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](http://www.bcbstx.com/tamus)

<table>
<thead>
<tr>
<th>Network:</th>
<th>Non-Network:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limitations and Restrictions</strong></td>
<td></td>
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<tr>
<td>Pre-existing condition limitations:</td>
<td>None</td>
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<tr>
<td>Benefit Maximum:</td>
<td>None</td>
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<tr>
<td>Out-of-service-area restrictions:</td>
<td>Emergency care - must notify BCBSTX within 48 hours.</td>
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<tr>
<td><strong>Maximums &amp; Deductibles</strong></td>
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<tr>
<td>Deductibles:</td>
<td>$700 Medical/$50 Rx</td>
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<tr>
<td>Out-of-pocket maximum:</td>
<td>$5,000 + the deductibles above; $10,000 + $2,100 family</td>
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<tr>
<td>Benefit maximum:</td>
<td>No annual/lifetime maximums except those listed below</td>
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**Hospital Benefits**

- **In-hospital care:** 20% after deductible
- **Emergency room:** 20% after deductible
- **Surgery:**
  - $700/admission, then 50%
  - 20% after deductible if emergency; otherwise 50% after deductible
  - 50% after deductible
  - In physician's office, See office visit

**Non-Hospital Visits**

- **Office visits:**
  - $30/visit for Primary Care Physician
  - $45/visit for specialists; Certain surgeries—20% after deductible
  - 50% after deductible

- **Preventive exam:** 100% covered
- **Lab/X-rays:** Benefit depends on setting and procedure; See plan book or call BCBSTX
- **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
- **Vision:** $45/visit
- **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)