### 2015-2016 Plan: A&M Care 65 PLUS Information

**Vendor:** BlueCross BlueShield of Texas (BCBSTX)

Available everywhere. Policy holder must be retired, enrolled in Medicare Parts A&B and not working for the A&M System for 50% or greater time. All covered dependents must also be enrolled in Medicare Parts A&B.

**Member Services Contact Information:**

BlueCross BlueShield of Texas: (866) 295-1212; Website: [http://www.bcbstx.com](http://www.bcbstx.com)

### Limitations and Restrictions

| Pre-existing condition limitations: | None |
| Benefit Maximum: | None |
| Out-of-service-area restrictions: | None |

### Maximums & Deductibles

- **Deductibles:** $500 Medical/$50 Rx
- **Out-of-pocket maximum:** $1,400 + the $500 deductible above
- **Benefit maximum:** No annual/lifetime maximums

### Hospital Benefits

- **In-hospital care:** 20% after deductible
- **Emergency room:** 20% after deductible
- **Surgery:** 20% after deductible
  - In physician's office, 20% after deductible

### Non-Hospital Visits

- **Office visits:** 20% after deductible
- **Lab/X-rays:** 20% after deductible
- **High Technology Radiology**  
  (MRI, CT & pet scans, stress test, Angiogram & myelography): 20% after deductible
- **Skilled nursing facility**  
  (not including custodial care): 20% after deductible; 60 days/plan year
- **Home health care:** 20% after deductible; 60 visits/plan year

### Other Healthcare Benefits

- **Chiropractic care:** 20% after deductible, 30 visits/plan year
- **Durable medical equipment:** 20% after deductible
- **Mental health:**  
  - Inpatient - 20% after deductible
  - Outpatient - 20% after deductible
- **Physical therapy:** 20% after deductible
- **Vision:** 20% after deductible
- **Hearing:** Illness/accident coverage only

### Prescription drugs:

After you meet the $50/person/plan year prescription drug deductible (three-person maximum):

- 30-day supply: $10/generic, $35/brand-name formulary, $60/brand-name nonformulary; brand-name copayment + difference between brand-name and generic when available
- 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies.

**Member Services Contact Information ExpressScripts:** (800) 544-6970; Website: [http://www.express-scripts.com](http://www.express-scripts.com)