

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>In-Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Virtual visits are available, please refer to your <u>plan</u> policy for more details.
	<u>Specialist</u> visit	\$75 <u>copayment</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. No Charge for child immunizations <u>Out-of-Network</u> through the 6th birthday.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Office visit <u>copayment</u> may apply.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbstx.com	Generic drugs	30% <u>coinsurance</u> (mail order up to \$20); <u>deductible</u> does not apply	Not Covered	Brand <u>prescription drug deductible</u> : \$100 Individual Retail and mail order cover a 90-day supply. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.
	Preferred brand drugs	30% <u>coinsurance</u> (mail order up to \$98)	Not Covered	
	Non-preferred brand drugs	50% <u>coinsurance</u>	Not Covered	
	<u>Specialty drugs</u>	30% <u>coinsurance</u> (up to \$2(2)-96eW* nBT/F2)		

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com.

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[Excluded Services](#) & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
Cosmetic surgery	Long-term care	Routine eye care (Adult)
Dental care (Adults)	Private-duty nursing	Routine foot care (only covered with diagnosis of diabetes)
Hearing aids	Weight loss programs (only covered with fifty pounds of overweight)	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
Acupuncture (limited to \$1,000 or 30 visits per calendar year)	Chiropractic care (35 visits per year)	Non-emergency care when traveling outside the U.S.
Bariatric surgery (morbid obesity only)	Infertility treatment	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit www.bcbstx.com. For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their state insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Health care coverage is important for everyone.

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

We do not discriminate on the basis of race, color, national origin, sex, age, disability, or genetic information.

English

Spanish

Chinese

Hindi

Tagalog

Vietnamese

Arabic

Portuguese

Urdu

Other languages available

1-800-444-3333

www.bcbstx.com

To receive language or communication assistance, file a change request with your plan.

English

Spanish

Chinese

Hindi

Tagalog

Vietnamese

Arabic

Portuguese

Urdu

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