a health care provider visit

The plan does NOT cover trips to:

- Non-medical appointments
- Visit a family member or friend
- Any out-of-network provider without a prior authorization

Call the Customer Service number on the back of your member ID card at least three days before your appointment.



Care Coordination Overview

Your plan offers the ability to work with Care Coordinators* to help manage your health care needs and connect you with the right resources for overall care management.

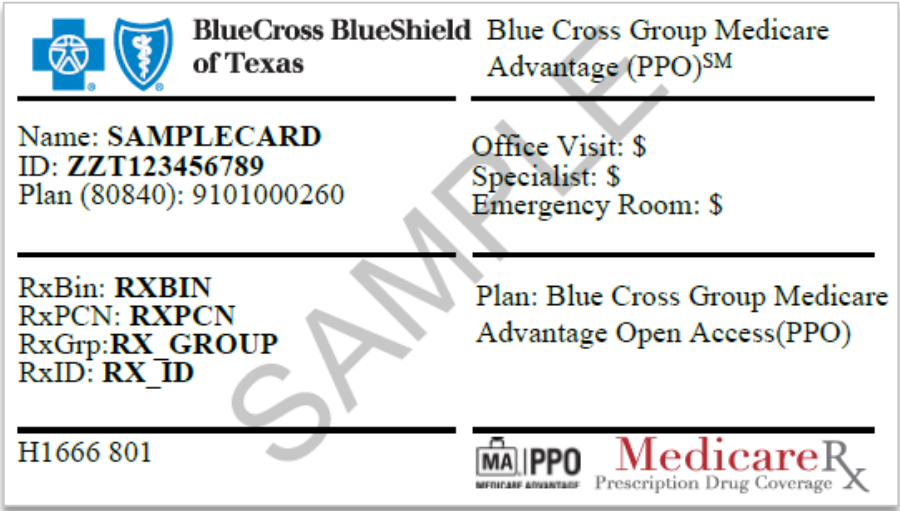
Care Coordinators are clinicians who can help you:

- Adjust to being at home, after a hospital stay
- Set up care with your doctor and other health care team members
- Better understand your health condition(s), medications and treatments
- Navigate the health care system to improve your quality of life and save money

***Care Coordinators are available to help you, but you do not have to use them to manage your care.**

Member ID Cards

2. Present your MAPD ID card at hospitals, your doctor’s office and at the pharmacy.



Sample MAPD ID Card

Questions and Assistance

Prior to 12/1/2024:

Education Helpline

1-877-842-7564 / TTY 711

The Enrollment Advisors can answer questions about your Medicare plan options.



Enrollment Helpline Hours of Operation:

8 a.m. – 8 p.m. CST, Monday – Friday

As of 10/1/2024, the line will be open

8 a.m. – 8 p.m. CT, seven days a week

Ongoing Communication

- Once you are a member, your plan becomes **your partner in health**.
- We'll send helpful health reminders for preventive actions such as immunizations and screenings throughout the year.
- We'll also send you holiday, birthday and courtesy cards as we continue to stay connected.
- If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you.



BCBSTX MAPD Welcome Kit

Welcome Kits will be mailed to new enrollees in mid to late December. The kit includes the following:

Welcome Guide	Information about how to use the Plan and details about benefit coverage
Star Rating	Star Ratings inform members on the Plan’s performance across CMS evaluation criteria
Directory Notice	Member instructions for accessing Plan documents online that includes Provider and Pharmacy directory and an Evidence of Coverage
ND Multi Language Insert	Informs on the availability of language assistance services





BlueCross BlueShield
of Texas



WELCOME

to Open Enrollment
for 2026



Agenda

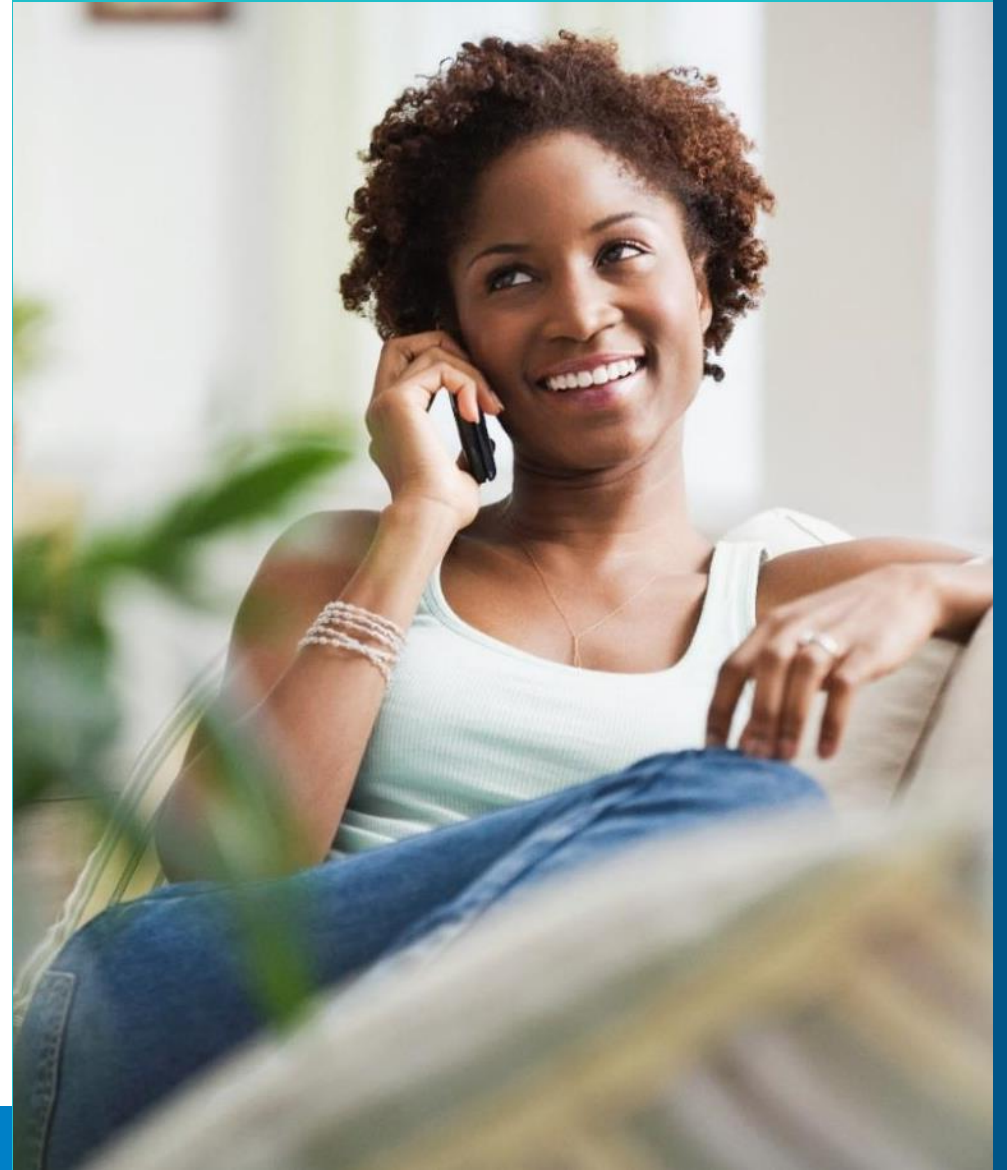
- What you need to know about your health and RX benefits
 - BCBSTX will be Medical Carrier
 - Prime Therapeutics will be Pharmacy Benefit Manager
- Resources
- Q&A

Customer Service

Call Customer Service for assistance and questions about:

- Claims
- Medical benefit coverage
- Finding network providers
- Membership and eligibility
- Navigating digital tools and resources
- ID card requests
- Health education and transfer to other health programs
- Transition of care

1-888-306-5753



Benefits Comparison

Benefit	PPO Plan		HDP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$500	\$1,000	\$1,700	\$3,000
Family Deductible	\$1,000	No limit	\$3,400	\$6,000
Individual Out-of-Pocket Max	\$3,000	No limit	\$3,000	No limit
Family Out-of-Pocket Max	\$6,000	No limit	\$6,000	No limit
Office Visit	\$15 Primary Care Physician \$25 Specialist ¹	60%*	80%*	60%*
Telehealth	\$15 Primary Care Physician \$25 Specialist	60%*	80%*	60%*
Preventive Care	100%	60%*	100%	60%*
Urgent Care Visit	\$35	60%*	80%*	60%*
Inpatient Admission	80%*	60%*	80%*	60%*
Emergency Room	\$300 Copay + 80% after deductible*		80%*	
All Other Covered Services	80%*	60%*	80%*	60%*
Retail Rx – Generic/ Preferred/Non-Preferred up to 30 days	\$15/\$30/\$60	N/A	80%*	N/A
Mail Order Rx – Generic/ Preferred/Non-Preferred up to 90 days	\$30/\$60/\$120	N/A	80%*	N/A
Specialty Pharmacy up to 30 days	\$10/\$20/\$40	N/A	80%*	N/A

*After Deductible

1. PEAQ refers to Physician Efficiency Appropriateness Quality Score.

Your BCBSTX ID Cards

- All ***new** employees will receive new ID cards
 - You should receive your new ID cards by **December 31, 2025**
 - Two ID cards are provided for family coverage
- Dependent names will not be listed on the ID cards. Providers are familiar with BCBSTX ID cards and will know there is dependent coverage based on the Family indicator on the card.
- After **January 1, 2026**, you can call Customer Service or log on to Blue Access for MembersSM to order additional or replacement ID cards

Denton County Mock ID Cards

BlueCross BlueShield

Subscriber Name:
JOHN SMITH

Identification Number:
ZGP123456789

Group Number: **392643**

Coverage Date: **01/01/25**

BCA FAMILY

pebc
PUBLIC EMPLOYEE
BENEFITS COOPERATIVE

DENTON COUNTY PPO

PCP/Specialist	\$25/\$35
MDLive Telemed	\$0
ER	\$300
RX Generic	\$15
RX Brand	\$30/\$60

RxBIN: 011552
RxPCN: BCTX

Member Name
Address Member City
State Zip

BlueCross BlueShield of Texas
P.O. Box 665730
Dallas, TX 75265-5730

Attached are your new ID cards. Please discard any previously issued cards. Always present your most current ID card to the hospital or provider when you or your covered dependents seek health care.

Estimados miembros, tenemos representantes que pueden explicar sus beneficios en Español. Por favor de llamar el número de servicio de cliente en su lengua.

BlueCross BlueShield of Texas

Log in to blueaccess
for Members

Verify your coverage on Blue Access for Members (BAM) by registering at the web address on the back of your ID card. Get started today!

- o Real time, 24/7 claim status
- o Check wellness information
- o View benefit details
- o Locate network doctors and hospitals

Explore BAM from your mobile device and opt in for alerts.

BlueCross BlueShield of Texas

www.bcbstx.com/pebc

Customer Svc	1-888-306-5753
Presuth-Medical	1-800-441-9188
Presuth-MH/CD	1-800-528-7264
Provider Service	1-800-451-0287
24/7 Nurseline	1-800-581-0393
MDLive-Telemed	1-888-680-8646
ComPsych EAP	1-844-213-8968

Deductible Information
Ind/Fam In Network \$500/\$1,000
Ind/Fam Out of Network \$1,000/UNLIMITED

Out of Pocket Maximum Information
Ind/Fam In Network \$3,000/\$6,000
Ind/Fam Out of Network UNLIMITED

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.

Pharmacy Benefits Manager

Network coverage is available through participating network Providers. Non-network services will not be covered, except in case of emergency. Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your benefits booklet for claims filing address and additional information. Providers: File claims with your local BCBS plan.

By accepting this card and any benefits to which this card entitles the holder, the holder acknowledges that the policy/agreement pursuant to which this card is issued is a contract between the holder and Blue Cross Blue Shield of Texas (BCBSTX), an independent corporation operating under a license with the Blue Cross and Blue Shield Association which permits BCBSTX to use the Blue Cross Blue Shield names and service marks in the State of Texas.

Health Savings Account Basics

The Health Savings Account (HSA) consists of two parts:

1

High Deductible
Health Plan (HDHP)

2

The Health
Savings Account

HSAs must be used in combination with a qualified High Deductible Health Plan (HDHP). With HDHPs:

- A higher annual deductible applies
- Out-of-pocket maximums apply only to covered benefits
- Preventive care benefits may be provided without a deductible



HSA Eligibility

To be an eligible individual and qualify for an HSA you:	
Must be enrolled in an HSA-compatible High Deductible Health Plan (HDHP)	
May not have other types of insurance with first-dollar medical coverage	
May not be claimed as a dependent on another person's tax return	
May not be enrolled in Medicare	
An individual can be Medicare-eligible and have an HSA. However, once enrolled in Medicare, contributions to the HSA account must stop. The individual can keep any funds in the account prior to enrolling in Medicare and use those funds to pay for qualified medical expenses tax-free.	

HSA Contributions

- The IRS determines the minimum/maximum amounts. The amounts are adjusted annually for inflation.
- Employee, employer or any other person may make contributions on behalf of an eligible individual.
- Your employer will make a one-time seed money deposit to the employee's HSA account in early January.

U.S. Treasury Guidelines	2025 Maximum HSA Contribution	2026 Maximum HSA Contribution
Single Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750
Individuals age 55 and older can make catch-up contributions: \$1,000		

View HSA Account Information Online

- With HealthEquity HSA, you can view your HSA account information online
- Check HSA account status
- View or print detailed history of HSA account transactions and balances
- Link to FAQs and more information about HSAs



Sample Explanation of Benefits (EOB) — HSA

EOB shows the total billed and amount that may still be due.

**BlueCross BlueShield of Texas**

CLAIM DETAIL (1 OF X)

PATIENT: John Smith

PROVIDER: Ralph Johnston M.D.

CLAIM # XXXXXXXXXXXXX

DATE PROCESSED: 06/20/2019

We reviewed the claim for this patient based on the additional information received from other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how this claim was adjusted.

Sample

SUBSCRIBER INFORMATION

GROUP NAME

Member ID#: XXXXXXXXXXX777V Group #: 000012345

Customer Advocates are here to help! <Customer Service Phone>

Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00
Paid from your HSA Account	- \$0.00
You may owe your health care provider for these services	\$1,701.00

YOUR BENEFITS APPLIED						YOUR RESPONSIBILITY				
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Surgical Charges	04/04/2019	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2019	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2019	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2019	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2019	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2019	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2019	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
CLAIM TOTALS		\$7,850.00	\$3,930.00	\$3,820.00	\$2,219.00	\$1,000.00	\$65.00	\$536.00	\$100.00	\$1,701.00

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-19.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

For benefit period 01-01-19 through 12-31-19 to date this patient has met \$4,515.02 of her/his \$7,350.00 Out-of-Pocket Expense Limit. For your up-to-date Medical Spending summary, visit Blue Access for MembersSM at bcbstx.com, the BCBSTX Mobile App or call the phone number at the beginning of the claim information.

754944 102C

2

The EOB is mailed to the home or is available online.
Sample is for illustrative purposes only.

A LITTLE HELP
CAN GO A
LONG WAY

Employee Assistance Program



Support for work and life challenges — at no cost to you

You and your household members can use the many services of GuidanceResources EAP to help handle challenging times

- Confidential counseling sessions for personal struggles
- Financial expertise and support for retirement, insurance, debt, bankruptcy and more
- Legal consultation for issues such as divorce, adoption, wills & trusts and more
- Help finding local services such as child care, pet care, movers and home repair contractors

Reach out for help

- Call: 844-213-8968
- Online: guidanceresources.com
- App: GuidanceNow
- Web ID: TXEAP

24/7 Access

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Texas (BCBSTX) plan.



Provider Finder[®] How to Look for Providers as a Guest or Public Search



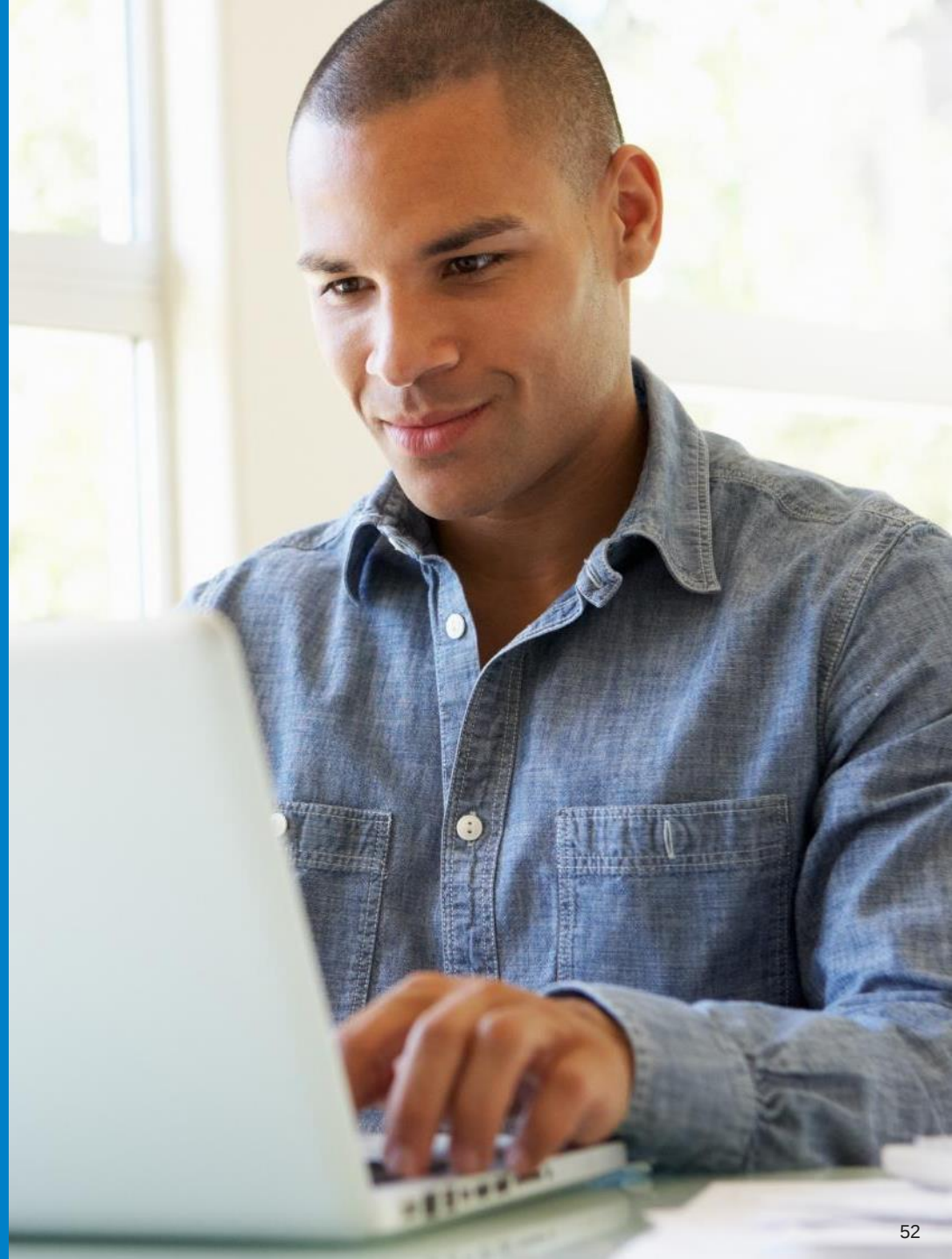
Find your provider today.

Use the below QR code to locate a network provider in your plan before you receive your member ID card.

- Scan the QR Code
- Enter your city, state or zip code you want to search at.
- Select Employer Plans, then select your State
- Select PPO, select Blue Choice PPOSM (BCA)



Blue Access for MembersSM





**Save time
with self-service
support tools
and health and
wellness resources
available through
a convenient and
secure website at
bcbstx.com**

Blue Access for MembersSM (BAMSM)

Through BAM, you can:

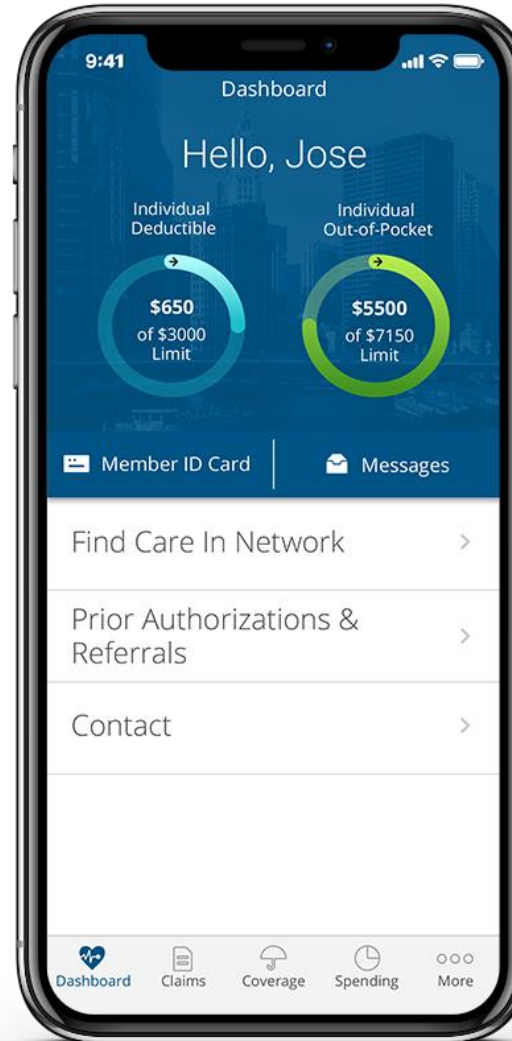
- Access your digital Member ID Card which means no more carrying it around in your wallet. You can access it anytime
- View claims status and history
- See health care benefit information
- Find a doctor or pharmacy near you
- Update your communication preferences to make sure you get an email or text alert instead of a paper statement

Log in and perform protected transactions
24 hours a day, 7 days a week*

*Claim Statements/EOBs are not available 3 – 6 a.m.

BCBSTX App for Mobile Devices

- Find an in-network doctor, hospital or urgent care facility or search for Spanish-speaking doctors
- Access your claims, coverage and deductible information
- Access digital member ID card
- Secure login with Face ID (iOS only) and Fingerprint ID
- **Let us know your communication preferences**



To download the app, go to Google Play, the App Store or text* **BCBSTXAPP** to **33633**

*Message and data rates may apply.

Screen images are for illustrative purposes only.

Virtual Visits

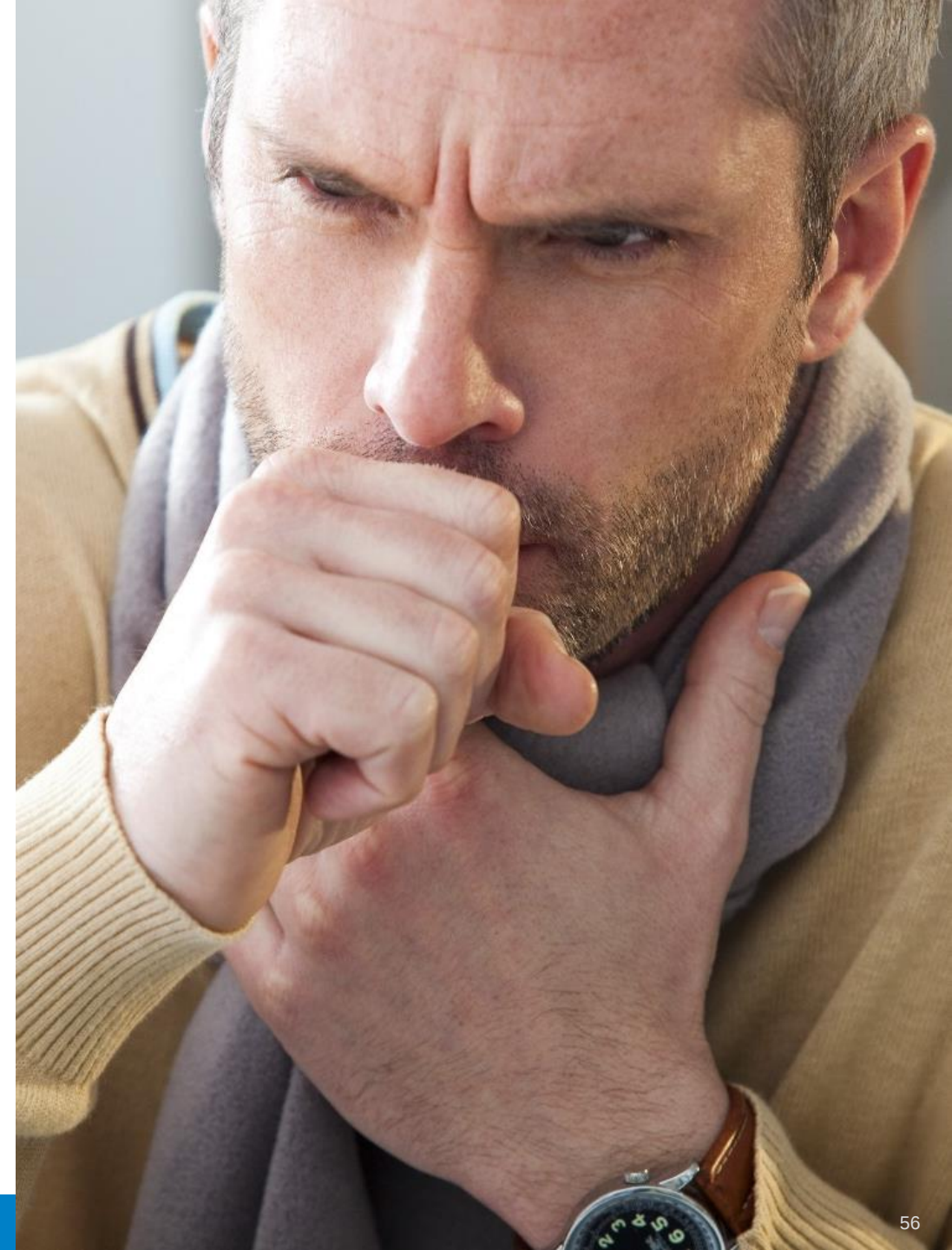


Get Care When and Where You Need It

- Whether you're at home or traveling, access to an independently contracted, board-certified doctor is available 24/7.
- You can speak to an MDLIVE® doctor immediately or schedule an appointment for a time that works for you.
- MDLIVE doctors can help treat many non-emergency conditions.
- A Virtual Visit may be a better alternative to the emergency room or urgent care center.

Virtual Visits may be limited by state. For providers licensed in New Mexico and the District of Columbia, MDLIVE's service is limited to telemedicine or telehealth. Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.



Health and Wellness



Preventive Coverage

What's Covered?

- **Recommended routine gender- and age-specific preventive care and screenings** — including yearly general wellness exams, recommended vaccines and screenings for things like diabetes, cancer and depression — both facility and professional services.
- **Coverage provided in-network at 100% with no copay, no deductible.** Out-of-network benefits may vary.

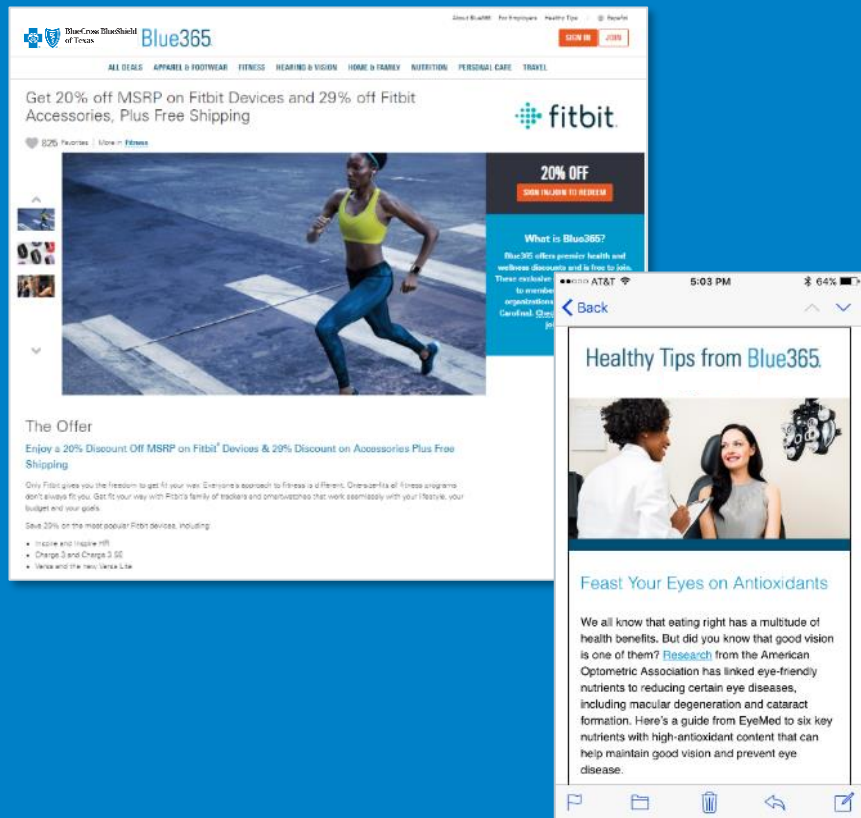
IMPORTANT to remember:

Lab tests related to a condition such as diabetes or asthma — **are not** considered preventive and are covered under applicable deductible and coinsurance levels.



**Stay healthy
by getting
regular
check-ups**

Member discounts simply for being a BCBSTX member



Screen images are for illustrative purposes only.

Blue365® Member Discount Program

- Exclusive health and wellness deals from national and local retailers
- Save money on fitness gear, family activities, gym memberships, healthy eating, dental, vision, hearing aids and more from top national and local retailers
- Go to www.blue365deals.com/BCBSTX to register, view your available discounts and sign up for weekly emails

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and are subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Metabolic Syndrome Reversal Program

With Wondr you can lose weight, gain energy, sleep better and improve your mind and body - all while eating your favorite foods

- Online program and mobile app allows members access anywhere at any time
- Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love and improve your overall health

Your employer has partnered with Wondr Health to help you improve your overall health at no cost to you.

Teladoc Health™

Diabetes Management and Hypertension Management Solutions

- Welcome kit with smart glucose meter or connected blood pressure cuff
- Digital and live coaching through meter, phone and the Teladoc Health mobile app
- Services covered — no out-of-pocket costs

If you are eligible, Teladoc Health will contact you about how to sign up for this program

Hinge Health Digital Musculoskeletal (MSK) Clinic

Hinge Health provides a complete solution —
for each stage of your MSK journey, with expert
medical opinion

Prevention (at risk)

Job-specific exercises and education

Acute (recent injury)

Physical therapy video visits for every body part

Chronic (high risk)

Exercise, education and behavioral change

Surgery (pre- and post-procedure)

Rehab for members that require surgery

**Hinge Health will contact you about signing up
for the program that's right for you**

Hinge Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide an online musculoskeletal program for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



Take Care of Your Mental Health

Your plan includes behavioral health benefits so you and your covered family members can get help for:

- Anxiety
- Autism
- Depression
- Drug or alcohol use
- Eating disorders
- And many other mental health conditions

Log in to **Blue Access for MembersSM** at **bcbstx.com** or call the number on the back of your member ID card to find a counselor, psychiatrist, treatment facility or other behavioral health provider.



Digital Mental Health



Online programs through Learn to Live at no added cost for:

- Stress, anxiety and worry
- Depression
- Social anxiety
- Insomnia
- Panic
- Substance use
- Resiliency

Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

- Available to employees and their family members 13 years and older
- Programs in English and Spanish
- Personal coaching by phone, text or email

Get started with a mental health assessment:

- Log in to Blue Access for MembersSM
- Choose Wellness, then find Digital Mental Health

Cancer Services and Support

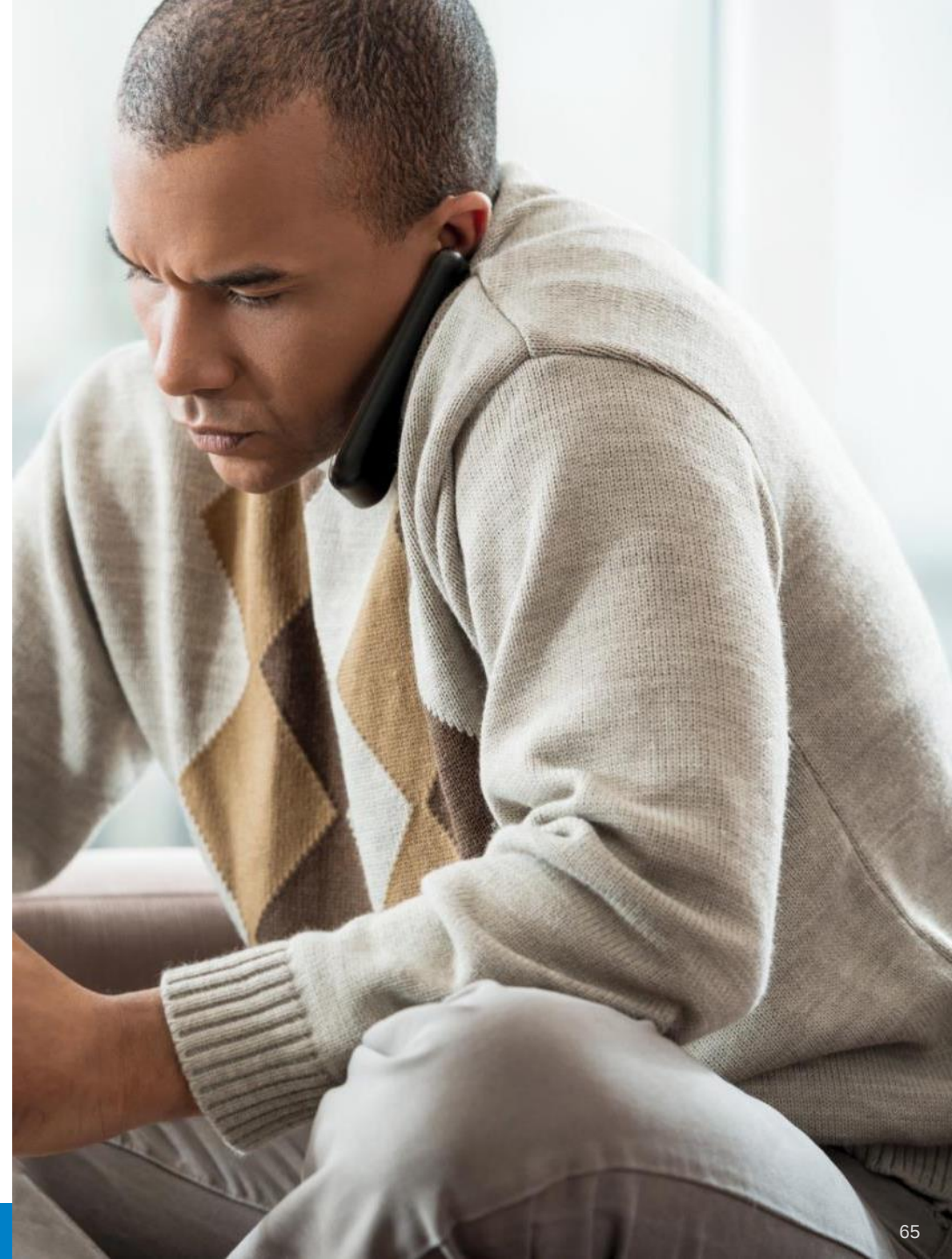
A cancer diagnosis can change your life forever. We are here to help.

The Cancer Services and Support program, in collaboration with AccessHope, will give you the tools, resources, and expert advice to help you before, during, and after cancer treatment.

- **Cancer Support:** Our skilled cancer care nurses are on hand to help you prepare for doctor office visits, share treatment information or give emotional support—wherever you are in your cancer journey.
- **Cancer Expert Advisory Review and Support:** With AccessHope, you can ask that a medical expert reviews your case. This allows you to get expert recommendations and clinical trial matches while staying close to home.

Cancer care nurse support is available today by calling the number on the back of your ID card.

AccessHope is an independent company providing cancer support services for members enrolled with Blue Cross and Blue Shield of Illinois and is solely responsible for the services it provides. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. © 2023 AccessHope, LLC. All rights reserved. Confidential and proprietary.





BlueCross BlueShield
of Texas



Prescription Benefits



Retail Prescription Drug Benefit

Fill your 30-day prescriptions at any of the 66,000+ pharmacies in your broad Network. (Major chains include, Walgreens, CVS, Walmart, etc...)

- **Traditional Select (Broad) Network**
- **Performance Select Formulary**

90-Day Prescription Drug Benefit

Two options are available to get your maintenance medications for chronic conditions such as diabetes, asthma, high cholesterol etc...

Home Delivery (Mail Order) through Express Scripts Home Delivery

- Up to a 90-day supply
- Convenience and savings

ESN (Extended Supply Network)

- Up to a 90-day supply at over 65,000 participating pharmacies
- Convenience and savings



Home Delivery Prescriptions (Mail Order)

Your pharmacy benefit includes mail service of your maintenance medications from Express Scripts Home Delivery Pharmacy.

- Register online at express-scripts.com/rx or by phone at 833-715-0942. Calling to set up or verify is often easiest.
- Once registered, ask your doctor to submit your prescription electronically or by fax.
- Transfer your existing prescription from a retail pharmacy online or by phone.
- Automatic refills are not an option with the plan.

Accredo Specialty Pharmacy

Specialty drugs are often prescribed to treat chronic, complex conditions such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

To start using Accredo Specialty Pharmacy you can call 833-721-1619. Once registered, you can manage your prescriptions on Accredo.com or through the mobile app.



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

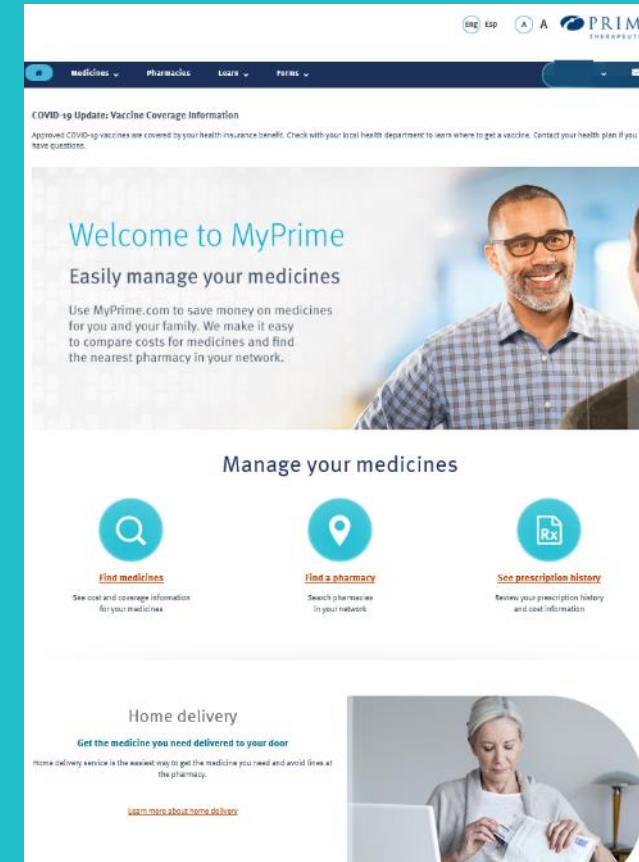


Do You Need Specialty Medications?

MyPrime.com helps you manage your pharmacy benefits when you're at home or on the go.

After 1/1/26, members may create a single sign-on from Blue Access for Members and then access MyPrime.com to:

- See your prescription history and the list of drugs covered on the **Performance Select** Drug List.
- Learn about drug interactions, possible side effects and more.
- Find ways to save time and money with low-cost generic drugs.
- Find pharmacies in your network such as retail, vaccine, 90-day pharmacies.
- Find forms you may need such as home delivery order form or prescription drug claim form
- Members may also call the PEBC customer service number **(888-306-5753)** for questions about their pharmacy benefits.



Stay Engaged in Your Health Care



How You Can Be a Smarter Consumer

- **Use in-network providers**
- **Review EOBs** and bills sent by your providers
- **Use wellness benefits**
- **See your physician regularly** for preventive care or illness
- **Ask your health care provider questions** about prescribed medications and treatment
- Ask your doctor if **lower-cost drug options** are right for you
- **Visit [bcbstx.com](https://www.bcbstx.com)** for more health and wellness information



Thank You!