2021-2022 Plan: A&M Care Information

Vendor: Blue Cross and Blue Shield of Texas (BCBSTX)

This is a Preferred Provider Organization (PPO). Costs are higher if non-network providers are used.

Retirees age 65 and older are not eligible for copays.

Member Services Contact Information:

Blue Cross and Blue Shield of Texas 1 (866) 295-1212
Information about networks outside of Texas: 1 (800) 810-BLUE (2583)
Website: http://www.bcbstx.com/tamus

	Network	Brazos Valley Network (BVN)	Baylor Scott & White Health (Brazos Valley)	Non-Network
Limitations and Restrictions				
Pre-existing condition limitations:	None	None	None	None
Benefit Maximum:	None	None	None	None
Out-of-service area restrictions:	Emergency care- must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency Care
Maximums and Deductibles				
Deductibles:	$400 Medical/$50 Rx	$400 Medical/$50 RX	$400 Medical/$50 RX	$800 Medical/$400 Hospital
Out-of-pocket maximum:	$5,000 + the $400 *medical deductible above* $10,000 + $1,200 family	$5,000 + the $400 medical deductible above $10,000 + $1,200 family	$5,000 + the $400 medical deductible above $10,000 + $1,200 family	$10,000 + $800 deductible per person $20,000 + $2,400 family
Benefit maximum:	No annual/lifetime maximums Except those listed below			
Hospital Benefits				
In-Hospital care:	20% after deductible	10% after deductible	10% after deductible	$400/adm + deduct, then 50%
Emergency Room:	20% after deductible	10% after deductible	10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; In-physician's office, See office visit	10% after deductible	10% after deductible	50% after deductible 50% after deductible
Non-Hospital Visits				
***Office visits:**	Primary Care: $20/visit Specialist: $30/visit Certain surgeries—20% after deductible	Primary Care: $5/visit Specialist: $15/visit	Primary Care: $20/visit Specialist: $15/visit	50% after deductible
Preventive exam:	100% covered	100% covered	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

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Skilled nursing facility (not custodial care):	20% after deductible; 60 days/ plan year	20% after deductible; 60 days/plan year	20% after deductible; 60 days/plan year	50% after deductible; 60 days/plan year
Home health care:	20% after deductible; 60 visits/plan year	20% after deductible; 60 days/plan year	20% after deductible; 60 days/plan year	50% after deductible; 60 visits/plan year
Other Healthcare Benefits				
***Chiropractic care:**	$30/visit; 30 visits/ plan year	$15 visit	$15 visit	50% after deductible; 30 visits/plan year
Durable medical equipment:	20% after deductible	10% after deductible	10% after deductible	50% after deductible
***Maternity care:**	Hospital: 20% after deductible; Doctor: $30 initial visit only	Hospital: 10% after deductible Doctor: $15 initial visit only	Hospital: 10% after deductible Doctor: $15 initial visit only	Hospital: 50% after deductible Doctor: 50% after deductible
***Mental health:**	Inpatient: 20% after deductible Outpatient: $20/visit	Inpatient: 10% after deductible Outpatient: $5/visit	Inpatient: 10% after deductible Outpatient: $5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
***Physical therapy:**	$30/visit; BVN-$15/ visit	$15/visit	$15/visit	50% after deductible
***Vision:**	$30/visit; BVN-$15/ visit	$15/visit	$15/visit	Routine preventive exams not covered
Hearing:	Illness/accident coverage; 20% coinsurance, hearing aid up to $1000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance, hearing aid up to $1000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance	Illness/accident coverage; 20% coinsurance

Prescription Drug Vendor: Express Scripts

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 non-formulary; 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: 1 (866) 544-6970 | Website: http://www.express-scripts.com