



Same Value. More Options.

Blue Cross and Blue Shield of Texas (BCBSTX) has more options to meet the needs of busy and growing companies. There are new plans that provide a range of benefits and programs. This year, we've included more opportunities in:

- Pharmacy
- Deductibles/Copays
- Networks
- Wellbeing Management



2020 Small Business Plan Benefits and Programs

Here are a few of the updates for 2020 that offer additional value.

• Behavioral Health

- A new opioid/substance use effort identifies abuse risks and provides outreach and coordination of care for members facing these issues.
- We've made it easier for members to identify appropriate specialists – such as Medication Assisted Therapy (MAT) providers – in our online Provider Finder®.
- Advanced analytics and reporting add value by helping to keep an eye on the cost of care for both members and employers.

• Wellbeing Management

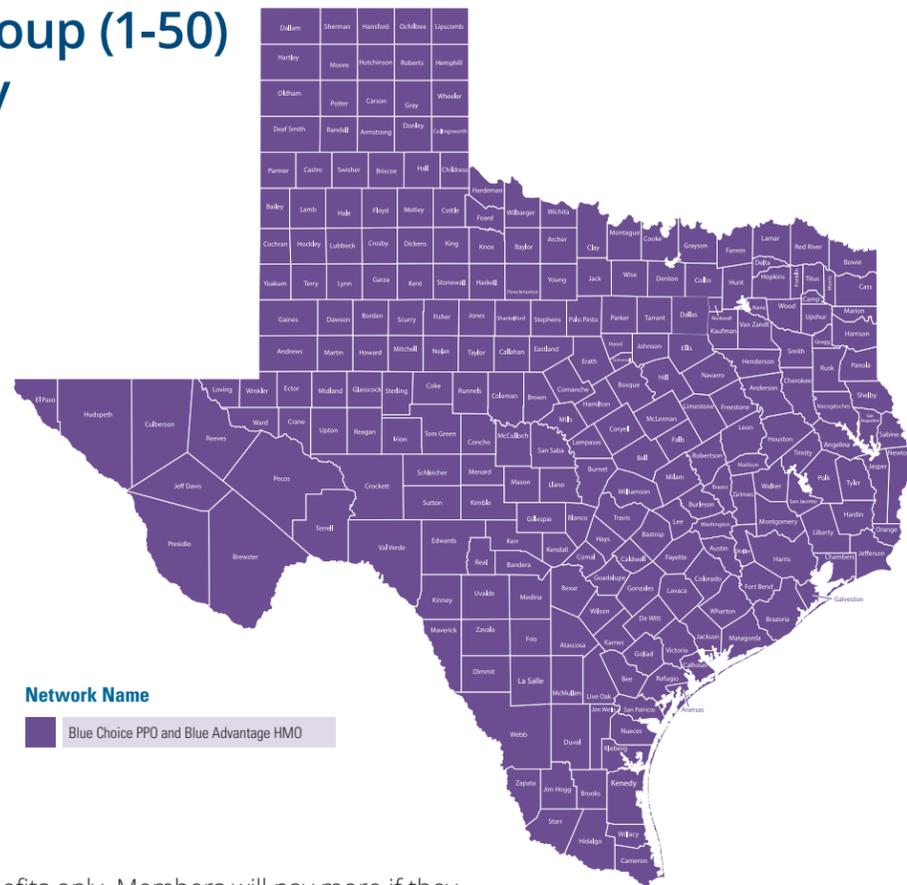
- This is an enhanced approach to improving health outcomes and helping ensure health care dollars are spent wisely. Members are supported across the health continuum – from chronic and complex conditions to lifelong wellness.
- A health advisor engages with and helps educate members facing high-cost, high-complexity health challenges. This specially trained clinician works with a multi-disciplinary team to address medical, pharmacy and behavioral issues, as well as barriers to health care.

- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget® to access tools and wellness resources to help manage their health:
 - Earn points with the Blue PointsSM program by completing specific activities and achieving goals online, then redeem them in the online shopping mall
 - Track healthy behaviors, sync fitness and nutrition devices with the Well onTarget portal or download the app
- The Special Beginnings® maternity program enables early identification of high-risk pregnancies and increased opportunities for interventions that can result in better clinical outcomes and cost savings.
- Registered nurses are available 24/7 to guide members to their doctors or emergency care if necessary. In addition, the 24/7 Nurseline can answer general health questions or direct members to an audio library of over 1,000 health topics.

Questions? Please contact your BCBSTX Account Representative.

				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments		Copayments		Per Occurrence Deductibles			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care and Virtual Visits Office Visit Copay ¹	Specialist Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1, 3}	Emergency Room Per Occurrence Deductible ^{1, 4}	Inpatient Per Occurrence Deductible ^{1, 4}	OP Surg Per Occurrence Deductible ^{1, 4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage HMO SM	Blue Advantage Gold HMO SM 822 ⁷	G665ADT	NA	\$0/ ²	\$0/ ²	\$7,350/ ²	\$14,700/ ²	100%/ ²	\$25	\$45	\$25	\$200	\$750	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
	Blue Advantage Platinum HMO SM 807 ⁷	P610ADT	NA	\$250/ ²	\$750/ ²	\$1,250/ ²	\$3,750/ ²	80%/ ²	\$25	\$45	\$25	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 814 ⁷	G662ADT	NA	\$1,000/ ²	\$3,000/ ²	\$6,000/ ²	\$12,000/ ²	80%/ ²	\$30	\$60	\$60	\$250	\$500	\$150	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Platinum HMO SM 808 ⁷	P611ADT	NA	\$1,250/ ²	\$3,750/ ²	\$1,250/ ²	\$3,750/ ²	100%/ ²	\$25	\$45	\$25	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
	Blue Advantage Gold HMO SM 923	G9E5ADT	NA	\$1,250/ ²	\$3,750/ ²	\$4,500/ ²	\$9,000/ ²	80%/ ²	\$30	\$60	\$30	Ded and Coins	\$400	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 816 ⁷	G663ADT	NA	\$1,500/ ²	\$4,500/ ²	\$5,000/ ²	\$10,000/ ²	80%/ ²	\$30	\$60	\$30	\$250	\$400	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 922	G9E3ADT	NA	\$1,500/ ²	\$4,500/ ²	\$6,000/ ²	\$12,000/ ²	80%/ ²	\$30	\$60	\$60	Ded and Coins	\$400	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 812	G661ADT	NA	\$2,000/ ²	\$6,000/ ²	\$4,000/ ²	\$12,000/ ²	90%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Advantage Gold HMO SM 817 ⁷	G664ADT	NA	\$2,000/ ²	\$6,000/ ²	\$4,000/ ²	\$12,000/ ²	90%/ ²	\$30	\$60	\$30	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 801 ⁷	G660ADT	NA	\$3,000/ ²	\$9,000/ ²	\$3,000/ ²	\$9,000/ ²	100%/ ²	\$30	\$60	\$30	\$250	\$400	\$200	\$150	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
	Blue Advantage Silver HMO SM 820	S643ADT	NA	\$3,000/ ²	\$9,000/ ²	\$8,150/ ²	\$16,300/ ²	70%/ ²	\$50	\$80	\$80	\$200	\$500	\$300	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 919	G9E1ADT	\$125-\$400 ⁶	\$3,000/ ²	\$9,000/ ²	\$3,000/ ²	\$9,000/ ²	100%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Advantage Silver HMO SM 818 ⁷	S642ADT	NA	\$3,500/ ²	\$10,500/ ²	\$8,150/ ²	\$16,300/ ²	70%/ ²	\$50	\$80	\$40	\$250	\$500	\$250	\$150	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Silver HMO SM 935	S9E3ADT	NA	\$3,500/ ²	\$9,750/ ²	\$7,900/ ²	\$15,800/ ²	80%/ ²	\$40	\$70	\$40	Ded and Coins	\$500	\$250	\$150	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Gold HMO SM 830 ⁶	G666ADT	\$350-\$850	\$4,000/ ²	\$12,000/ ²	\$4,000/ ²	\$12,000/ ²	100%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	NA	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Advantage Silver HMO SM 804 ⁷	S641ADT	NA	\$4,000/ ²	\$12,000/ ²	\$8,150/ ²	\$16,300/ ²	70%/ ²	\$40	\$80	\$80	\$250	\$500	\$250	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Silver HMO SM 925	S9E1ADT	\$0-\$255 ⁶	\$5,000/ ²	\$10,000/ ²	\$5,000/ ²	\$10,000/ ²	100%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Advantage Silver HMO SM 803 ⁷	S640ADT	NA	\$6,000/ ²	\$12,000/ ²	\$8,150/ ²	\$16,300/ ²	90%/ ²	\$40	\$80	\$80	\$250	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Silver HMO SM 945	S9E5ADT	NA	\$6,000/ ²	\$12,000/ ²	\$7,350/ ²	\$14,700/ ²	80%/ ²	\$40	\$70	\$40	Ded and Coins	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Advantage Bronze HMO SM 905 ⁵	B9E1ADT	\$0	\$6,350/ ²	\$12,700/ ²	\$6,750/ ²	\$13,500/ ²	70%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Bronze HMO SM 806 ⁵	B660ADT	\$0	\$6,750/ ²	\$13,500/ ²	\$6,750/ ²	\$13,500/ ²	100%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	100%	100%	100%/100%	
Blue Advantage Bronze HMO SM 833	B661ADT	NA	\$7,350/ ²	\$14,700/ ²	\$7,350/ ²	\$14,700/ ²	100%/ ²	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%	
Blue Advantage Silver HMO SM 846 ⁷	S644ADT	NA	\$7,350/ ²	\$14,700/ ²	\$7,350/ ²	\$14,700/ ²	100%/ ²	\$30	\$60	\$30	\$250	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%	
Blue Choice PPO SM	Blue Choice Platinum PPO SM 810 ⁷	P620CHC	NA	\$250/\$500	\$750/\$1,500	\$1,250/Unlimited	\$3,750/Unlimited	80%/60%	\$25	\$45	\$25	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
	Blue Choice Platinum PPO SM 811	P621CHC	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/Unlimited	\$3,750/Unlimited	100%/80%	\$25	\$45	\$25	Ded and Coins	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
	Blue Choice Gold PPO SM 823	G654CHC	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$4,500/Unlimited	\$9,000/Unlimited	80%/60%	\$30	\$60	\$30	Ded and Coins	\$400	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Gold PPO SM 820	G652CHC	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$5,000/Unlimited	\$10,000/Unlimited	80%/60%	\$30	\$60	\$30	Ded and Coins	\$400	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Gold PPO SM 822	G653CHC	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$6,000/Unlimited	\$12,000/Unlimited	80%/60%	\$30	\$60	\$60	Ded and Coins	\$400	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Gold PPO SM 801	G650CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/Unlimited	\$9,000/Unlimited	100%/80%	\$30	\$50	\$30	Ded and Coins	\$400	\$200	\$150	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
	Blue Choice Gold PPO SM 819	G651CHC	\$125-\$400 ⁶	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Choice Silver PPO SM 824	S661CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,150/Unlimited	\$16,300/Unlimited	70%/50%	\$50	\$80	\$80	\$200	\$500	\$300	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Silver PPO SM 827	S663CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,150/Unlimited	\$16,300/Unlimited	70%/50%	\$40	\$80	\$80	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Silver PPO SM 834	S665CHC	NA	\$3,250/\$6,500	\$9,750/\$19,500	\$7,900/Unlimited	\$15,800/Unlimited	60%/60%	\$40	\$70	\$40	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Gold PPO SM 830	G656CHC	\$350-\$850 ⁶	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	100%/100%	NA	NA	NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Choice Silver PPO SM 844 ⁷	S666CHC	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$8,150/Unlimited	\$16,300/Unlimited	70%/50%	\$40	\$80	\$80	\$250	\$500	\$250	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Silver PPO SM 825	S662CHC	\$0-\$255 ⁶	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
	Blue Choice Bronze PPO SM 805 ⁵	B660CHC	\$0	\$6,350/\$11,500	\$12,000/\$26,200	\$6,750/Unlimited	\$13,500/Unlimited	70%/50%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Choice Silver PPO SM 803	S660CHC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$8,150/Unlimited	\$16,300/Unlimited	90%/70%	\$40	\$80	\$80	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
	Blue Choice Silver PPO SM 845	S667CHC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$7,350/Unlimited	\$14,700/Unlimited	80%/60%	\$40	\$70	\$40	Ded and Coins	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Bronze PPO SM 806 ⁵	B661CHC	\$0	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	100%	100%	100%/100%	
Blue Choice Bronze PPO SM 833	B662CHC	NA	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%	

2020 Texas Small Group (1-50) Networks by County



- Notes:**
1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
 2. HMO plans do not have benefits out-of-network, except emergencies.
 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
 4. Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your benefit booklet.
 5. HSA eligible with \$0 employer funding.
 6. These HSA plans have a mandatory employer contribution requirement.
 7. Imaging services covered at copay and not subject to deductible and coinsurance.

- Additional Notes:**
- A. NA = Not Applicable.
 - B. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 - C. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Sam's Club, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).
 - D. Basic lab and X-ray services are covered at the deductible and coinsurance level, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.
 - E. All plans include prescription drug benefits. The benefit plan is based on the BCBSTX drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
 - F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
 - G. Virtual visits are available through an in-network vendor.
 - H. EyeMed Vision Care is an independent company that administers the vision benefits for BCBSTX.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSTX Account Representative.

2020 Texas Small Group Network Offerings		
Plan Name	Blue Choice PPO	Blue Advantage HMO
Network Plan Type	Blue Choice PPO (BCA)	Blue Advantage HMO (BAV)
Type	Broad	Smart
Availability	1-50	1-50
Coverage	Statewide/Nationwide	Statewide
Must Live/Work in Network Service Area	No	Yes
PCP Selection Required	No	Yes
Referral Required	No	Yes
OON Coverage	Yes	No, with the exception of emergency or accident
BlueCard®	Yes	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.
Blue Access for Members SM	Yes	Yes
Provider Finder	Blue Choice PPO (BCA)	Blue Advantage HMO (BAV)
Member Liability Estimator	Yes - MLE Lite	No

Virtual Visits

Care When and Where You Need It

Schedule a virtual visit through MDLIVE 24/7.

Powered by **MDLIVE**



Virtual Visits Powered by MDLIVE®

Virtual Visits provides a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs, 24 hours a day, seven days a week.

Based on your location, consult with a board-certified doctor by phone at **888-680-8646**, online at MDLIVE.com/bcbstx or with the MDLIVE® mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

Clinician Type	Behavioral Health Consult Description	Claim Fee (2020-2021)
MD/Psychiatric Nurse Practitioner (PNP)	Psychiatric diagnostic evaluation with medical services	\$175
	Office/outpatient 15 minutes medication management	\$80
	Office/outpatient 25 minutes medication management	\$80
	Office/outpatient 40 minutes medication management	\$80
PhD/Master Level	Psychiatric diagnostic evaluation	\$80
	Psychotherapy, 30 minutes with patient and/or family member	\$80
	Psychotherapy, 45 minutes with patient and/or family member	\$80
	Family psychotherapy with patient present	\$80

MDLIVE doctors can help treat the following conditions:

General Health

Allergies
Nausea
Sinus infection

Pediatric Care

Cold and flu
Ear problems
Pinkeye

Many more...

Skin rashes
Cough/sore throat
Urinary symptoms

MDLIVE.com/bcbstx 888-680-8646

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BCBSTX 2020 HMO AND NON-HMO PEDIATRIC VISION CARE

INSURED BENEFIT

FREQUENCY	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*
Examination		Once every 12 months
Lenses or Contact Lenses		Once every 12 months
Frame		Once every 12 months
VISION CARE SERVICES	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
FRAMES		
Frames Any available frame at provider location	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	\$75
STANDARD PLASTIC LENSES		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
LENS OPTIONS		
UV Treatment	\$0 Copay	NA
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Oversized	\$0	NA
Contact Lenses		
<i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210

DISCOUNTS ON SERVICES AND MATERIALS ON NON-INSURED ITEMS

VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
Retinal Imaging Benefit	Up to \$39	NA
EXAM OPTIONS		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
STANDARD PLASTIC LENSES		
Standard Progressive Lens	\$65 Copay	NA
Premium Progressive Lens Tier 1	\$85 Copay	NA
Premium Progressive Lens Tier 2	\$95 Copay	NA
Premium Progressive Lens Tier 3	\$110 Copay	NA
Premium Progressive Lens Tier 4	\$65 copay, 80% of charge less \$120 Allowance	NA
LENS OPTIONS		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Photochromatic/Transitions Plastic	\$75	NA
Other Add-Ons	20% off Retail Price	NA
OTHER		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

All plans utilize the EyeMed Select Network. EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSTX. BCBSTX has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSTX, FAA and EyeMed is that of independent contractors. EyeMed Vision Care, LLC, is solely responsible for its operations and for that of its contracted providers. Third party brands are the property of their respective owners. Services and products are subject to availability by location. Discounts are only available through participating vendors.
* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS

1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.



BlueCross BlueShield of Texas



Ways to Get More Value from Pharmacy Benefits

Members should follow these tips to get the most from their pharmacy benefits:

- Consider using generic drugs.
- The doctor should check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen based on their safety, cost and how well they work.
- Use a contracting in-network pharmacy.
- Go to **[bcbstx.com](https://www.bcbstx.com)** to check Blue Access for Members (BAMSM) for online pharmacy resources. Members can get an estimate of out-of-pocket prescription costs, view claims history and more.
- Members should ask doctors or pharmacists about the choices available and which drug is right for them.

Ask Your BCBSTX Account Representative for More Information.