

HealthSelectSM of Texas Medical Plan Information

September 1, 2008 through August 31, 2009

HealthSelect in-area is for employees and their families who live or work in the State of Texas.

HealthSelect out-of-area is for employees and their families who live or work outside of the State of Texas and retirees eligible for Medicare.

Plan Features	HealthSelect ¹		
	In-Area		Out-of-Area ²
	Participant pays for Network Benefits	Participant pays for Non-Network Benefits	
Calendar year deductible	None	\$500 individual \$1,500 family ³	\$200 individual \$600 family ³
Calendar year out-of-pocket coinsurance maximum	\$1,000 per person ⁴	\$3,000 per person ⁴	\$1,000 per person ⁴
Lifetime maximum	None	\$1,000,000	None
Primary care physician (PCP) required	Yes	No	No
PCP office visit	\$20	40% ⁵	30% ⁵
Physicals	\$20 ⁷	40% ⁵	30% ⁵
Specialty physician office visit	\$30	40% ⁵	30% ⁵
Eye exam, one per year	\$30 ³	40% ^{3/5}	30% ^{3/5}
Family planning services	\$30	40% ⁵	30% ⁵
Well woman exam	\$30 ^{3/7}	40% ^{3/5}	30% ^{3/5}
Allergy injections	20% ⁶	40% ⁵	30% ⁵
Allergy testing	20%	40% ⁵	30% ⁵
Diagnostic x-rays, lab tests, mammography	20%	40% ⁵	30% ⁵

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	Participant pays for Network Benefits	Participant pays for Non-Network Benefits	
Office surgery, diagnostic procedures	20%	40% ⁵	30% ⁵
Rehabilitative therapy	20% if no office visit; \$30 copay +20% with office visit	40% ⁵	30% ⁵
Immunizations ages 0-6	No charge without office visit, or \$20 with office visit	No charge without office visit, or 40% ⁵ with office visit	No charge without office visit, or 30% ⁵ with office visit
Immunizations ages 7 and up	20% without no office visit, or \$20 with office visit	40% ⁵	30% ⁵
Maternity care: physician charges only; inpatient hospital copayments will apply	\$30 for first PCP office visit	40% ⁵	30% ⁵

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	Participant pays for Network Benefits	Participant pays for Non-Network Benefits	
Inpatient hospital (semi-private room and days board, and intensive care unit)	\$100/day copayment +20% (\$500 copay max-up to 5 days per hospital stay, \$1500 per year cap per person ⁹)	\$100/day copayment +40% ⁵ (\$500 copay max-up to 5 days per hospital stay, \$1500 per year cap per person ⁹)	\$100/day copayment +30% ⁵ (\$500 copay max-up to 5 days per hospital stay, \$1500 per year cap per person ⁹)
Emergency care	\$100 + 20% (If admitted will apply to hospital copay)	40% ⁵	30% ⁵
Outpatient surgery other than in physician's office	\$100 + 20%	\$100 + 40% ⁵	\$100 + 30% ⁵

Hearing aids	Up to \$500 per ear every three years		
Durable medical equipment	20%	40% ⁵	30% ⁵

1. Benefits are paid on allowable amounts; using providers who contract with BCBSTX will protect you from liability for amounts over the allowable amount.
2. Out-of-Area applies to members living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.

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3. Applies to calendar year, January 1-December 31; for treatment charges, one visit per calendar year.
4. Does not include copayments.
5. After payment of deductible.
6. Except when performed during an office visit.
7. Copayment depends on whether treatment is given by PCP or specialist; any doctor who is not your PCP is considered a specialist at the higher copayment.
8. Applies to plan year, September 1-August 31; for treatment charges, one visit per plan year.
9. Preauthorization required.