



When HealthSelect becomes your health plan

HealthSelect gives you real freedom of choice

HealthSelectSM of Texas is available in all Texas counties and gives you freedom of choice. When you need medical care, you can choose to see doctors and specialists that are part of the HealthSelect network of providers or those that are not. HealthSelect is administered by Blue Cross and Blue Shield of Texas (BCBSTX).

You can use your HealthSelect plan like an HMO by choosing a network primary care physician (PCP) to direct your care. HealthSelect's large network of service providers—doctors, specialists, labs and hospitals—lets your PCP refer you to network providers. This will help you get the care you need at the lowest cost. If you stay in the network, you have no deductible. See the benefits comparison charts (pages 2 and 3) for more information on the differences between HealthSelect network and non-network benefits and your FirstCare HMO benefits.

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Real people



Real benefits

- HealthSelect gives you freedom of choice. You can stay in the network, or not. You choose.
- You and your currently covered dependents will automatically be enrolled in HealthSelect starting September 1.
- You can cover your dependents wherever they live.

During Summer Enrollment, ERS Customer Service will extend their hours to better serve you.

Phone hours:

July 6-31

Monday-Friday, 7:30 a.m. to 7 p.m.

Saturdays on:

July 11, 18, & 25, 9 a.m. to 1 p.m.

(512) 867-7711 in Austin/
toll-free (877) 275-4377

Lobby hours:

July 6-31

Monday-Friday, 7:30 a.m. to 6 p.m.

1801 Brazos in Austin, 78701

How HealthSelect compares to HMOs

Effective September 1, 2009

Benefits	HMOs	HealthSelect ¹		
		In-Area		Out-of-Area ²
		Network	Non-Network	
Calendar year deductible	None	None	\$500 individual \$1,500 family ³	\$200 individual, \$600 family ³
Calendar year out-of-pocket coinsurance maximum	None	\$1,000 per person ⁴	\$3,000 per person ⁴	\$1,000 per person ⁴
Lifetime maximum	None	None	\$1,000,000	None
Primary care physician required	Yes	Yes	No	No
Primary care physicians' office visits	\$30	\$20	40% ⁵	30% ⁵
Physicals	\$30 ⁷	\$20 ⁷	40% ⁵	30% ⁵
Specialty physicians' office visits	\$40	\$30	40% ⁵	30% ⁵
Eye exam, one per year per participant	\$40 ⁸	\$30 ³	40% ^{3/5}	30% ^{3/5}
Family planning services	\$40	\$30	40% ⁵	30% ⁵
Well woman exam	\$40 ^{7/8}	\$30 ^{3/7}	40% ^{3/5}	30% ^{3/5}
Allergy injections	No charge	20% ⁶	40% ⁵	30% ⁵
Allergy testing	\$40	20%	40% ⁵	30% ⁵
Diagnostic x-rays, lab tests and mammography	No charge	20%	40% ⁵	30% ⁵
Office surgery and diagnostic procedures	\$30 ⁷	20%	40% ⁵	30% ⁵
Rehabilitative therapy	\$40	20% if no office visit; \$30 copay plus 20% with office visit	40% ⁵	30% ⁵
Immunizations:				
0-6 years old	No charge without office visit; \$30 with office visit	No charge without office visit; \$20 with office visit	No charge without office visit; 40% ⁵ with office visit	No charge without office visit; 30% ⁵ with office visit
Age 7 and up	\$30	20% with no office visit; \$20 with office visit	40% ⁵	30% ⁵
Maternity care:				
Dr. charges only; inpatient hospital copays will apply	No charge	\$30 for first PCP office visit	40% ⁵	30% ⁵

This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect and the HMOs. Please refer to your health plan's benefits book or summary of benefits for a description of benefits. You may also contact your plan's customer service department for specific questions.

For information on health plans, visit www.ers.state.tx.us.

How HealthSelect compares to HMOs

Effective September 1, 2009

Benefits	HMOs	HealthSelect ¹		
		In-Area		Out-of-Area ²
		Network	Non-Network	
Inpatient hospital (semi-private room and days board, and intensive care unit)	\$100/day copayment, (\$500 copay max-up to 5 per hospital stay, \$1,500 per year cap per person)	\$100/day copayment + 20% (\$500 copay max-up to 5 days per hospital stay, \$1,500 per year cap per person ⁹)	\$100/day copayment + 40% ⁵ (\$500 copay max-up to 5 days per hospital stay, \$1,500 per year cap per person ⁹)	\$100/day copayment + 30% (\$500 copay max-up to 5 days per hospital stay, \$1,500 per year cap per person ⁹)
Emergency care	\$100 (if admitted will apply to hospital copay)	\$100 + 20% (if admitted will apply to hospital copay)	40% ⁵	30% ⁵
Outpatient surgery other than in physician's office	\$100	\$100 + 20%	\$100 + 40% ⁵	\$100 + 30% ⁵
Hearing aids	← Plan pays up to \$500 per ear every three years. →			
Durable medical equipment	20%	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.
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.

Prescription Drugs

Deductible:	Each participant must pay a \$50 annual deductible before copayments apply (for the plan year, September 1 to August 31).	
*Participating pharmacies:	Copayments for up to a 30-day supply of non-maintenance, short-term medications are \$10 for Tier 1 drugs, \$25 for Tier 2 drugs, and \$40 for Tier 3 drugs. For up to a 30-day supply of maintenance, long-term medication, you will be charged a retail maintenance copayment of \$15 for Tier 1 drugs, \$35 for Tier 2 drugs, and \$55 for Tier 3 drugs.	
Non-participating pharmacies:	For up to a 30-day supply, you will be reimbursed 60 percent of the lesser of the amount you pay for the prescription, minus your copayment OR the average wholesale price of the drug, plus a dispensing fee, minus your copayment. Deductible will be subtracted if not met.	HMOs not covered
Mail Order:	If you order prescription drugs through the mail service program offered by your health plan, you pay the following copayments for up to a 90-day supply: \$30 for Tier 1 drugs, \$75 for Tier 2 drugs, and \$120 for Tier 3 drugs. For HealthSelect participants, a list of maintenance medications identified by Caremark is posted on the ERS website.	
Important:	If you purchase a brand-name drug when a generic alternative is available (regardless of the reason), you will pay your generic copayment plus the cost difference between the brand-name and the generic drug.	

*Contact your health plan for a list of participating pharmacies.

You are becoming a member of HealthSelect, because FirstCare won't be part of the Texas Employees Group Benefits Program (GBP) in your area starting September 1, 2009.

Selecting a primary care physician

HealthSelect has a large network of providers. You will need to select a PCP. You may select your PCP during Summer Enrollment by going to www.ers.state.tx.us and clicking on View My Benefits-User Login or by calling BCBSTX toll-free at (800) 252-8039.

You will see your new PCP's name on the HealthSelect ID card you receive in the mail. If you see a message that says No PCP selected, you will need to contact BCBSTX to pick a PCP.

Existing Referrals or Pre-Certifications

Do you have a referral for a specialist with your current health care plan? If so, you will need to get a new referral (or pre-certification) for HealthSelect specialists from your new primary care physician (PCP), even if you select the same PCP.

Do you need transitional benefits?

Are you being treated now for any of the conditions listed below? Is one of your dependents? Is your provider part of the BlueChoice network? If not, you may be allowed to continue treatment with your FirstCare health care provider while your care is switched to a BlueChoice provider. You are eligible for transitional benefits when you are currently receiving treatment for one

of the conditions listed below and you apply before September 1, 2009.

Eligible conditions:

- prescheduled surgery to be performed on or after September 1, 2009,
- acute care following trauma or recent surgery,
- chemotherapy (in current course of treatment),
- psychiatric treatment (transitional referral limited to maximum of 60 days),
- third trimester of pregnancy as of September 1, or
- terminal illness.

To apply for the transitional benefits, you must complete a transitional benefits form. You can request this form from HealthSelect by calling Blue Cross and Blue Shield of Texas (BCBSTX) Customer Service at (800) 252-8039. Or you can get the form on the HealthSelect website. Go to www.bcbstx.com/hs/forms.htm. Make sure you apply for transitional benefits before September 1, 2009.

Claims payments based on allowable amounts

All claims payments are based on the BCBSTX allowable amounts. See the charts on pages 2 and 3 for information. Providers who contract with BCBSTX—BlueChoice and ParPlan— must accept your copayments and allowable amounts as payment in full. They cannot bill you for the difference between their charges and the allowable amount.

If you use a provider (physician, hospital, lab, radiology, pathology, anesthesiologist, etc.) who does not have a BlueChoice or ParPlan contract with BCBSTX, you will have to pay your copayments and any charges over the BCBSTX allowable amount.

HealthSelect and Medicare

When you retire and turn 65 years of age, Medicare will be the primary payer of your health care benefits. HealthSelect will be the secondary payer. Make sure you purchase Medicare Part B and see physicians who accept Medicare, so that most or all of your health care services and supplies are paid for with the coordination of benefits between Medicare and HealthSelect.

Contact information

For questions concerning HealthSelect services provided on or after September 1, 2009, call BCBSTX Customer Service at (800) 252-8039

HealthSelectSM of Texas rates for full-time employees and retirees who qualify for full-time insurance

Effective September 1, 2009, your premium will decrease.

	MONTHLY PREMIUM	STATE PAYS	MEMBER PAYS
Member Only	\$385.38	\$385.38	\$0.00
Member & Spouse	\$826.02	\$605.70	\$220.32
Member & Child(ren)	\$680.42	\$532.90	\$147.52
Member & Family	\$1,121.06	\$753.22	\$367.84

The State pays \$2.22 per month of Basic Term Life and AD&D coverage for active employees and Basic Term Life for retirees, which are included in these premiums.