2015-2016 Plan: A&M Care Information

Vendor: BlueCross BlueShield of Texas (BCBSTX)
This is a preferred provider organization (PPO). Cost are higher if non-network providers are used.

Member Services Contact Information:
BlueCross BlueShield of Texas: (866) 295-1212; Information About Networks Outside Texas: (800) 810-BLUE (2583)
Website: **http://www.bcbstx.com/tamus**

	Network:	Non-Network:
Limitations and Restrictions		
Pre-existing condition limitations:	None	
Benefit Maximum:	None	
Out-of-service-area restrictions:	Emergency care - must notify BCBSTX within 48 hours.	Emergency care
Maximums & Deductibles		
Deductibles:	$700 Medical/$50 Rx	$1,400 Medical/$700 hospitalization
Out-of-pocket maximum:	$5,000 + the deductibles above $10,000 + $2,100 family	$10,000 + $1,400 deductible per person
Benefit maximum:	No annual/lifetime maximums except those listed below	
Hospital Benefits		
In-hospital care:	20% after deductible	$700/admission, then 50%
Emergency room:	20% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible In physician's office, See office visit	50% after deductible 50% after deductible
Non-Hospital Visits		
Office visits:	$30/visit for Primary Care Physican $45/visit for specialists; Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting and procedure; See plan book or call BCBSTX	50% after deductible
Skilled nursing facility (not including custodial care):	20% after deductible; 60 days/plan year	50% after deductible; 60 days/plan year
Home health care:	20% after deductible; 60 visits/plan year	50% after deductible; 60 visits/plan year
Other Healthcare Benefits		
Chiropractic care:	$45/visit, 30 visits/plan year	50% after deductible, 30 visits/plan year
Durable medical equipment:	20% after deductible	50% after deductible
Maternity care:	Hospital - 20% after deductible; Doctor - $30 initial visit only	Hospital - 50% after deductible; Doctor - 50% after deductible
Mental health:	Inpatient - 20% after deductible Outpatient - $30/visit	Inpatient - 50% after deductible Outpatient - 50% after deductible
Physical therapy:	$45/visit	50% after deductible
Vision:	$45/visit	Routine preventive exams not covered
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**