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

<table>
<thead>
<tr>
<th>Network</th>
<th>Brazos Valley Network (BVN)</th>
<th>Baylor Scott &amp; White Health (Brazos Valley)</th>
<th>Non-Network</th>
</tr>
</thead>
</table>

## Limitations and Restrictions

<table>
<thead>
<tr>
<th>Pre-existing condition limitations:</th>
<th>None</th>
<th>None</th>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Maximum:</td>
<td>Emergency care - must notify BCBSTX within 48 hours</td>
<td>Emergency care - must notify BCBSTX within 48 hours</td>
<td>Emergency care - must notify BCBSTX within 48 hours</td>
<td>Emergency Care</td>
</tr>
<tr>
<td>Out-of-service area restrictions:</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

## Maximums and Deductibles

<table>
<thead>
<tr>
<th>Deductibles:</th>
<th>$400 Medical/$50 Presription Drug</th>
<th>$400 Medical/$50 Presription Drug</th>
<th>$400 Medical/$50 Prescription Drug</th>
<th>$800 Medical/$400 Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,200 Family</td>
<td>$1,200 Family</td>
<td>$1,200 Family</td>
<td>$1,200 Family</td>
<td>$2,400 Family</td>
</tr>
<tr>
<td>Out-of-pocket maximum:</td>
<td>$5,000 + the $400 medical deductible above $10,000 + $1,200 family</td>
<td>$5,000 + the $400 medical deductible above $10,000 + $1,200 family</td>
<td>$5,000 + the $400 medical deductible above $10,000 + $1,200 family</td>
<td>$10,000 + $800 deductible per person $20,000 + $2,400 family</td>
</tr>
</tbody>
</table>

**Benefit maximum:** No annual/lifetime maximums Except those listed below

## Hospital Benefits

<table>
<thead>
<tr>
<th>In-Hospital care:</th>
<th>20% after deductible</th>
<th>10% after deductible</th>
<th>10% after deductible</th>
<th>$400/admissions fees + deductible, then 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room:</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
<td>20% after deductible if emergency; otherwise 50% after deductible</td>
</tr>
<tr>
<td>Surgery:</td>
<td>20% after deductible; In-physician’s office, See office visit</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
<td>50% after deductible 50% after deductible</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Preventive exam:</th>
<th>100% covered</th>
<th>100% covered</th>
<th>100% covered</th>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab/X-rays:</td>
<td>Benefit depends on setting and procedure</td>
<td>Benefit depends on setting and procedure</td>
<td>Benefit depends on setting and procedure</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>
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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 days/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
- $15/visit
- $15/visit
- 50% after deductible

#### *Vision:*
- $30/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

### 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](http://www.express-scripts.com)