Blue Cross and Blue Shield of Texas (BCBSTX) is working to help you maximize your benefits and plan for your health care. Now you can speak to a BCBSTX Benefits Value Advisor who can help you get benefits information and find contracting, in-network providers for a number of health care services such as:

- CAT or CT scans
- MRIs
- Endoscopy procedures
- Colonoscopy procedures
- Back or spinal surgery
- Knee surgery
- Shoulder surgery
- Hip or joint replacement surgery
- Bariatric surgery

Benefits Value Advisors can also help you plan for your health care by:

- Helping you better understand your benefits
- Giving you a cost estimate for health care services or procedures
- Scheduling a doctor or procedure appointment if you like
- Helping you get general health information about your condition
- Helping you with pre-certification
- Telling you about online educational tools

**Benefits Value Advisors Help with Cost Comparison**

For example, if your doctor wants you to get an MRI of your knee, you can call a Benefits Value Advisor. The Advisor can tell you about several in-network MRI providers and the estimated cost for an MRI at each provider. This way, you will have more information when choosing where to go for your MRI. If you like, the Advisor can then schedule the MRI for you with the provider you choose, and help you with pre-certification.

To reach a Benefits Value Advisor, call the Customer Service number on the back of your BCBSTX ID card. They are standing by and ready to assist you.

1. Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.

2. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations and exclusions of your plan.