

## 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
<b>Limitations and Restrictions</b>				
<b>Pre-existing condition limitations:</b>	None	None	None	None
<b>Benefit Maximum:</b>	None	None	None	None
<b>Out-of-service area restrictions:</b>	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
<b>Maximums and Deductibles</b>				
<b>Deductibles:</b>	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$800 Medical/\$400 Hospital \$2,400 Family
<b>Out-of-pocket maximum:</b>	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$10,000 + \$800 <i>deductible per person</i> \$20,000 + \$2,400 family
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below			
<b>Hospital Benefits</b>				
<b>In-Hospital care:</b>	20% after deductible	10% after deductible	10% after deductible	\$400/admissions fees + deductible, then 50%
<b>Emergency Room:</b>	20% after deductible	10% after deductible	10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; In-physician's office, See office visit	10% after deductible	10% after deductible	50% after deductible 50% after deductible
<b>Non-Hospital Visits</b>				
<b>*Office visits:</b>	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
<b>Preventive exam:</b>	100% covered	100% covered	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting and procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

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<b>Skilled nursing facility (not custodial care):</b>	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
<b>Home health care:</b>	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

<b>*Chiropractic care:</b>	\$30/visit; 30 visits/plan year	\$15 visit	\$15 visit	50% after deductible; 30 visits/plan year
<b>Durable medical equipment:</b>	20% after deductible	10% after deductible	10% after deductible	50% after deductible
<b>*Maternity care:</b>	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
<b>*Mental health:</b>	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
<b>*Physical therapy:</b>	\$30/visit	\$15/visit	\$15/visit	50% after deductible
<b>*Vision:</b>	\$30/visit	\$15/visit	\$15/visit	Routine preventive exams not covered
<b>Hearing:</b>	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>