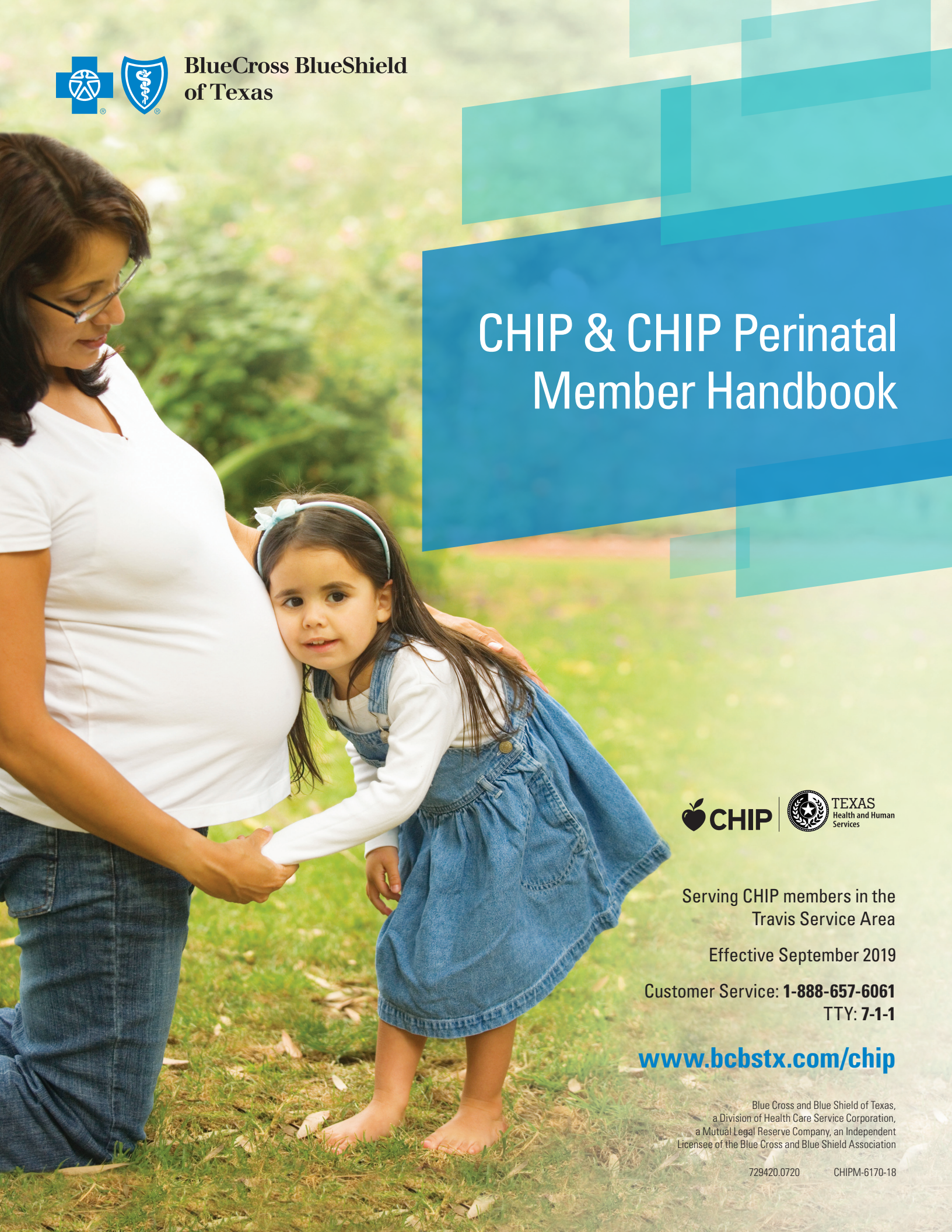


BlueCross BlueShield of Texas

CHIP & CHIP Perinatal Member Handbook

CHIP | TEXAS Health and Human Services

Serving CHIP members in the Travis Service Area

Effective September 2019

Customer Service: **1-888-657-6061**
TTY: **7-1-1**

www.bcbstx.com/chip

Blue Cross and Blue Shield of Texas,
a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent
Licensee of the Blue Cross and Blue Shield Association

729420.0720 CHIPM-6170-18

Welcome!

Welcome to Blue Cross and Blue Shield of Texas (BCBSTX). Thank you for being a part of our health plan family. As a valued BCBSTX member, you are getting this book with information you need to help you get the most from your health plan.

This book is offered in alternative formats and languages upon request such as audio CD, large print, Braille and languages other than English and Spanish. Please contact BCBSTX Customer Service if you need alternative formats or languages. If you need a printed copy of our member handbook, provider directory or other materials that will help you better understand your benefits, please call Customer Service. Your request will be fulfilled within five business days.

Please read this handbook to learn how your plan works. You must have an OK from us before some types of specialty care will be covered.

Make sure you use providers in the BCBSTX network. If no one in the network can give you the care you need, your primary care provider (PCP) will get an OK from us to send you to a provider that is not in the network. For emergency or urgent care to be covered, you do not need to get an OK from us at all. You do not need an OK from us or need to be referred by your PCP to see a family planning care provider. If you get non-emergency care from a provider that is not in the network before you get the required OK from us, you may have to pay for that service.

Your member ID card has been sent to you as a separate item. Your ID card lists your PCP. If you want to change your PCP, choose one from the BCBSTX Provider Directory. Then fill out and send us the PCP Selection Form on Page 19 of this book. Customer Service can help you with this by calling **1-888-657-6061** or TTY **7-1-1**.

The list of important phone numbers and information can be found on page 3.

We look forward to serving you.

Blue Cross and Blue Shield of Texas

Table of Contents

Part 1

How to use this book

You are/your child is eligible for this program because:

- You meet/your child meets certain eligibility criteria based on family income and size
- You are/your child is not eligible for Medicaid
- You are/your child is a U.S. citizen or qualified immigrant

Important phone numbers and information

Questions? Call our toll-free numbers

1-888-657-6061	Customer Service
7-1-1	Customer Service TTY (line for hearing or speech loss)
1-877-375-9097	Member Outreach
1-844-971-8906	24 Hour Nurse Advice Line
1-877-214-5630	Case Management/Disease Management

www.bcbstx.com/chip

Important Phone Numbers and Information

2-1-1 Texas 2-1-1
Information and referral line for State of Texas services: food, housing, senior services, health care, SNAP, Medicaid and CHIP.

24 Hour Nurse Advice Line 1-844-971-8906
TTY 7-1-1

BCBSTX Customer Service 1-888-657-6061
Hours: Monday – Friday, 8 a.m. to 8 p.m. (Central time), excluding state-approved holidays.

After-hours and weekends, leave a non-urgent message on the answering machine and your call will be returned the next business day. For TTY after-hours and weekends, call Texas Relay at the numbers below. Help is offered in English and Spanish. Interpreter services are available. **In an emergency, call 9-1-1.**

Customer Service TTY 7-1-1

BCBSTX Outreach/Advocate for Travis SA ..... 1-877-375-9097 (TTY 7-1-1)

BCBSTX Outreach/Advocate for Central RSA ..... 1-855-497-0857 (TTY 7-1-1)
Fax 1-512-349-4867

Case Management/Disease Management 1-877-214-5630

CHIP Program Help Line 1-800-964-2777

DentaQuest 1-800-516-0165

Emergency call 9-1-1 or go to ER if it is an emergency 9-1-1

MCNA Dental 1-800-494-6262

Magellan Health Services (Behavioral Health and Substance Abuse) 1-800-327-7390
This line is open 24 hours a day, seven days a week. Help is offered in English and Spanish. Interpreter services are available.
In case of an emergency, call 9-1-1.

TTY 1-800-735-2988

Maximus Enrollment Broker 1-800-964-2777 (1-877-KIDS-NOW)

National Poison Control Center 1-800-222-1222
Calls are routed to the office closest to you.

Non-emergency Medical Transportation (Logisticare) 1-888-657-6061

Special Beginnings® 1-888-421-7781

Texas Department of State Health Services (DSHS)

Family Health Services Help and Referral Line 1-800-422-2956

Texas Immunization Registry Help Desk 1-800-348-9158

Immunization Division 1-800-252-9152

Texas Relay Service or 7-1-1 1-800-735-2989

Women, Infants and Children (WIC) Program 1-800-942-3678
TTY lines are only for members with hearing or speech loss.

Vision (Eye Care) 1-888-657-6061

Part 1

This BCBSTX Children's Health Insurance Plan (CHIP) Member Handbook includes a list of the benefits available to you/your child. It also includes a list of benefits that are not offered.

This member handbook tells you how Blue Cross and Blue Shield of Texas (BCBSTX) works. It also tells you which services are covered and which services are not covered. We made this book easy to use by breaking it into parts. You can read any part at any time. To save you time, we suggest:

Please read these parts first:

- Important Things to Do
- How to Use Your BCBSTX Health Plan
- Emergency and Urgent Care Services

Then, take some time and read:

- What Is Covered by BCBSTX
- What Is Not Covered by BCBSTX

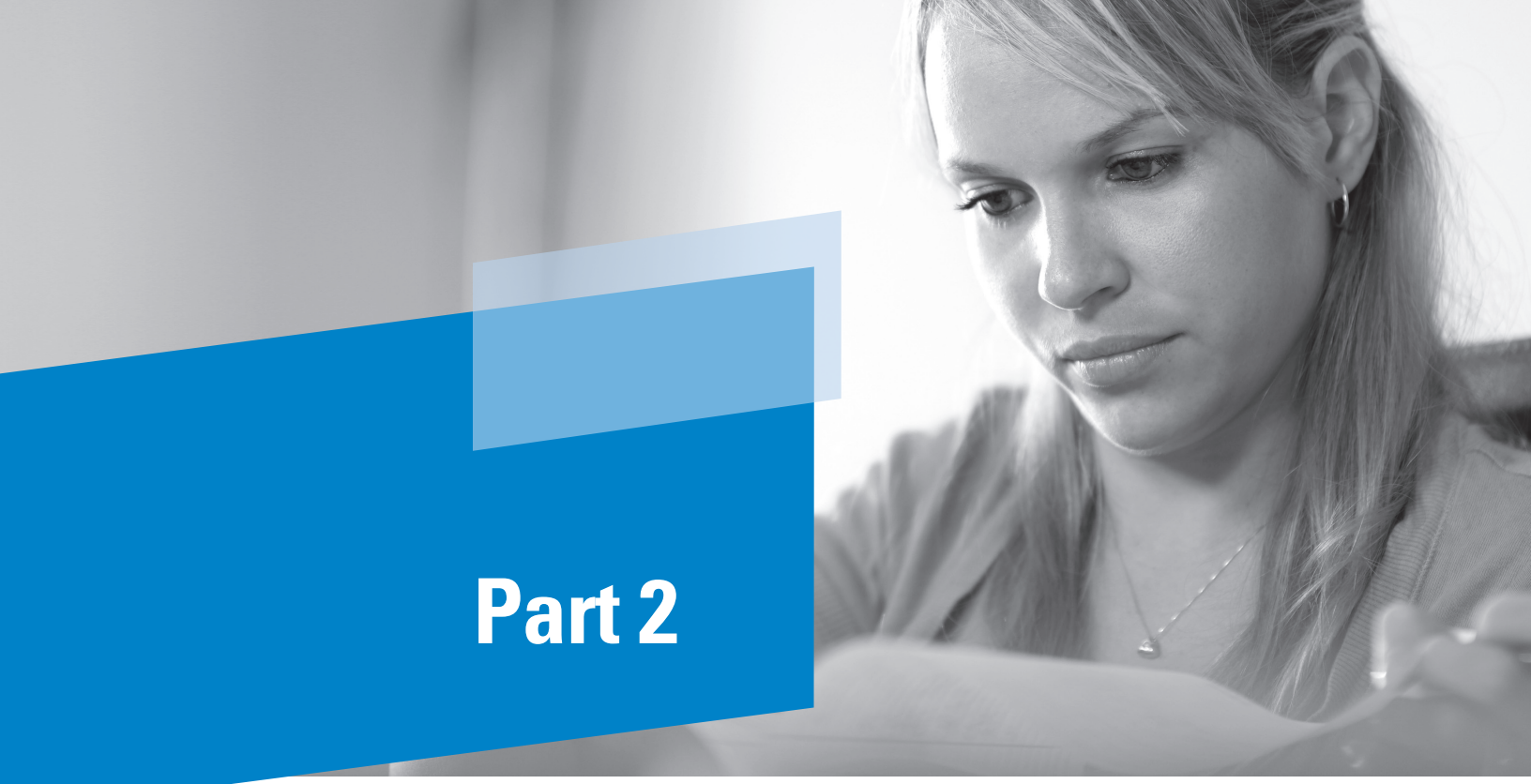
These sections are important to read as well:

- Programs to Help Keep You Well
- Other Things You May Need to Know
- Your Health Care Rights and Responsibilities
- Important Phone Numbers
- Value-Added Services

Call Customer Service toll-free at 1-888-657-6061 if you need help with this book. Members with hearing or speech loss may call our TTY line at **7-1-1**. This book is offered in audio CD, large print, Braille or in languages other than English. Interpreter services are also available. If you have any questions, please call Customer Service Monday through Friday, from 8 a.m. to 8 p.m. Central time, excluding state-approved holidays. If you call between 8 a.m. to 8 p.m., or on the weekends, with a nonurgent question, you may leave a message with our answering service. Calls will be returned the next business day. You may also call the 24 Hour Nurse Advice Line, a toll-free nurse help line, 24 hours a day, seven days a week for questions about your health at **1-844-971-8906**.

References to 'you,' 'my' or 'I' apply if you are a CHIP member. References to 'my child' applies if your child is a CHIP member or a CHIP Perinate new born member.

If your child has an emergency, get help right away. Call **9-1-1** or go to the nearest emergency room for medical care. Your child will be covered for emergency services even if the provider is not part of the BCBSTX network.



Part 2

Important things to do

This Texas Children's Health Insurance Plan (CHIP) Member Handbook includes a list of the benefits available to you/your child. It also includes a list of benefits that are not offered.

This member handbook tells you how Blue Cross and Blue Shield of Texas (BCBSTX) works. It also tells you which services are covered and which services are not covered. We made this book easy to use by breaking it into parts. You can read any part at any time.

Part 2

- **Keep your/your child's BCBSTX identification ID card with you at all times.** Show it every time your child needs health care services.
- **Do not let anyone else use your card.**
- **Check that the doctor on your ID card is the one you want.** The ID card lists you or your child's primary care provider (PCP). A PCP is your main health care provider. If you want a different PCP, let us know right away.
- **Set up Well-Child checkup up exam with your PCP right away.** You or your child should be seen by a doctor within 90 days after joining BCBSTX for a well child check up. Your doctor will advise you of when Well-Child checkups are needed on an annual basis after the initial visit within 90 days of joining the plan and BCBSTX will send you reminders. A newborn should be seen by a doctor within 14 days after birth. During the first exam, the PCP learns about the patient's health care needs to help him or her stay healthy.
- **Call you or your child's PCP before you get medical care, unless your child has an emergency.** You or your child's doctor's office will help you make an appointment for care. If you need a ride to and from medical visits, call the non emergency transport number. Members with hearing loss may call the TTY line at **7-1-1**.
- **If you or your child has an emergency, get help right away.** Call **9-1-1** or go to the nearest emergency room for medical care. Your child will be covered for emergency services even if the provider is not part of the BCBSTX network.
- **If you have a health problem or question that is not an emergency, you can call the 24 Hour Nurse Advice Line toll-free at 1-844-971-8906.** Have your BCBSTX ID card ready when you call. The nurse will ask for your ID card number. They will help you get the care you need.
- **Pregnant Members - CHIP Perinate - should have an initial visit with an OB/GYN provider within 42 days of joining the plan or within your first 12 weeks of being pregnant.**

You are important to us.

We want to help you get the health care you need.

Thank you for choosing BCBSTX.

Part 3

How to use your BCBSTX health plan

You/your child's BCBSTX ID card has these important details:

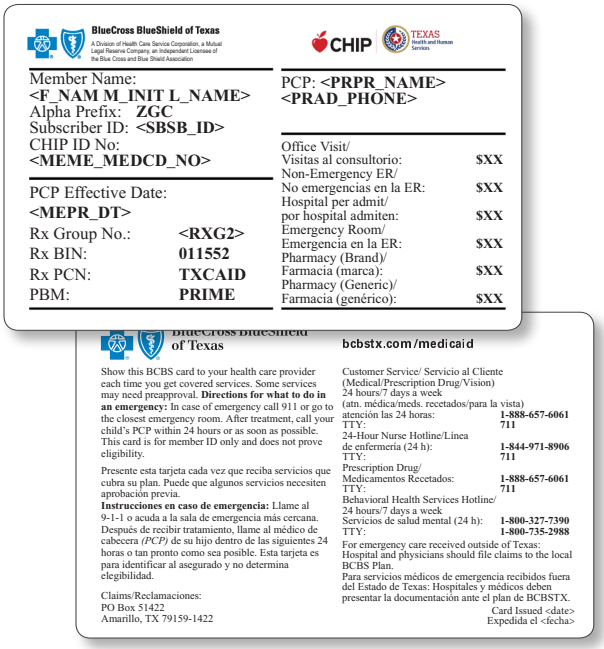
- You or your child's name
- You or your child's BCBSTX member ID number
- BCBSTX's name and claims address for providers to submit claims
- The BCBSTX toll-free Customer Service phone and TTY numbers for you to call us
- The date you or your child became a BCBSTX member (effective date)
- You or your child's PCP name and phone number
- You or your child's copay information (if there is a copay)
- What to do in an emergency
- The BCBSTX toll-free Customer Service phone number for questions about drugs
- Instructions for help in Spanish
- The phone number for 24 Hour Nurse Advice Line, the 24-hour, toll-free nurse help line
- The phone numbers for behavioral (mental) health and substance abuse services

Part 3

YOUR BCBSTX ID CARD

Show your or your child's BCBSTX ID card to the doctor, hospital or other provider when you go or take your child for health care services. Below are samples of what your card will look like:

BCBSTX CHIP ID card


BlueCross BlueShield of Texas
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CHIP | TEXAS Health and Human Services

Member Name:
<F_NAM M_INIT L_NAME>
Alpha Prefix: ZGC
Subscriber ID: <SBSB_ID>
CHIP ID No:
<MEME_MEDCD_NO>

PCP Effective Date:
<MEPR_DT>
Rx Group No.: <RXG2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

PCP: <PRPR_NAME>
<PRAD_PHONE>

Office Visit/ Visitas al consultorio:	$XX
Non-Emergency ER/ No emergencias en la ER:	$XX
Hospital per admit/ por hospital admiten:	$XX
Emergency Room/ Emergencia en la ER:	$XX
Pharmacy (Brand)/ Farmacia (marca):	$XX
Pharmacy (Generic)/ Farmacia (genérico):	$XX

BlueCross BlueShield of Texas

bcbstx.com/medicaid

Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. **Directions for what to do in an emergency:** In case of emergency call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible. This card is for member ID only and does not prove eligibility.

Presente esta tarjeta cada vez que reciba servicios que cubra su plan. Puede que algunos servicios necesiten aprobación previa.
Instrucciones en caso de emergencia: Llame al 9-1-1 o acuda a la sala de emergencia más cercana. Después de recibir tratamiento, llame al médico de cabecera *(PCP)* de su hijo dentro de las siguientes 24 horas o tan pronto como sea posible. Esta tarjeta es para identificar al asegurado y no determina elegibilidad.

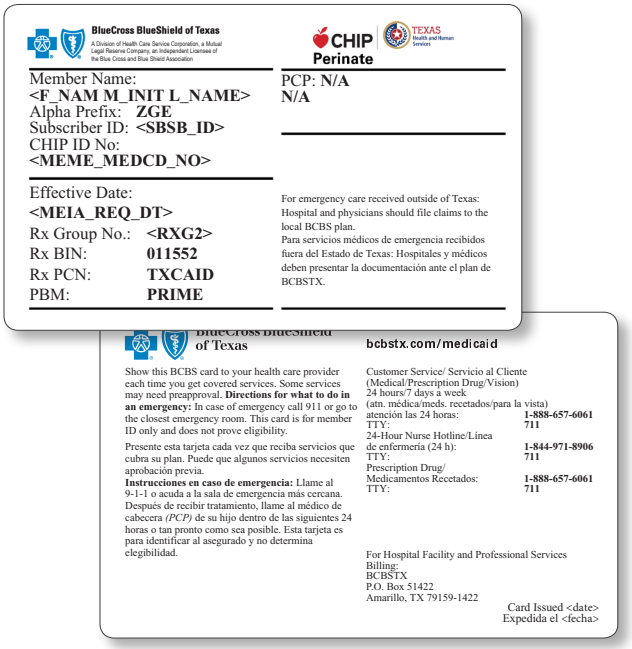
Claims/Reclamaciones:
PO Box 51422
Amarillo, TX 79159-1422

Customer Service/ Servicio al Cliente (Medical/Prescription Drug/Vision)
24 hours/7 days a week
(atn. médica/meds. recetados/para la vista)
atención las 24 horas: **1-888-657-6061**
TTY: **711**
24-Hour Nurse Hotline/Línea de enfermería (24 h): **1-844-971-8906**
TTY: **711**
Prescription Drug/ Medicamentos Recetados: **1-888-657-6061**
TTY: **711**
Behavioral Health Services Hotline/
24 hours/7 days a week
Servicios de salud mental (24 h): **1-800-327-7390**
TTY: **1-800-735-2988**

For emergency care received outside of Texas: Hospital and physicians should file claims to the local BCBS Plan.
Para servicios médicos de emergencia recibidos fuera del Estado de Texas: Hospitales y médicos deben presentar la documentación ante el plan de BCBSTX.

Card Issued <date>
Expedida el <fecha>

Perinatal CHIP ID card - over 185% FPL


BlueCross BlueShield of Texas
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CHIP Perinate | TEXAS Health and Human Services

Member Name:
<F_NAM M_INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SBSB_ID>
CHIP ID No:
<MEME_MEDCD_NO>

Effective Date:
<MEIA_REQ_DT>
Rx Group No.: <RXG2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

PCP: N/A
N/A

For emergency care received outside of Texas: Hospital and physicians should file claims to the local BCBS plan.
Para servicios médicos de emergencia recibidos fuera del Estado de Texas: Hospitales y médicos deben presentar la documentación ante el plan de BCBSTX.

BlueCross BlueShield of Texas

bcbstx.com/medicaid

Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. **Directions for what to do in an emergency:** In case of emergency call 911 or go to the closest emergency room. This card is for member ID only and does not prove eligibility.

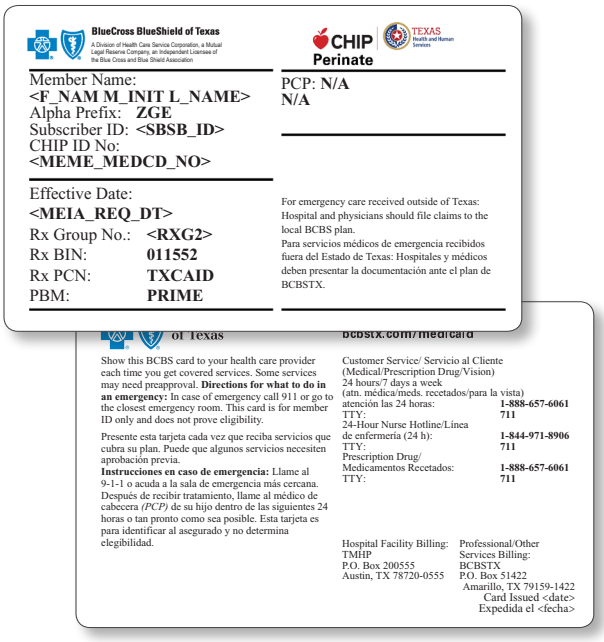
Presente esta tarjeta cada vez que reciba servicios que cubra su plan. Puede que algunos servicios necesiten aprobación previa.
Instrucciones en caso de emergencia: Llame al 9-1-1 o acuda a la sala de emergencia más cercana. Después de recibir tratamiento, llame al médico de cabecera *(PCP)* de su hijo dentro de las siguientes 24 horas o tan pronto como sea posible. Esta tarjeta es para identificar al asegurado y no determina elegibilidad.

Customer Service/ Servicio al Cliente (Medical/Prescription Drug/Vision)
24 hours/7 days a week
(atn. médica/meds. recetados/para la vista)
atención las 24 horas: **1-888-657-6061**
TTY: **711**
24-Hour Nurse Hotline/Línea de enfermería (24 h): **1-844-971-8906**
TTY: **711**
Prescription Drug/ Medicamentos Recetados: **1-888-657-6061**
TTY: **711**

For Hospital Facility and Professional Services Billing:
BCBSTX
P.O. Box 51422
Amarillo, TX 79159-1422

Card Issued <date>
Expedida el <fecha>

CHIP Perinatal ID card - under 185% FPL


BlueCross BlueShield of Texas
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CHIP Perinate | TEXAS Health and Human Services

Member Name:
<F_NAM M_INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SBSB_ID>
CHIP ID No:
<MEME_MEDCD_NO>

Effective Date:
<MEIA_REQ_DT>
Rx Group No.: <RXG2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

PCP: N/A
N/A

For emergency care received outside of Texas: Hospital and physicians should file claims to the local BCBS plan.
Para servicios médicos de emergencia recibidos fuera del Estado de Texas: Hospitales y médicos deben presentar la documentación ante el plan de BCBSTX.

of Texas

bcbstx.com/medicaid

Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. **Directions for what to do in an emergency:** In case of emergency call 911 or go to the closest emergency room. This card is for member ID only and does not prove eligibility.

Presente esta tarjeta cada vez que reciba servicios que cubra su plan. Puede que algunos servicios necesiten aprobación previa.
Instrucciones en caso de emergencia: Llame al 9-1-1 o acuda a la sala de emergencia más cercana. Después de recibir tratamiento, llame al médico de cabecera *(PCP)* de su hijo dentro de las siguientes 24 horas o tan pronto como sea posible. Esta tarjeta es para identificar al asegurado y no determina elegibilidad.

Customer Service/ Servicio al Cliente (Medical/Prescription Drug/Vision)
24 hours/7 days a week
(atn. médica/meds. recetados/para la vista)
atención las 24 horas: **1-888-657-6061**
TTY: **711**
24-Hour Nurse Hotline/Línea de enfermería (24 h): **1-844-971-8906**
TTY: **711**
Prescription Drug/ Medicamentos Recetados: **1-888-657-6061**
TTY: **711**

Hospital Facility Billing:
TMHP
P.O. Box 200555
Austin, TX 78720-0555

Professional/Other Services Billing:
BCBSTX
P.O. Box 51422
Amarillo, TX 79159-1422

Card Issued <date>
Expedida el <fecha>

CHIP Perinatal ID card- NEWBORN


BlueCross BlueShield of Texas
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CHIP Perinate NB | TEXAS Health and Human Services

Member Name:
<F_NAM M_INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SBSB_ID>
CHIP ID No:
<MEME_MEDCD_NO>

PCP Effective Date:
<MEPR_DT>
Rx Group No.: <RXG2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

PCP: <PRPR_NAME>
<PRAD_PHONE>

For CHIP Perinate newborns no co-payment or cost-sharing for covered services

Servicios incluidos en la cobertura CHIP Perinate para recién nacidos no requieren copagos ni gastos

of Texas

bcbstx.com/medicaid

Show this BCBS card to your health care provider each time you get covered services. Some services may need preapproval. **Directions for what to do in an emergency:** In case of emergency call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible. This card is for member ID only and does not prove eligibility.

Presente esta tarjeta cada vez que reciba servicios que cubra su plan. Puede que algunos servicios necesiten aprobación previa.
Instrucciones en caso de emergencia: Llame al 9-1-1 o acuda a la sala de emergencia más cercana. Después de recibir tratamiento, llame al médico de cabecera *(PCP)* de su hijo dentro de las siguientes 24 horas o tan pronto como sea posible. Esta tarjeta es para identificar al asegurado y no determina elegibilidad.

Claims/Reclamaciones:
PO Box 51422
Amarillo, TX 79159-1422

Customer Service/ Servicio al Cliente (Medical/Prescription Drug/Vision)
24 hours/7 days a week
(atn. médica/meds. recetados/para la vista)
atención las 24 horas: **1-888-657-6061**
TTY: **711**
24-Hour Nurse Hotline/Línea de enfermería (24 h): **1-844-971-8906**
TTY: **711**
Prescription Drug/ Medicamentos Recetados: **1-888-657-6061**
TTY: **711**
Behavioral Health Services Hotline/
24 hours/7 days a week
Servicios de salud mental (24 h): **1-800-327-7390**
TTY: **1-800-735-2988**

For emergency care received outside of Texas: Hospital and physicians should file claims to the local BCBS Plan.
Para servicios médicos de emergencia recibidos fuera del Estado de Texas: Hospitales y médicos deben presentar la documentación ante el plan de BCBSTX.

Card Issued <date>
Expedida el <fecha>

HOW TO USE YOUR/YOUR CHILD'S BCBSTX ID CARD

Show your BCBSTX ID card to your doctor, hospital or other provider when you go for health care services.

You/your child will get a new BCBSTX ID card if:

- You change your/your child's PCP.
- The address or phone number for you/your child's PCP changes.
- You lose your/your child's ID card.

If you/your child needs a new BCBSTX ID card, call Customer Service. If you did not get your/your child's BCBSTX ID card, call Customer Service at the number below. Members with hearing or speech loss may call our TTY line.

Always carry your/your child's BCBSTX ID card with you in case of an emergency. Only the person whose name is on the card can get services under this BCBSTX ID card number. If you let someone else use your/your child's card, you/your child could lose CHIP plan coverage.

How to Read Your BCBSTX ID Card

Your BCBSTX ID Card has these important details:

- Your name
- CHIP ID number
- Subscribe ID number
- Effective date
- BCBSTX name and address
- BCBSTX Customer Service and TTY numbers
- What to do in an emergency
- 24 Hour Nurse Advice Line
- Phone numbers for behavioral health and prescriptions

How to replace your/your child's BCBSTX ID card if it is lost:

If your/your child's BCBSTX ID card is lost, call Customer Service toll-free at **1-888-657-6061**.

If you have hearing or speech loss, you may call the TTY line at **7-1-1**.

Choosing a Primary Care Provider (PCP)

What is a Primary Care Provider (PCP)?

A PCP is your/your child's main health care provider. Your/your child's BCBSTX ID card will have the name and phone number of the PCP you chose or the PCP assigned to you/your child if you didn't choose one. You can change PCPs if you want.

A PCP can be a:

- Pediatrician
- Family or general practitioner
- Internist
- Obstetrician/gynecologist (OB/GYN)*

Can a clinic be my/my child's PCP?

Clinics such as Federally Qualified Health Centers (FQHCs), and rural health clinics can also be PCPs. Our Provider Directory lists PCPs who work with BCBSTX. It lists their addresses, phone numbers and hours they are open.

*CHIP Perinate members do not get a PCP, they get an OB/GYN.

Part 3

PROVIDER DIRECTORY/ PROVIDER FINDER®

Look in the Provider Directory to:

- Choose a PCP for your child under 'Family Practice,' 'Pediatrics' or 'General Practice' or 'FQHCs.'
- Choose a provider for a pregnant member under 'Family Practice,' 'Obstetrics and Gynecology' or 'General Practice,' or 'FQHCs.'

It is important to find the right PCP for your child. When choosing a PCP, you may have questions such as:

- What language does the PCP speak?
- Is the PCP's office open on weekends?
- Is the PCP taking new patients?

This information is in the Provider Directory and on Provider Finder on the website. As a member of BCBSTX, you will get a new directory upon request. If you need a Provider Directory or need help choosing a PCP who's right for your child, call the Customer Service number at **1-888-657-6061** or look on our website at **www.bcbstx.com/chip**. Members with hearing or speech loss may call our TTY line at **7-1-1**.

If you would like to learn more about a PCP or a specialist, such as the doctor's specialty, medical school, residency training or board certification, visit these websites:

- American Medical Association at **www.ama-assn.org**
- The Texas Medical Board at **www.tmb.state.tx.us**

Our providers are given guidelines to help ensure you receive quality care based on evidence based practice guidelines. These are clinical practice and preventive care guidelines. These are available to members upon request. Call Customer Service if you would like a copy.

Blue Access for Members℠ (BAM℠)

BAM is a secure member portal where you can:

- Print a temporary ID card or order a new card.
- Find doctors and hospitals under the 'Doctors and Hospitals' tab.
- View your covered benefits.
- See a list of your prescription drugs.
- View your care profile.
- Set up text message alerts.
- Get information on health and wellness.

It is easy to get started

1. Go to **www.bcbstx.com/medicaid**.
2. Click the 'Log In' button at the top of the page.

Then, click the 'Register Now' link to create an account.

Physician Incentive Plans

BCBSTX cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit medically necessary covered services to members. Right now, BCBSTX does not have a physician incentive plan. Medically necessary care is defined in Part 16 of this book.

Changing your/your child's PCP

How can I change my/my child's PCP?

If you want to do so, call Customer Service at **1-888-657-6061** from 8 a.m. to 8 p.m. Monday through Friday or TTY **7-1-1**. Or, fill out the Primary Care Provider Selection Form at the end of the chapter and mail it back to us. We want you to be happy with your PCP. Most of the time, it is best to keep the same PCP, so he or she can get to know your child's health needs and history.

How many times can I change my/my child's PCP?

There is no limit on how many times you can change your or your child's PCP. You can change PCPs by calling us toll-free at **1-888-657-6061** or TTY **7-1-1** or writing to us at:

Blue Cross and Blue Shield of Texas
PO Box 201166
Austin, TX 78720-9919

You must choose a doctor who will see new patients. We can help you find one.

- If you choose a PCP who is not taking new patients, we will help you choose another one.
- It is important to know that when you change your/your child's PCP often, your/your child's health care may not be as good as it could be.
- If you choose to change, have your/your child's medical records sent to the new PCP.

When will my/my child's PCP change become effective?

- Your/your child's PCP change will be effective on the date the change is made and you can schedule an appointment that same day.
- You will get a new ID card with the name of your/your child's new PCP and contact information on it in about five to seven days.

Can a PCP move me or my child to another PCP for noncompliance?

BCBSTX, or your/your child's PCP, may ask you to change your/your child's PCP if:

- BCBSTX no longer works with your child's PCP.
- You keep making appointments and don't show up for them.
- You are often late for your appointments.
- You or your child is rude or abusive, or disrupts the PCP's office.

Are there any reasons why my request to change a PCP may be denied?

A request to change your/your child's PCP may be denied if the PCP you want is not taking new patients.

What if I choose to go to another doctor who is not my or my child's PCP?

If you choose to go to a doctor who is not your/your child's PCP, call us first. We will try to make the doctor your/your child's PCP. If you see a doctor who is not your/your child's PCP without an OK from BCBSTX first, you may have to pay for the services you/your child gets.

PREGNANCY CARE

What if I/my child is pregnant?

If you/your child is pregnant, you/your child does not need to see your PCP to approve care for pregnancy. But, you/your child will need to call us to make sure the OB/GYN, and the birthing center or hospital where you/your child will have the baby, are both with BCBSTX.

Whom do I need to call?

Call Customer Service at **1-888-657-6061** as soon as you know you/your child is pregnant. We can tell you about Value-Added Services we have for pregnant members.

You need to set up the first prenatal care visit as follows:

- Within 14 calendar days from the date you call if you/your child is in the first three months of pregnancy.
- Within seven calendar days from the date you/your child call while in the second three months of pregnancy.
- Within five business days from the date you call if you/your child is in the last three months of pregnancy.

Part 3

Call your/your child's OB/GYN and ask to set up an appointment within five business days, or right away, if you have an emergency. Also, call you/your child's OB/GYN if you think you/your child has a high-risk condition that has to do with the pregnancy.

Because you/your child is pregnant, you/your child may qualify for Medicaid. You/your child must apply for Medicaid. If eligible you/your child will no longer be eligible and will be disenrolled from CHIP once you are enrolled in Medicaid. If you or your child are not eligible for Medicaid, you may be eligible for CHIP Perinate. Medicaid coverage will be coordinated to avoid gaps in health care coverage.

If we are not aware of the member's pregnancy until delivery, CHIP will cover the delivery. The baby will be automatically enrolled in the mother's CHIP plan at birth and follows the same time frame as the mother to re-enroll and remain eligible. The member is covered until the date the coverage ends or through the end of the second full month after the month of the infant's birth, if that date is later.

When does CHIP Perinatal coverage end?

CHIP Perinate coverage ends at the end of the month of the infant's birth.

Enrolling a newborn baby and mom for services

Call Customer Service at **1-888-657-6061** as soon as you know you or your child is pregnant. Members with hearing or speech loss may call the TTY line at **7-1-1**. Pregnant members will be enrolled in a prenatal program to help them learn how to care for themselves during the pregnancy.

Also, call your Health and Human Services Commission (HHSC) caseworker and tell him or her that you or your child is pregnant.

Most newborns will be Medicaid-eligible. Eligibility must be determined before enrolling. If eligible, the baby will be covered from the beginning of the birth month until the next enrollment period.

If you have not already called us to choose a PCP for your child's baby, you can call after the baby is born. Call Customer Service at **1-888-657-6061** to choose the baby's PCP. Members with hearing or speech loss may call the TTY line at **7-1-1**.

If you do not choose a PCP, we will choose one for you. The parent of the newborn may ask that the newborn's health plan coverage be changed to another health plan during the first 90 days after the baby is born. Call the CHIP enrollment broker, Maximus, at **1-800-964-2777**.

How do I pick a PCP for my baby? Who do I call?

You can choose a PCP for your baby before the baby is born. You can also pick a PCP for your baby after the baby is born. Call us at our toll-free Customer Service number at **1-888-657-6061** to choose your baby's PCP. Members with hearing or speech loss may call the Customer Service TTY line at **7-1-1**. If you do not choose a PCP, we will choose one for you.

What information do they need?

They will need your baby's name, date of birth and your member ID number. You can find your ID number on your BCBSTX ID card.

MAKING AN APPOINTMENT WITH YOUR CHILD'S DOCTOR

Call your child's PCP for an appointment. Tell the doctor that your child is a BCBSTX CHIP member. Have your child's BCBSTX ID card with you when you call. You may be asked for the ID number on the card. If you need a ride to the appointment, call Customer Service at **1-888-657-6061**.

What do I need to bring with me to my or my child's doctor's appointment?

Make sure to take your child's BCBSTX ID card with you to the doctor's appointment. Be on time for appointments. Call the doctor's office as soon as possible if:

- You will be late.
- You cannot keep your child's appointment.

This will shorten everyone's time in the waiting room. The PCP may not be able to see your child if you are late.

How do I get medical care after my/my child's PCP's office is closed?

Call your child's PCP before he or she gets any medical care, unless it is an emergency. You can call the PCP's office 24 hours a day at the number on your child's BCBSTX ID card. After regular business hours, leave a voicemail with your name and phone number. Either your child's PCP or an on-call doctor will call you back. If you have an emergency, call **9-1-1** or go to the nearest emergency room. You can also call 24 Hour Nurse Advice Line at **1-844-971-8906**.

First Well-Child Check Up

The first meeting with your child's new PCP is important. It is a time for you to get to know each other and talk about your child's health.

The doctor will:

- Get to know your child and talk about your child's health.
- Help you understand your child's medical needs.
- Teach you ways to make your child's health better or help keep him or her healthy.

We ask all new members to see their PCP as soon as possible but no later than 90 days after joining BCBSTX. Call your child's PCP to make an appointment today.

Newborns should have at least six visits within the first 15 months of life.

Routine medical care

What is routine medical care? How soon can I/my child expect to be seen?

Routine care is the regular care your child gets from his or her PCP to help keep your child healthy. This care includes checkups. You can call your child's PCP to make an appointment for routine care. Your child should be able to see his or her PCP within 14 days from the date you call to make the appointment.

Part 3

Urgent medical care

What is urgent medical care? How soon can I/my child expect to be seen?

An urgent medical condition is not an emergency, but needs medical care within 24 hours. When you call for urgent care, you can expect to be seen within 24 hours.

Call your child's PCP if your child has an urgent medical condition. If you cannot reach your child's PCP:

- Call us at **1-888-657-6061**, 8 a.m. to 8 p.m. Members with hearing loss may call our TTY line at **7-1-1**.
- Call the Nurse Advice Line at **1-844-971-8906** 24 hours a day seven days a week.

Specialty care

What if I/my child needs to see a special doctor (specialist)?

If your child needs to see a specialist, your child's PCP may send your child to one for care or treatment.

- The PCP's office can help you make the appointment.
- Tell the PCP and the specialist as much as you can about your child's health, so you both can decide what is best for your child.
- Your child's PCP will help you choose a specialist who will give your child the care he or she needs.
- Your child's PCP must send an OK to a specialist before services are given.
- A specialist may treat your child for as long as he or she thinks your child needs treatment.

How soon can I/my child expect to be seen by a specialist?

You will get your child's referral within 30 days of the request.

Whom do I call if I/my child has special health care needs and need someone to help me?

Call Customer Service at **1-888-657-6061** or TTY **7-1-1**. Our nurses work with your PCP to make sure members with special health care needs have access to the right specialists for your condition and identified needs. This includes a standing referral to a specialty doctor, or a specialist as a PCP, if needed.

PRIOR AUTHORIZATION

(Our OK is needed ahead of time)

Your child's PCP will get an OK from BCBSTX for some services to make sure they are covered. This means that both BCBSTX and your child's PCP (or specialist) agree that the services are medically needed. 'Medically needed' means reasonable services to:

- Protect life.
- Keep your child from getting seriously ill or disabled.
- Reduce severe pain through the diagnosis or treatment of disease, illness or injury.
  See **Part 4: What Is Covered by BCBSTX** on pages 21-34 to check service limits. Your child's PCP can tell you more about this.

We may ask your child's PCP why he or she needs special care. We may not OK the service you or your child's PCP asks for. We will send you and your child's PCP a letter to explain why we would not cover the service. It will tell you how to appeal our decision. You, or your child's PCP, may call Customer Service at **1-888-657-6061** or Provider line at **1-877-560-8055**.

You may also may write to us at:

Blue Cross and Blue Shield of Texas
PO Box 201166
Austin, TX 78720-9919

What is a referral?

A referral is when your PCP sends you to another provider to get health care services.

What services do not need a referral?

Several types of care do not need an OK from your child's PCP:

- OB/GYN services (You must choose doctors in the BCBSTX network.)
- Family planning services (birth control pills, unless needed for a medical condition, are not covered.)
- Emergency care
- Outpatient behavioral health care such as mental health, drug and/or alcohol dependency services You must choose doctors in the Magellan Health Services network.
- Vision services

Your child does not need an OK from BCBSTX to see a vision provider. To find a vision provider contact Customer Service at **1-888-657-6061** or TTY **7-1-1** or go to Provider Finder at **www.bcbstx.com/chip** for a listing of providers or to search by ZIP code.

Getting a Second Medical Opinion

You might have questions about care your child's doctor says your child needs. You may want a second opinion to:

- Diagnose an illness.
- Make sure the treatment plan is right for your child.

Part 3

How can I ask for a second opinion?

You should speak to your child's doctor if you want a second opinion. Your child's doctor will send you to a doctor who:

- Also works with BCBSTX.
- Is the same kind of doctor your child saw first.

Your child will be sent to a doctor who is not contracted with BCBSTX if there are no other doctors who are part of BCBSTX. You may call Customer Service at **1-888-657-6061** or TTY **7-1-1** for help getting a second opinion. You may also call the Nurse Advice Line at **1-844-971-8906** to learn more about second opinions.

If you are denied a second opinion, you may appeal. See **Part 11: How to Resolve a Problem with BCBSTX** to file a complaint.

How to Renew

How does renewal work?

It's important to renew your CHIP/Children's Medicaid coverage on time or your child's coverage could end. You will get a renewal packet in the mail at least two months before your child's coverage is due to end. The packet will have an application form with some of the information already filled in.

There are three ways to renew CHIP:

1. **Online** at **www.YourTexasBenefits.com**
2. **By mail** - Send filled out application, a copy of at least one paycheck stub or other proof showing each family member's income and expenses.
3. **By Fax** - Fax your filled out application. To get the fax number call 2-1-1.

Regardless of the method you choose to renew, you must also pay your enrollment fee. You can mail a check or money order for the enrollment fee to:

CHIP
P.O. Box 660287
Dallas, Texas 75266-9792

Or you can pay your enrollment fee with a credit card by calling **1-800-964-2777** or **2-1-1**.

What do I have to do if I/my child move?

As soon as you have your new address, give it to HHSC by calling **2-1-1** or updating your account on YourTexasBenefits.com and call BCBSTX Customer Service at **1-888-657-6061** or TTY **7-1-1**. Before you get CHIP services in your new area, you must call BCBSTX, unless you need emergency services. You will continue to get care through BCBSTX until HHSC changes your address.

You will still get benefits through BCBSTX until your new address is changed by HHSC and you pick a new plan. If you leave the state you are no longer eligible for benefit.

You must call us before you or your child can get any coverage for services in your new area unless you have an emergency. You will still get benefits through BCBSTX until your address is changed, unless you have moved out of the BCBSTX service area.

We will assist you in finding doctors near your new home until you select a local plan.

If you have any questions, please call Customer Service from 8 a.m. to 8 p.m. Central time Monday through Friday at **1-888-657-6061** or TTY **7-1-1**. You may also call the 24-Hour Nurse Advice Line at **1-844-971-8906**.

If you have a non-urgent question after normal business hours or on the weekend, you may leave a message with our answering service. Members with hearing or speech loss may call the TTY line at **7-1-1**. We will return your call the next business day.

FOR CHIP MEMBERS

What if I want to change health plans?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP;
- For cause at any time;
- If you move to a different service delivery area; and
- During the annual CHIP re-enrollment period.

Who do I call?

For more information, call CHIP toll-free at **1-800-647-6558**. You can also call Customer Service at **1-888-657-6061** or Maximus, the enrollment broker, at **1-800-964-2777**.

For CHIP Perinatal Program Members

Attention: If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through the CHIP program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through your health plan beginning with the month of enrollment as an unborn child.

When will my health plan change become effective?

After you qualify for and enroll in the Texas CHIP or CHIP Perinate program, you must choose your health plan (BCBSTX) and a PCP.

- If you choose BCBSTX and your PCP before the 15th day of the month, your/your child's BCBSTX member benefits will start the first day of the next month. (Example: If you choose BCBSTX and your PCP any day between September 1st and September 15th, your/your child's BCBSTX member benefits will start on October 1st.)
- If you choose BCBSTX and your PCP after the 15th day of the month, your/your child's BCBSTX member benefits will start the first day of the month 2 months later. (Example: If you choose BCBSTX and your PCP any day between September 16th and September 30th, your/your child's BCBSTX benefits will start on November 1st.)

Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12 month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.

The children must remain with the same health plan until the end of the CHIP Perinatal Member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

- You can ask to change health plans:
- for any reason within 90 days of enrollment in CHIP Perinatal;
- if you move into a different service delivery area; and
- for cause at any time.

Part 3

Will the state send me anything when my CHIP Perinatal coverage ends?

If you live in an area with more than one CHIP health plan, and you do not pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.

If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services.

How many times can I change health plans?

The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

- For any reason within 90 days of enrollment in CHIP Perinatal;
- If you move into a different service delivery area; and
- For cause at any time.

Who do I call to change health plans?

For more information, call CHIP toll-free at **1-800-647-6558**.

Primary Care Provider (PCP) Selection Form

BlueCross BlueShield of Texas

CHIP | TEXAS Health and Human Services

If your Blue Cross and Blue Shield of Texas (BCBSTX) card does not show the PCP of your choice, or if you wish to change your PCP for any reason, please follow our directions.

- Call Customer Service at **1-888-657-6061** to speak with someone who can help you. If you have hearing or speech loss, call the TTY line at **7-1-1**.

OR

- Complete the form below and return it to us within 30 days.

You may choose one PCP for your whole family, or each family member may choose a different PCP. You must list each family member on the form even if you select the same PCP. We will send you new ID cards within five days after we receive your completed form. Always carry your ID card with you.

☐ **Please check this box if you are pregnant.**

Look in our Provider Directory and give us your first and second choices for a PCP. Please print your information below.

Member Name (First and Last)	Member ID Number	1st Choice PCP Name (First and Last)	2nd Choice PCP Name (First and Last)

Your Address _____ Your Daytime Telephone Number _____

Your City _____ Your State _____ Your ZIP Code _____

Your Name (Please Print) _____ Your Signature _____

If you have moved, please remember to call Customer Service at **1-888-657-6061**. If you have hearing or speech loss, call the TTY Line at **7-1-1**.

When you are done filling out this form you can mail it back or just call us with the information. If you need help selecting a PCP you can call us or look at Provider Finder online at **www.bcbstx.com/chip**.

Blue Cross and Blue Shield of Texas
PO Box 201166
Austin, TX 78720-9919

Choose the PCP who's right for you. Send this form back today!

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Part 4

What is covered by BCBSTX

What are my CHIP/CHIP Perinate benefits?

To see a complete list of your health care benefits, please read **Part 4: What Is Covered by BCBSTX** on pages 22-34.

Part 4

FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of 'medically necessary.' A CHIP Perinate member is an unborn child.

What Does 'Medically Necessary' Mean?

Medically necessary means:

1. **Health care services that are:**
   - **a.** reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
   - **b.** provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
   - **c.** consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
   - **d.** consistent with the member's diagnoses;
   - **e.** no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
   - **f.** not experimental or investigative; and
   - **g.** not primarily for the convenience of the member or provider.

2. **Behavioral health services that:**
   - **a.** are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
   - **b.** are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
   - **c.** are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
   - **d.** are the most appropriate level or supply of service that can safely be provided;
   - **e.** could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
   - **f.** are not experimental or investigative; and
   - **g.** are not primarily for the convenience of the member or provider.

All services must be medically necessary.

What are my CHIP benefits?

To see a complete list of your health care benefits, please read **Part 4: What Is Covered by BCBSTX** on pages 21-34. Additionally, you can go online to see the CHIP Evidence of Coverage (EOC) at **www.bcbstx.com/chip**. If you do not have access to a computer and would like a copy please contact Customer Service at **1-888-657-6061** or TTY **7-1-1**.

How do I/my child get these services?

Your child can get these services by seeing his or her PCP. Some of these services may need an OK from us and your PCP first in order to be paid for by us.

What services/benefits are not covered?

You will have to pay for care or services that we do not list here or are not medically necessary. We will pay only for covered services. To find out what is not covered, see **Part 6: What Is Not Covered by BCBSTX**. Call Customer Service at **1-888-657-6061** if you have questions about what is covered. Members with hearing or speech loss may call the Customer Service TTY line at **7-1-1**.

What are the CHIP Perinatal benefits?

To see a complete list of your health care benefits, please read **Part 4: What Is Covered by BCBSTX** on pages 21-34.

What are my unborn child's CHIP Perinatal benefits?

To see a complete list of your health care benefits, please read **Part 4: What Is Covered by BCBSTX** on pages 21-34. You can also read **Part 17: Benefit Quick Reference Guide** for a summary of the benefits and limitations.

What benefits does my baby receive at birth?

Your baby will receive benefits either through Medicaid or CHIP after the baby is born. Your family income will determine which program will cover your baby.

What if I need services that are not covered by CHIP Perinatal?

If you need services that are not covered by CHIP Perinatal, call our Customer Service . We will help you get the services you need from free to sliding scale community resources.

NOTICE OF SPECIAL TOLL-FREE COMPLAINT NUMBER

To make a complaint about a private psychiatric hospital, chemical dependency treatment center or a psychiatric or chemical dependency service at a general hospital:

CALL 1-800-832-9623

Your complaint will be referred to the state agency that has control over the hospital or chemical dependency treatment center.

Part 4

Mental health/Substance Abuse
[Not covered for CHIP Perinatal members]

How do I get help if I have/my child has behavioral (mental) health or alcohol or drug problems? Do I need a referral?

You must get an OK from Magellan Health Services (Magellan)* for all hospital care for your child. You do not need a referral from your child's PCP to get mental health or substance abuse help when you are not in the hospital. Look in the BCBSTX Provider Directory or Provider Finder on our website. If you need a directory call Customer Service at **1-888-657-6061** or call Magellan to find a mental health provider at **1-800-327-7390**. Members with hearing or speech loss may call Magellan's TTY line at **1-800-735-2988**.

These providers can help members who have:

- Mental disorders
- Emotional disorders
- Chemical dependency disorders

Your child may see any Magellan provider for treatment when not in a hospital. You do not need a referral from your child's PCP. To learn more about how to prevent suicide, call Magellan at **1-800-327-7390**.

Inpatient mental health and substance abuse treatment services

We cover inpatient and outpatient mental health and substance abuse services. Sometimes, members with mental health or substance abuse issues need 24-hour care in the hospital or a place like home. Services may include:

- Medicine
- Counseling
- Working with other family members

* Blue Cross and Blue Shield of Texas contracts with Magellan Behavioral Health, Inc. ("Magellan"), an independent company, to administer BCBSXX's managed mental health program.

BCBSTX contracts with Magellan for some mental health and substance abuse services. Magellan needs an OK from a doctor for inpatient psychiatric care or drug/alcohol treatment. This care can be given in an acute care setting or a psychiatric hospital. To get an OK, call Magellan at **1-800-327-7390**. Members with hearing or speech loss may call the TTY line at **1-800-735-2988**.

Covered services include:

- Inpatient psychiatric services
  When inpatient psychiatric services are ordered by the court of competent jurisdiction as stated in Chapters 573 and 574 of the Texas Health and Safety Code that has to do with the court writing an order to send persons to psychiatric places, the court order serves as binding decision of medical necessity. Any change or ending of services must be shown to the court with the power to decide.
- Neuropsychological and psychological testing
- Detox
- Crisis stabilization
- A 24-hour residential rehab program, or a program equal to one
- Rehabilitative day treatment
- Substance abuse treatment may be used for:
  - Part of a hospital stay
  - Intensive outpatient rehab

The mental health inpatient benefit may be used for:

- Residential treatment
- Other 24-hour planned and structured services

Outpatient mental health and substance abuse treatment services

Some members do not need to stay in a hospital and can get treatment in a provider's office. These outpatient visits can be used to treat mental health or drug and alcohol problems. You will need a referral from Magellan. You do not need a referral from your child's PCP. BCBSTX contracts with Magellan for some mental health and substance abuse services. Call Magellan at **1-800-327-7390**.

Covered services include:

- Visits held in community-based settings:
  - School or home-based
  - A place run by the state
- Outpatient mental health services
- Outpatient substance abuse services
- Psychiatric services:

  When outpatient psychiatric services are ordered by the court of competent jurisdiction as stated in Chapters 573 and 574 of the Texas Health and Safety Code that has to do with the court writing an order to send persons to psychiatric places, the court order serves as binding decision of medical necessity. Any change or ending of services must be shown to the court with the power to decide.
- Neuropsychological testing
- Psychological testing
- Detox
- Crisis stabilization
- After-care for chemical dependency:
  - Mostly looks at keeping a person from using drugs again
  - Used by member who was done with treatment
  - Used by family members of member who was done with treatment
- Intensive outpatient service defined as an organized nonresidential service that gives:
  - Structured therapy for a group or one person
  - Educational services
  - Life skills training
  - At least 10 hours per week but less than 24-hours per day
- Outpatient treatment services made up of at least one to two hours per week and give:
  - Structured therapy for a group or one person
  - Educational services
  - Life skills training
- Psychiatry services

What is covered by BCBSTX?

- Outpatient mental health visits
- If they are equal in cost to the outpatient visit, visits can be used for:
  - Skills training
  - Educational skills development
  - Rehabilitative day treatment
- Inpatient days can be used for sub acute outpatient services

Outpatient benefits can be used for:

- Skills training
- Educational skills development
- Rehabilitative day treatment

Drug management visits do not count as outpatient visits. Your child can see Qualified Mental Health Professionals (QMHPs) as long as the services include:

- Skills training for groups and one person
- Patient and family education
- Crisis services

Are there any limits to any covered services?

Limits

- These services need an OK from Magellan.
- Your child must see a Magellan provider for these services.

Call Magellan at **1-800-327-7390**. Members with hearing loss may call the Magellan TTY line at **1-800-735-2988**.

Which of these services might be right for me?

We want your child to get the best treatment. You or your child's PCP can call Magellan at **1-800-327-7390** to choose the best service for your child. Members with hearing or speech loss may call the TTY line at **1-800-735-2988**.

Part 4

You can choose any Magellan mental health care provider. No referral is needed from your child's PCP.

You can call your child's PCP, BCBSTX or Magellan for help with mental health or drug problems. You can choose a mental health or substance abuse provider in the Magellan network. To learn more, call the BCBSTX Customer Service at **1-888-657-6061** or Magellan at **1-800-327-7390**.

Emergency services for mental health problems are offered 24 hours a day. Call:

- Your child's PCP
- Your child's mental health provider
- Magellan at **1-800-327-7390**.

Call 9-1-1 or go to the emergency room (ER) if your child has an emergency.
You need to OK any exchange of information between your child's PCP and a mental health provider.

Chiropractic services
[Not covered for CHIP Perinatal members]

Chiropractors help keep the spine or other body structures straight. You do not need a referral from a doctor for services that are medically necessary. These visits are limited to spinal subluxation (when bones in the spine are out of place).

Durable Medical Equipment (DME) and supplies
[Not covered for CHIP Perinatal members]

These items are:

- Covered when medically necessary.
- Given for use in the home when medically necessary.

Most DME needs an OK from BCBSTX ahead of time. Covered DME includes:

- Orthotic braces
- Orthotics
- Man-made body parts to replace real body parts that are missing such as eyes, limbs and braces
- Man made eyes, eyeglasses and contact lenses used to manage severe eye disease
- Hearing aids
- Other aids that are manmade
- Some medical supplies that are thrown away after use. These supplies include special formulas that are ordered to find out what's wrong and diet aids.

Implant devices are covered under inpatient and outpatient services and do not count toward the DME 12-month time limit.

DME and supplies are not covered if:

- They are used only for comfort or hygiene.
- They are used for exercise.
- They are still being tested-experimental or research equipment.
- More than one piece of equipment serves the same use.
- They are used to make the room or home comfortable, such as:
  - Air conditioning
  - Air filters
  - Air purifiers
  - Exercise equipment
  - Spas
  - Swimming pools
  - Elevators
  - Supplies for hygiene or looks

There is a $20,000 limit for a 12-month time frame for DME, man-made body parts, devices and medical supplies that are thrown away after use.
(Diabetic supplies and equipment are not counted against this limit.)

FOR CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS

Emergency Services

All emergency services are covered without an OK from BCBSTX. See **Part 16: Definitions** to read about what is an emergency. You will also learn what to do if your child has an emergency or needs urgent care.

Call your child's PCP for follow-up care within two days after your child has been seen for an emergency, or as soon as you can.

Covered emergency services are based on a prudent layperson's definition of an emergency health condition and include:

- Hospital emergency room services
- Ancillary services (lab tests, X-rays)
- Doctor services 24 hours a day, seven days a week, both by in-network and out-of-network providers
- Medical screening exams
- Stabilization services
- Access to DSHS-chosen Level I and Level II trauma centers or hospitals meeting the same level of care for emergency services
- Emergency ground, air or water transport

How do I get dental services for my child?

BCBSTX will pay for some emergency dental services in a hospital or ambulatory surgical center. BCBSTX will pay for the following:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.

BCBSTX covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer.

What do I do if I /my child needs Emergency Dental Care?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at **1-888-657-6061**. Members with hearing or speech loss can call the Customer Service TTY line at **7-1-1**.

BCBSTX offers limited dental services for adult pregnant members. See **Part 5: Valued-Added Services Covered by BCBSTX**.

Part 4

Home health care services
[Not covered for CHIP Perinatal members]

Home health services need an OK from BCBSTX ahead of time. Some services that are medically necessary are covered at your home. These include:

- Home infusion
- Home health aide services
- Respiratory (breathing) therapy
- Private duty nursing
- Skilled nursing visits for home health care
- Visits for private duty nursing
- Speech, physical or occupational therapy provided in the home

Are there any limits to any covered services?

Limits

- Home health care services need an OK from BCBSTX and are not meant to replace the child's caretaker or provide relief for the caretaker.
- Skilled nursing visits are given from time to time and are not meant to give 24-hour skilled nursing services.
- Services are not meant to replace 24-hour inpatient or skilled nursing facility services.

Hospice care services
[Not covered for CHIP Perinatal members]

Hospice care services need an OK from BCBSTX ahead of time. Members who choose hospice services agree to no longer have treatment to cure their terminal illness. These treatments may include:

- Chemotherapy
- Radiation
- Surgery

This choice may be cancelled at any time. Services apply to the hospice diagnosis and include:

- Up to 120 days when a person has six months to live
- Palliative care (care for your comfort)
  Medical and support services for a child who has six months or less to live, to keep the child comfortable during the last weeks and months before death.

Treatment for conditions that are unrelated to the condition being treated in hospice does not change.

Hospital services

Your PCP can send you to any BCBSTX hospital. Look in the Provider Directory or Provider Finder on the BCBSTX website **www.bcbstx.com/chip**. If you need a directory or help to find a hospital, call Customer Service. Inpatient hospital services need an OK from BCBSTX ahead of time. **Go to the nearest hospital in an emergency.**

Inpatient hospital services for covered CHIP members include:

- Doctor's services
- A hospital room with two or more beds
- General nursing care
- Care in special units
- Meals and special diets
- Operating, delivery and special treatment rooms
- Anesthesia
- Surgical dressings, trays, casts and splints
- Drugs, including oxygen, the hospital gives your child during his or her stay
- Blood or blood products given that have a cost
- X-rays
- Medical tests
- Machine tests to find out what's wrong
- Respiratory (breathing) therapy
- Therapeutic and rehabilitative services

- Radiation therapy
- Chemotherapy
- Access to DSHS-chosen Level III perinatal centers or hospitals that meet equal levels of care
- In-network or out-of-network places for a mother and her newborn for at least 48 hours (two days) after a vaginal delivery and 96 hours (four days) after a Cesarean section
- Orthodontic services before and after surgery for medically necessary treatment of craniofacial anomalies that need surgery. The services must be part of a clearly outlined treatment plan. These services may be used to treat:
  - Cleft lip or palate
  - Severe traumatic skeletal or congenital craniofacial deviations
  - Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions or tumor growth or its treatment
- Inpatient services for a mastectomy and breast reconstruction include:
  - All stages of reconstruction on the affected breast
  - Surgery and reconstruction on the other breast to make both breasts look the same (symmetrical)
  - Treatment of physical problems from the mastectomy
  - Treatment of lymphedemas
- Hospital, doctor and medical services that have to do with dental care

Private rooms are not covered unless medically necessary.

For CHIP Perinates in families with incomes above 185 to 200 percent of the Federal Poverty Level (FPL), benefits are limited to professional service charges and facility charges associated with labor and delivery until birth, and services related to miscarriage or a non-viable pregnancy.

Services include:

- Operating, recovery, and other treatment rooms
- Anesthesia and administration (facility technical component)

Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child and services related to the miscarriage or non-viable pregnancy.

Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy are a covered benefit.

For CHIP Perinates in families with incomes at or below 185 percent of the Federal Poverty Level (FPL) the facility charges are not a covered benefit; however, professional services associated with labor and delivery are a covered benefit. The hospital charges are paid by Medicaid and the hospitals know to bill the state.

Inpatient hospital services for CHIP Perinatal member services include:

- Operating, recovery and other treatment rooms
- Anesthesia and giving anesthesia

Medically necessary surgical services are limited to services that have to do with the delivery of the unborn child and miscarriage or nonviable pregnancy (such as molar or ectopic pregnancy or a fetus that expired in utero).

Inpatient services are a covered benefit for miscarriage or nonviable pregnancy. These include:

- Dilation and curettage (D&C) procedures
- The right drugs given by your doctor
- Ultrasounds
- Histologic exam of tissue samples

Part 4

Outpatient hospital services for CHIP members include:

Some outpatient services need an OK ahead of time (prior authorization).

Outpatient hospital services must be given by:

- Hospitals
- Clinics or health centers
- Hospital-based emergency departments
- Ambulatory health care settings

Covered services include:

- X-rays
- Medical tests
- Machine tests to find out what's wrong
- Ambulatory surgical center services
- Drugs the hospital gives your child
- Casts, splints and dressings
- Preventive health care services
- Physical, occupational or speech therapy
- Renal dialysis
- Respiratory (breathing) services
- Radiation
- Chemotherapy
- Blood or blood products
- Services that have to do with dental care, such as anesthesia when given in a licensed ambulatory surgical center
- Outpatient hospital services for CHIP Perinatal members
- Some outpatient services need an OK ahead of time (prior authorization).

Outpatient services that have to do with miscarriage or a nonviable pregnancy include:

- Dilation and curettage (D&C) procedures
- The right drugs given by your doctor
- Ultrasounds
- Histologic exam of tissue samples
- Amniocentesis
- Cordocentesis
- Fetal Intrauterine Transfusion (FIUT)
- Ultrasonic Guidance for cordocentesis and FIUT

Lab services

Covered services include:

- All lab services ordered by your child's provider and done in the proper setting
- Cervical cancer tests
- Test to determine abnormality or fetal problems

Are there any limits to any covered services?

Limits

- Services must be medically necessary

Minor Confidentiality

If you are between 12 and 18 years of age, you can see a doctor without consent from your parents or guardian for these services:

- Services that have to do with pregnancy
- Sexually transmitted disease (STD) testing and treatment
- HIV/AIDS testing
- Sexual assault treatment
- Drug and alcohol abuse treatment
- Outpatient mental health care for:
  - Sexual or physical abuse
  - When you hurt yourself or others

You can go to any doctor or clinic to get these services. You do not need an OK from your PCP to get these services. For help finding a doctor or clinic giving these services, you can call 24 Hour Nurse Advice Line at **1-844-971-8906**. The doctor you see may tell your parent if he or she believes it is in your best interest. We are not responsible for providers outside of the network keeping your medical records private.

You do not need consent from a parent or guardian to talk confidentially with a doctor about the need for low cost family planning services or to get referrals. The doctor must ensure your confidentiality.

Birth control to prevent pregnancy alone is not covered; there must be a medical reason.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

Obstetrician/Gynecologist care (OB/GYN)

What if I/my child needs OB/GYN care? Do I have the right to choose an OB/GYN?

You have the right to pick an OB/GYN for yourself/your child without a referral from your/your child's Primary Care Provider. An OB/GYN can give you:

- One well-care checkup each year
- Care related to pregnancy
- Care for any OB/GYN related medical condition
- Referral to a special doctor (specialist) within the network

BCBSTX allows you/your child to pick any OB/GYN, whether that doctor is in the same network as your child's primary care provider or not.

Can I/my child stay with an OB/GYN who is not with BCBSTX?

The OB/GYN must be in the same network as the PCP. No referral is needed to see an OB/GYN. A pregnant member with 12 weeks or less remaining before the expected delivery date may remain under her current OB/GYN's care through the postpartum checkup, even if the OB/GYN doctor is, or becomes, out-of-network.

How soon can I/my child be seen for an appointment after calling an OB/GYN?

You/your child can be seen within two weeks of calling you/your child's OB/GYN for routine pregnancy care.

How do I choose an OB/GYN?

Look in the Provider Directory or Provider Finder on the BCBSTX website. If you need a directory, or help finding a provider call the BCBSTX Customer Service at **1-888-657-6061**.

If I do not choose an OB/GYN, do I have direct access? Will I need a referral?

If you do not choose an OB/GYN as your PCP, you will be allowed direct access to OB/GYN services in the network without a referral from your PCP.

Orthotics and prosthetics

[Not covered for CHIP Perinatal members]

Orthotics and prosthetics need an OK from BCBSTX ahead of time.

Covered orthotics and prosthetics include:

- Medically necessary parts such as manmade arms and legs, and the parts that attach them.
- Orthotics braces, splints or ankle and foot supports when medically necessary.

Part 4

Provider (doctor) services

This includes services your child gets while in the hospital overnight, in an outpatient or clinic setting, or in the doctor's office.

Covered services include:

- Well-child exams and other preventive health care services
- Doctor's office visits
- Taking X-rays
- Medical tests
- Drugs given at the doctor's office
- Allergy testing, serum and injections
- Inpatient or outpatient surgical services including:
  - Surgeons and assistant surgeons for surgical procedures and follow-up care
  - Anesthesia given by a doctor other than a surgeon or Certified Registered Nurse Anesthesiologist (CRNA)
  - Second surgical opinions
  - Same-day surgery done in a hospital without an overnight stay
  - Invasive procedures to find out what's wrong such as an endoscopy
- Hospital-based doctor services
- In-network and out-of-network doctor services for a mother and her newborn for at least 48 hours (two days) after a vaginal delivery and 96 hours (four days) after a Cesarean section
- Services given by a doctor that are medically necessary to support a dentist giving dental services to a CHIP member, such as general anesthesia or intravenous (IV) sedation

PREGNANCY AND MATERNITY CARE

What if I/my child is pregnant? Who do I call?

When you know you are or your child is pregnant, call us at Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call the Customer Service TTY line at **7-1-1**.

What other services, activities or education does BCBSTX offer pregnant members?

BCBSTX offers a prenatal program. We can sign up pregnant members for our prenatal program. This program will help a member learn how to care for themselves during pregnancy. If you/your child is in the last three months of pregnancy you should set up a time to see an OB/GYN doctor within five business days from the time you call. See **Part 5: Valued-Added Services Covered by BCBSTX** for more details.

You have the right to choose an OB/GYN without an OK from your child's PCP. You may choose an OB/GYN who is in the network.

Covered services include:

- Doctor visits and all professional services for problems from pregnancy and after-delivery care for medical reasons
- Birthing services given by a certified nurse midwife in a birthing center
- A follow-up visit for the mother and the baby within 48 hours of an early discharge when ordered by the treating doctor
- An early discharge is a hospital stay less than 48 hours for vaginal childbirth and less than 96 hours for a Cesarean section
- Vaginal childbirth and Cesarean sections
- Services by a licensed nurse midwife or family practitioner in a birthing center
- The prenatal program
- Tests that are needed, such as ultrasounds
- HIV testing, treatment and counseling (your child can refuse to take an HIV test)

Radiology services
[Some radiology services need an OK ahead of time]

Examples of radiology services:

- X-rays
- PET scans
- CT scans and MRIs

Rehab services
[Not covered for CHIP Perinatal members]

Rehab means giving a child the help he or she needs to reach developmental milestones at the right age through therapy or treatment.

Covered services include:

- Physical therapy
- Occupational therapy
- Speech therapy
- Developmental assessments
- Skilled nursing facilities (rehab hospitals)
- Semi-private room and board
- Routine nursing services
- Rehab services
- Medical supplies
- Use of appliances and equipment given by the place

These services are limited to 60 days per 12-month time frame.

Stop smoking programs
[Not covered for CHIP Perinatal members]

Services include:

- Up to $100 (limited to a 12-month time frame) for a program approved by BCBSTX.

Transplants
[Not covered for CHIP Perinatal members]

Transplants need an OK from BCBSTX ahead of time. We cover these medically needed transplants:

- All human organ and tissue transplants that are not still being tested.
- All corneal, bone marrow and peripheral stem cell transplants that are not still being tested.
- Donor medical costs.

Vision services
[Not covered for CHIP Perinatal members]

Vision providers take care of your child's eyes. You do not need an OK from your child's PCP for vision care. Services include:

- One vision exam per 12-month period to decide if a prescription for corrective lenses is needed.
- One pair of nonprosthetic eyewear per 12-month time frame.

We may reasonably limit the cost of the frames and lenses.

Children may get enhanced frames for their glasses every year. **See Part 5: Value-Added Services covered by BCBSTX** on page 35 for more details.

Are there any limits to any covered services?

Limits

- Protective and polycarbonate lenses are covered as part of a treatment plan for covered eye diseases. These must be medically necessary and need an OK from BCBSTX.
- Prosthetic glasses are considered DME and are limited for eye diseases.
- Contact lenses must be medically necessary. You do not need to do anything. If your eye doctor says it is medically necessary, the doctor will get the OK for you.

How do I get eye care services for myself/my child?

Call Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call the TTY line at **7-1-1**.

Part 4

COPAYMENTS AND COST-SHARING

What are copayments (copays)?

A copay is the part of the cost you pay when you get care from a doctor. Cost-sharing is the total amount you will spend out of pocket based on your household income in the benefit year. Each family member pays a copay when getting health care until the family's cost-sharing limit is reached.

There is no lifetime limit on benefits, but lifetime limits do apply to some services. If services with a 12-month per year limit are all used in one six-month time frame, these services are not offered in the second six months in that same 12-month time frame.

How much do I have to pay for my child's health care?

Each family has its own cost-sharing limit. This means you pay a copayment for each service until you reach the cost-sharing limit. Once your family's cost-sharing limit is reached, you will not have to pay another copay in the benefit year.

When you go to your PCP, fill a prescription, or have to go to a hospital, ask for a receipt and keep your receipts until you reach your cost-sharing cap. Once you have met your cost-sharing cap, contact Maximus, the enrollment broker.

How much are copays and when do they apply?

The table below shows your plan's copays and when they apply. Your copays will be included on your BCBSTX member identification card.

If you have questions, call Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call Customer Service TTY Line at **7-1-1**.

ENROLLMENT FEES (For 12-Month Enrollment Period):	**Charge**
At or below 151% of FPL*	$0
Above 151% up to and including 186% of FPL	$35
Above 186% up to and including 201% of FPL	$50
COPAYS (per visit) At or below 151% of FPL	**Charge**
Office Visit (non-preventive)	$5
Non-Emergency ER	$5
Generic drug	$0
Brand drug	$5
Facility Copay, Inpatient	$35
Cost-Sharing Cap	5% of family's income**
Above 151% Up To and Including 186% FPL	**Charge**
Office Visit (non-preventive)	$20
Non-Emergency ER	$75
Generic drug	$10
Brand drug	$35
Facility Copay, Inpatient	$75
Cost-Sharing Cap	5% of family's income**
Above 186% Up To and Including 201% FPL	**Charge**
Office Visit (non-preventive)	$25
Non-Emergency ER	$75
Generic drug	$10
Brand drug	$35
Facility Copay, Inpatient	$125
Cost-Sharing Cap	5% of family's income**

*Federal Poverty Level (FPL) – The Federal Poverty level refers to income guidelines established each year by the federal government.

**Per 12-month term of coverage CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and copayments.

If the member's card shows a co-pay requirement and the member is Native American or Alaskan Native, the Member should call Customer Service at **1-888-657-6061**. Members with hearing or speech loss can call Customer Service TTY Line at **7-1-1** to have this corrected.

All CHIP Members are exempt from co-pays on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Members receiving the CHIP Perinatal benefit are exempt from all cost-sharing obligations, including enrollment fees and co-pays.

Part 5

Value-Added Services covered by BCBSTX

What extra benefits do I get as a BCBSTX CHIP or CHIP Perinate member?

BCBSTX offers many Value-Added Services (VAS) to help you stay healthy. These services are offered at no cost to you. Not all VAS apply to CHIP or CHIP Perinate members. Read each section to see what applied to your plan. VAS include:

- Free rides to non-emergency doctor visits, therapy, pharmacy and classes
- 24-Hour Nurse Advice Line
- Well-Child Checkup Gift Card
- Adolescent Checkup Gift Card
- Enhanced Eyewear
- Sports and Camp Physicals
- Prenatal Care Incentive Options
- Prenatal Class with a Diaper Bag Gift
- New Mom Welcome Home Kit
- Breastfeeding Support with a Breastfeeding Support Kit
- Fresh and Healthy Food Support for Pregnant Members
- In-Home Meal Delivery Services
- Dental Services for Adult Members

How do I/my child get these benefits? How do I get these benefits for my unborn child?

Call our toll-free Customer Service number at **1-888-657-6061**. If you have hearing or speech loss, you may call the Customer Service TTY line at **7-1-1**.

BCBSTX also offers this extra benefit:

- Text4baby (Mobile text charges may apply.)

Value-Added Services may have restrictions and limitations.

Part 5

VALUE-ADDED SERVICES

Extra Help Getting a Ride

BCBSTX offers extra help getting a ride as a Value-Added Service to CHIP and CHIP Perinate members. The transportation VAS allows you to get rides to non-emergency doctor visits, therapy, pharmacy, WIC visits, BCBSTX member events and meetings and approved health classes. We will also send a wheelchair van if needed.

You will need to call to schedule rides at least three days before a scheduled visit, or 24 hours before a sick child visit. Call BCBSTX Customer Service toll-free at **1-888-657-6061**, 8:00 a.m. - 8:00 p.m. Central time, Monday to Friday, and pick the transportation option. If you have hearing or speech loss you can call the TTY line at **7-1-1**.

CHIP members can get allowances for lodging and food for approved medical visits more than 75 miles from the member's home. Non-emergency rides, overnight lodging and food for appointments with less than a three day notice may be approved on a case-by-case basis. There is a $50 a day limit on food and $120 a night limit on hotels. You can call Customer Service if you need help finding and scheduling an affordable place to stay. Non-emergency rides over 75 miles are not covered for CHIP Perinate members.

As part of this VAS you may qualify to get reimbursement for mileage for scheduled trips, but this must be approved before the trip is taken. See "How do I get reimbursement for transportation costs?" for details.

Limitations: All rides through LogistiCare must be approved first. These rides are limited to the CHIP or CHIP Perinate member and one parent, guardian, or authorized caregiver only. Trips approved for a travel distance over 75 miles can include lodging and food allowances. You must call BCBSTX to schedule and get approval at least three days before the appointment. Travel for rides over a distance of 75 miles is not approved for CHIP Perinate members. Some rides can be approved with less notice on a case-by-case basis.

How do I get transportation benefits?

You can call BCBSTX to schedule free rides through our VAS transportation vendor, LogistiCare. Call BCBSTX Customer Service at **1-888-657-6061** (TTY: **7-1-1**), then choose the transportation option to schedule your free ride.

Please have this information ready when you call:

- Your full name, current address and phone number
- Your member ID number
- The date you want to ride
- The name, address and phone number of where you are going
- What kind of appointment you are going to
- If you will need a wheelchair van or some other kind of help during your trip.

Limitations: BCBSTX will decide on what kind of transportation you will get based on the level of care that is medically necessary for you. Vehicles may include a bus, train, van, taxi, other car services or public transportation as available.

This service does not include emergency transportation benefits.

How do I get reimbursement for transportation costs?

You can get reimbursement for approved appointments through our VAS transportation provider LogistiCare. The money owed to you for your transportation will be loaded onto your Comdata® MasterCard every week. You can use the card to make purchases anywhere that accepts MasterCard. Call LogistiCare at **1-855-933-6993** (TTY: **1-866-288-3133**) to register for the Comdata® Mastercard and to get the reimbursement approved before your appointment.

Limitations: To get reimbursed, BCBSTX must approve the trip and the driver before the trip is taken. You must call at least three days before the scheduled visit.

24-Hour Nurse Advice Line

The 24-Hour Nurse Advice Line lets you talk in private with a nurse about your health. Call toll-free 24 hours a day, seven days a week at **1-844-971-8906**, or the TTY line at **7-1-1** for hearing or speech loss. A nurse can give you details about health issues and community health services.

Teens may also call the 24-Hour Nurse Advice Line and speak to a nurse in private about teen health issues.

The 24-Hour Nurse Advice Line also allows you to listen to audio tapes on hundreds of health topics such as:

- Pregnancy
- Children's health
- Diabetes
- High blood pressure
- Sexually transmitted diseases such as HIV/AIDS

The 24-Hour Nurse Advice Line offers interpreter services if you need to speak to someone in your own language.

Limitations: There are no limitations. Members may access the 24-Hour Nurse Advice Line at any time.

Sports and Camp Physicals

BCBSTX covers sports and camp physicals for members 18 years of age or younger. You must get the physical from a CHIP provider.

Limitations: Sports and camp physicals are limited to one physical each year for CHIP members ages 18 and younger.

Enhanced Eyewear for Kids

CHIP members ages 18 and under can get one upgrade to eyewear such as:

- One pair of stylish frames (upgraded from basic frames)
- Upgraded lenses
- Or an extra pair of glasses

Children must complete an eye exam before using this VAS. The value of the upgrade cannot be over $200. Call Customer Service for more information.

Limitations: This VAS is restricted to CHIP members and does not apply to CHIP Perinate. The upgrade may not go above a $200 value each year. This VAS must be fulfilled by an in-network Davis Vision provider.

Part 5

Prenatal Classes with an Incentive Diaper Bag

What health education classes does BCBSTX offer CHIP and CHIP Perinate members?

BCBSTX offers prenatal classes to pregnant CHIP and CHIP Perinate members, at no cost, in-person or online. Bilingual classes are offered in-person by a BCBSTX nurse. You can take an online class any time in English and 15 other languages. Visit the CHIP member website at **www.bcbstx.com/chip** to find out more about upcoming classes and other resources for pregnant members.

You will get a diaper bag filled with new baby items when you finish your BCBSTX prenatal class. Members who take an in-person class will receive the diaper bag at the end of the class. If you take the prenatal class online, you must fill out the certificate of completion found at the end of the lesson and fax it to **1-512-349-4867**. The diaper bag reward will be shipped to the address you write on the certificate. Call Member Outreach to schedule your in-person class, to get a ride to an in-person class or to register for an online class.

Limitations: You must be an active BCBSTX CHIP or CHIP Perinate member, be pregnant and take at least one prenatal class to get the diaper bag reward Only one diaper bag per member. In-person class locations may change and class sizes may be limited based on availability of space.

What will you learn?

Pregnancy

- How your body changes
- How baby grows and changes
- Taking care of yourself
- Aches and pains of pregnancy
- Your checkups and tests
- Knowing signs of early labor

Labor and Birth

- Your birth plan
- Birthing choices
- Breathing and pushing skills
- C-section birth
- Pain relief choices
- Recovery and postpartum care

Baby Care and Breastfeeding

- New baby care and safety
- Umbilical cord and circumcision care
- Choosing your baby's doctor
- How to know if your baby is sick
- Vaccines your baby needs
- Breastfeeding
  - Feeding positions
  - Expressing and storing milk
  - Going back to work

Limitations: CHIP and CHIP Perinate members must be pregnant to take the prenatal class. In-person class locations may vary and class sizes may be limited based on availability of space. Members must be on the plan during pregnancy to be eligible to take a prenatal class. Members must also complete at least one BCBSTX approved prenatal education class before they are eligible to request the free diaper bag gift.

Prenatal Care Incentive Options for Pregnant Members

Pregnant CHIP or CHIP Perinate members who complete a timely prenatal visit and register for our Special Beginnings program can choose an infant car seat or a pack and play playard. The prenatal visit must be completed in the first trimester or within 42 days of joining our plan. You can find the Prenatal Care Incentive form on our website at **www.bcbstx.com/chip** or call BCBSTX Customer Service. Take the form to your doctor to sign during your prenatal visit and fax it to Member Outreach at **1-512-349-4867**. The car seat or pack and play playard will be sent to the address you put on the form.

Limitations: You must be active on the plan when completing the prenatal visit in the first trimester or within 42 days of joining the plan. You must also be registered for the Special Beginnings program to get the infant car seat or pack and play playard. All pregnant BCBSTX CHIP and CHIP Perinate members are eligible.

Breastfeeding Coaching and Support Kit

Breastfeeding is the best start you can give your baby. BCBSTX gives support to CHIP and CHIP Perinate members by offering breastfeeding coaching and a breastfeeding support kit to members who have delivered a newborn while on our plan. Breastfeeding coaching is available in the home or over the phone. The Breastfeeding Support Kit includes items that help support breastfeeding for new moms. Call Member Outreach to schedule breastfeeding coaching and to get the support kit. CHIP and CHIP Perinate Newborn members can get a breast pump as a covered benefit after the baby is born. You can ask for a breast pump from the hospital, your doctor or through your DME provider.

Limitations: CHIP and CHIP Perinate members must be active on the BCBSTX plan when they deliver and register for Special Beginnings to get the breastfeeding coaching and the support kit. You must ask for this VAS within 30 days after you deliver the baby to get this VAS. Members who get a Breastfeeding Support Kit cannot get the New Mom Welcome Home Kit.

New Mom Welcome Home Kit

CHIP and CHIP Perinate members can get a free New Mom Welcome Home Kit with baby care items when they deliver while on our plan. The kit has information about postpartum care for newly delivered moms, well-baby care and immunizations for the newborn baby. Call Member Outreach to get the New Mom Welcome Kit.

Limitations: You must have your baby while on the BCBSTX plan and still be active on the plan when you ask for this VAS. This VAS is for members who are not planning on breastfeeding their babies. You must ask for this VAS within 30 days after you deliver the baby. Members who get a New Mom Welcome Home Kit cannot get a Breastfeeding Support Kit.

Well-Child Checkup Incentive Gift Card

Children should get timely checkups each year with their primary care physician (PCP) to help them stay healthy. BCBSTX CHIP members from birth through 15 months, and ages two through six years can get a $50 gift card. when they get a Well-Child checkup. You can get the $50 gift card by doing the following:

- Take your baby to the doctor at least six times from birth through 15 months old.
- Take children ages two through six to get a yearly Well-Child checkup by the end of the calendar year or within 90 days of joining the plan.

Limitations: Parents or guardians of child members must make sure the child gets a Well-Child checkup as listed above. Existing members must have the Well-Child checkup each year. New members must get a checkup within the first 90 days of joining the plan. Members must be active on the plan to get the gift card and checkups must be completed by an in-network PCP. Gift card awards are based on claims your doctor will send to BCBSTX after the checkup is completed. Once your doctor sends BCBSTX the claim, it could take up to two months for you to get the gift card.

Part 5

Adolescent Checkup Gift Card

Adolescent CHIP members ages 12 to 18 can earn a $50 Amazon* gift card when they visit their PCP or OB/GYN for a yearly Well-Child checkup.

Limitations: Parents or guardians of adolescent members must make sure their adolescent completes their yearly well-child checks. Members must be active on the plan to receive the gift card. Checkups must be performed by an in-network PCP or OB/GYN. Gift card awards are based on providers claims received after the checkup is completed. Once your doctor sends BCBSTX the claim, it could take up to two months for you to get the gift card.

*Amazon gift card promotion is not endorsed by, affiliated with, or sponsored by Amazon.

Fresh and Healthy Food Support for Pregnant Members

Pregnant CHIP members can get up to $50 of fresh fruits and vegetables delivered to their home each year. Call Member Outreach to ask for help getting this VAS.

Limitations: Members must be active on the BCBSTX plan and be pregnant when they ask for this VAS. The food items are limited to the BCBSTX approved list which may change depending on the vendor's supply.

Dental Services for Adult Members

We offer dental services to adult CHIP Perinate members age 19 and older. This VAS includes dental exams and cleanings, X-rays, cavity fillings and tooth extractions up to $250 per year. Call our dental partner, DentaQuest, toll-free at **1-800-205-4715**, 8 a.m. to 6 p.m., Central time, Monday through Friday to get help finding an in-network provider or to get an OK for dental services.

Limitations: BCBSTX CHIP Perinate members must be 19 or older when you ask for and get dental services. You must go to an in-network DentaQuest provider. Members may complete dental services after CHIP Perinate eligibility expires on a case-by-case basis.

EXTRA SERVICE

Text4baby - BCBSTX refers members to this free mobile tip program for all pregnant CHIP members. This program gives pregnant members and new moms tips to help them care for their health and give their babies the best start in life that they can. If you sign up for this service, you will get free SMS text messages each week, timed to your due date or your baby's first birthday. Members can sign up for the service by texting BABY to **511411** (or BEBE for Spanish messages). You can use this service from the time you find out you are pregnant through your baby's first birthday. To sign up for this service, go to the link below and follow the directions.

https://text4baby.org/index.php/about

Message and data rates may apply.

In-Home Meal Delivery Services

BCBSTX knows that nutrition and a healthy diet are important to the overall health of our members. You can get a meal benefit that includes frozen meal delivery after a hospital discharge. This VAS helps our members and their families focus on the health and safety of the member leaving the hospital instead of worrying about grocery shopping and cooking meals. Meal choices include breakfast, lunch and dinner. You can order up to 14 meals from the meal services provider for up to two separate events.

*Limitations: In-home meal delivery will only be available for two separate events per year for a maximum of 28 meals per year. Members should work with their assigned service manager. Call **1-877-214-5630** to ask for this VAS.*

Part 6

What is not covered by BCBSTX

Some services are not covered by BCBSTX or CHIP.

Call Customer Service at **1-888-657-6061** if you have any questions about what is not covered. Members with hearing or speech loss may call the TTY line at **7-1-1**.

We will pay only for those services we OK.
We will help you get the services you need.

Here are some of the care and services we do not cover:

- Infertility treatments
- Contraceptive medications prescribed only for the purpose of primary and preventive reproductive health care (i.e., cannot be prescribed for family planning)

Inpatient or outpatient

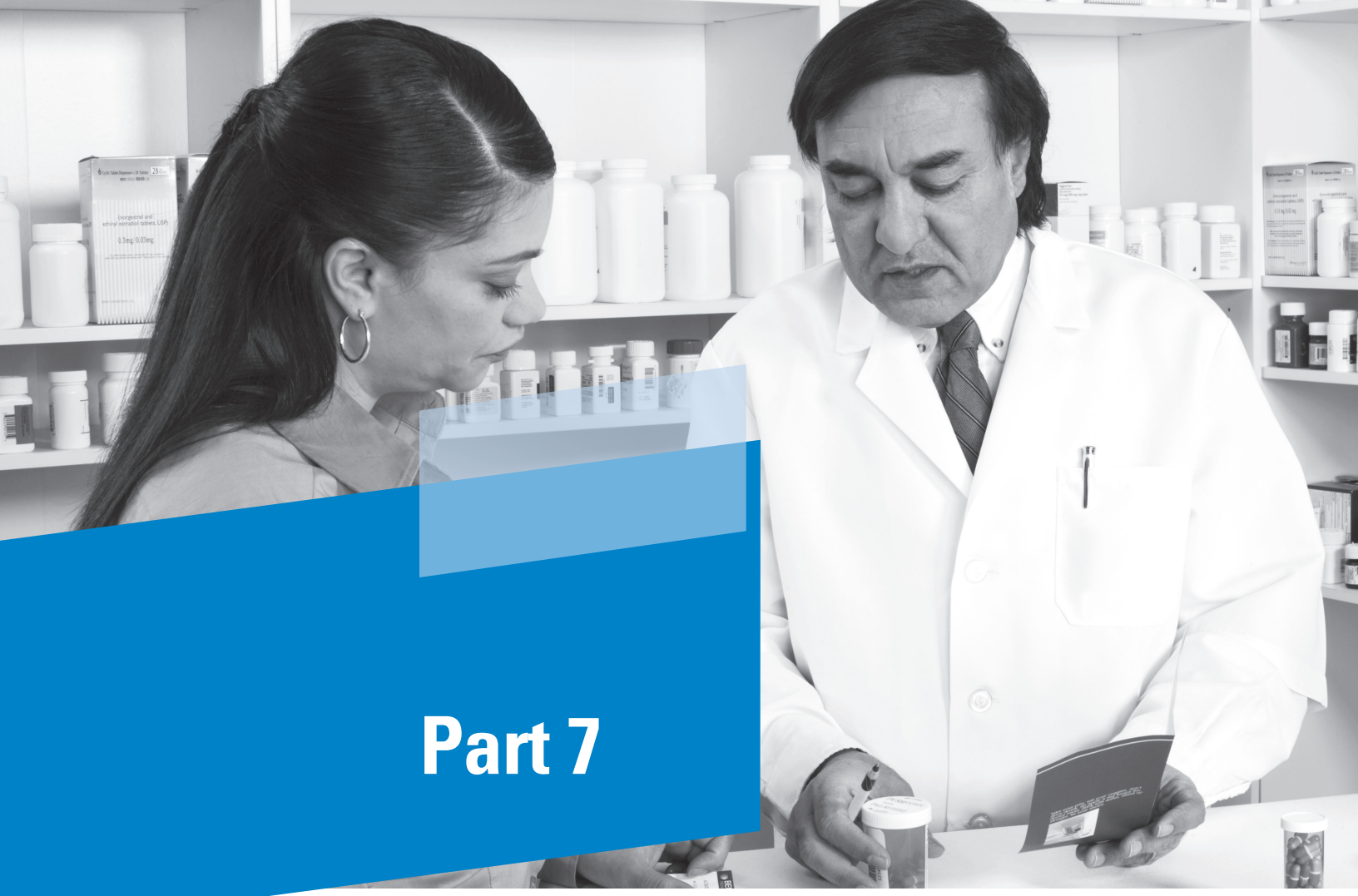
- First aid supplies
- Personal comfort or convenience items such as:
  - Personal care kits given for an overnight stay in the hospital
  - A phone
  - A TV
  - Newborn infant photos
  - Meals for guests of the patient
  - Other items not needed to treat the sickness or injury
- Mechanical organ replacement parts such as a manmade heart
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community.
- Hospital services and supplies when the stay is only for tests to find out what's wrong
  - Unless medically necessary and OK'd by BCBSTX
- Services, supplies, or drugs for weight loss
  - Unless medically necessary and OK'd by BCBSTX
- Replacement or repair of manmade body parts and durable medical equipment (DME) due to misuse, abuse or loss
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor
- Corrective orthopedic shoes
- Orthotics mostly used for athletic or recreational purposes
- Services or supplies you get from a nurse when the skill and training of a nurse is not needed
- Treatment or evaluations needed by third parties such as:
  - Schools (except as value-added sports physical)
  - Employers
  - Insurance
- Dental devices solely for cosmetic purposes
- Elective eye surgery to correct vision
- Vision training and vision therapy
- Cosmetic surgery/services solely for cosmetic reasons
- Services done just to make the member look good
- Gastric procedures for weight loss
- Prostate and mammography screenings
- Acupuncture
- Naturopathy
- Hypnotherapy
- Routine foot care such as hygienic care
- Find out what's wrong and treat weak, strained or flat feet
- The cutting or removal of corns, calluses and toenails except:
  - The removal of nail roots
  - Surgical treatment of conditions causing corns, calluses or ingrown toenails
- Services, supplies, foods that take the place of or add to a meal given for weight control or to treat obesity except:
  - Services that have to do with the treatment of morbid obesity as part of a treatment plan approved by BCBSTX
  - Medications prescribed for weight loss or gain
- Unless ordered by a doctor, refunds for these services you get through the schools:
  - Physical therapy
  - Occupational therapy
  - Speech therapy
- Any services or supplies that are not medically necessary
- Medical, surgical or other health care procedures that are new or still being tested
- Services that as a rule, are not used or well-known within the medical community
- Custodial care
  - This does not apply to hospice
- Abortion services

Part 6

- Private duty nurse care when done as inpatient or in a skilled nursing facility
- Out-of-network care not OK'd by BCBSTX except:
  - Emergency care
  - Doctor care for a mother and her newborn for at least 48 hours after a vaginal delivery and 96 hours after a Cesarean section
- Vaccines you need to travel outside of the United States
- Housekeeping
- Care for conditions that federal, state or local law requires be given in a public place
- Care given when in the custody of legal authorities
- Donor expenses that are not medical
- Charges of an organ donor when the person getting the organ is not covered by BCBSTX CHIP.
- Charges for services performed outside the United States and U.S. Territories (Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam and American Somoa).
- Medical services your child gets in an emergency-care setting for health issues that are not emergencies
- Over-the-counter medications unless prescribed by a doctor

In addition to all the CHIP exclusions these are additional exclusions for CHIP Perinate:

- For CHIP Perinate in families with incomes at or below 185 percent of the Federal Poverty Level, inpatient charges are not a covered benefit if they have to do with the initial Perinatal Newborn
- Admission (the hospital stay for your baby's birth)
- Inpatient and outpatient treatments other than:
  - Prenatal care
  - Labor and delivery
  - Services that have to do with miscarriage and a nonviable pregnancy
  - Care after childbirth that has to do with the covered unborn child until birth
- Inpatient mental health services
- Outpatient mental health services
- Durable medical equipment
- Medical supplies that you throw away after use
- Home and community-based health care services
- Nursing care services
- Substance abuse treatment services
  - Inpatient
  - Residential
  - Outpatient
- Dental services are not provided by the CHIP program for the mother, dental services are provided by BCBSTX to CHIP Perinate mothers as a Value-Added Service during the time the mother is pregnant and is on the plan. Refer to the Value-Added Services chapter for details.
- Physical therapy
- Occupational therapy
- Services for members with speech, hearing and language disorders
- Hospice care
- Skilled nursing facility and rehab hospital services
- Emergency services other than those that have to do with the labor with delivery of the covered unborn child
- Transplant services
- Stop smoking programs
- Chiropractic services
- Medical transport that does not have to do with:
  - Labor
  - Threatened labor
  - Miscarriage
  - Nonviable pregnancy
  - Delivery of the covered unborn child
- Personal comfort items:
  - Personal care kits given during a hospital stay
  - A phone
  - A TV
  - Newborn infant photos
  - Meals for guests of the patient
  - Other items that are not needed for treatment (during labor, delivery or care after childbirth)
  - Over-the-counter medications unless prescribed by a doctor such as prenatal vitamins that are on the plan's list (formulary)



Part 7

How to fill your prescriptions

To find out if a drug is on our list, please call Customer Service toll-free at **1-888-657-6061** or the TTY number at **7-1-1** if you have speech or hearing loss.

You may also visit our website at **www.bcbstx.com/chip**.

Part 7

What can my doctor order? What are my prescription drug benefits?

BCBSTX uses a chosen list of drugs called a 'preferred drug list' to help your doctor choose which drugs to give you. Certain drugs on this list need an OK ahead of time or have limits based on medical necessity. A group of doctors and pharmacists checks this list every three months to make sure that the drugs on the list are safe and useful. Even though a drug is on the list, your doctor will choose which drug is best for you.

Some drugs need an OK from BCBSTX. In these cases, your doctor must ask for an OK before you get the drug.

We must OK payment for drugs that are not on the list. If your doctor thinks you need to take a drug that is not on the list, your doctor will send us a request that tells us why you need the drug. We will let your doctor know if we say 'yes' to your request within 24 hours. If we get the request after hours, we will let your doctor know on the next business day and your pharmacist can ask for a 72-hour emergency supply of the drug. If we say 'no' to your request, you will get a letter that tells you the medical reasons why.

To find out if a drug is on our list, please call Customer Service at **1-888-657-6061** or TTY **7-1-1**. Or visit our website at **www.bcbstx.com/chip**.

Some drugs can hurt you if you take them at the same time. To protect your health and keep you safe, we will let your doctor and pharmacist know if we have a concern about the drugs you take.

How do I get my/my child's prescriptions?

Prescriptions can be filled at more than 4,400 retail pharmacies in Texas. You can find a list of local pharmacies in the Travis service area in our provider directory or on Provider Finder on our website. If you can't access the website call BCBSTX Customer Service and they will help you.

You may have to pay a copay for your child's medicine. Your child's medicine will be covered if:

- Ordered in writing by a doctor.
- You go to a drugstore that takes the Texas CHIP Program.
- You get no more than a 34-day supply.

If you need help finding a pharmacy call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Whom do I call if I have problems getting my/my child's prescriptions?

If you have a problem filling a prescription, call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Limits

- Substances that are not controlled are limited to a 34-day supply.
- Some diabetic supplies are covered by both your medical benefits, or your pharmacy benefits. These include:
  - Blood sugar monitors
  - Lancets
  - Test strips

  You can order these supplies from a durable medical equipment company to be mailed or you can get them at a retail pharmacy. Some pharmacies provide home delivery.

- Injections that must be given by your PCP (office-based injections) are covered by your medical benefits, not your pharmacy benefits.
- We do not cover:
  - Drugs used to treat erectile dysfunction
  - Drugs ordered mostly for cosmetic reasons
  - Drugs used to help hair grow
  - Drugs not approved by the FDA

If you have a problem with the service we give you, please call Customer Service at **1-888-657-6061**.

Non-emergency medical transport services

BCBSTX may give you a ride to your pharmacy visits that are not emergencies. BCBSTX will arrange a ride if you have:

- No other way to get a ride to services that are medically necessary.
- An OK ahead of time from BCBSTX.

CHOICES FOR CHIP MEMBERS WHO NEED LIMITED HOME HEALTH SUPPLIES

BCBSTX CHIP members can now get some home health supplies from BCBSTX pharmacies. Many standard diabetic supplies are included, like insulin syringes and needles, lancets, a spring device for lancets, blood glucose test strips, blood glucose monitors with test strips and talking blood glucose monitors (a diagnosis is needed for talking monitor).

Other home health goods, like aerosol holding chambers, oral electrolytes, and saline solutions are also available.

This means most CHIP members will be able to get these through a drugstore or a durable medical equipment (DME) provider. If you have questions, ask your pharmacist or call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

How do I get my/my child's medications?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you.

Exclusions include: Contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a copayment for each prescription filled depending on your income. There are no copayments required for CHIP Perinate newborn members.

How do I find a network drug store?

Prescriptions can be filled at more than 4,400 retail pharmacies in Texas. You can find local pharmacies on the BCBSTX website or you may call Customer Service at **1-888-657-6061** or TTY at **7-1-1**.

What if I go to a drug store not in the network?

If you go to a drug store that is not in the network, ask the drug store staff to call Customer Service number.

What do I need to bring with me to the drug store?

Make sure to take your child's BCBSTX ID card and prescription card with you to the drug store.

Part 7

How can I find pharmacies that offer delivery service?

You can call Customer Service for assistance finding a pharmacy that offers delivery service. You can also go online using the Provider Finder. Click on a pharmacy to see if it offers home delivery. BCBSTX can not deliver your medications, but BCBSTX can arrange to transport you to the drug store.

If you have problems getting your or your child's medication, you can call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

If a pharmacy that is contracted to deliver refuses to deliver my prescription(s) who do I call to complain?

To file a complaint for pharmacy issues, members should contact Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Who do I call if I have problems getting my/my child's medications?

If you have problems getting a prescription, you can call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

FOR CHIP MEMBERS AND CHIP PERINATAL MEMBERS

What if I can't get the medication my/my child's doctor ordered approved?

If your/your child's doctor cannot be reached to approve a prescription, your child may be able to get a three-day emergency supply of your/your child's medication.

Call BCBSTX at **1-888-657-6061** for help with your/your child's medications and refills. Members with hearing or speech loss may call the TTY line at **7-1-1**.

What if I lose my/my child's medication?

If you lose your medication, call your drug store and ask the staff to call us.

What if I need/my child needs an over-the-counter medication for CHIP?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

What if I need/my child needs birth control pills?

The pharmacy cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition.

FOR CHIP PERINATE MEMBERS

How do I get my medications? What are my unborn child's prescription drug benefits?

CHIP Perinatal covers most of the medicine most of the medicine your doctor says you need for your pregnancy. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

There are no copays required for CHIP Perinate members.

To get your prenatal vitamins as part of our pharmacy benefit, ask your doctor to write a prescription for the vitamins.

How do I find a network drug store?

Prescriptions can be filled at more than 4,400 retail pharmacies in Texas. You can find local pharmacies on the BCBSTX website or you may call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

What if I go to a drug store not in the network?

If you go to a drug store that is not in the network, ask the drug store staff to call Customer Service number.

What do I need to bring with me to the drug store?

Make sure to take your child's BCBSTX ID card and prescription drug ID card with you to the drug store.

If you have problems getting your or your child's medication, call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

How can I get my/my child's prescriptions delivered to my home? Which pharmacies offer this service?

Talk to the staff at your drug store. The drug store may offer delivery service. BCBSTX cannot deliver your medications.

Call Customer Service to get assistance finding a pharmacy that delivers.

How do I know if a pharmacy on the list changes?

You can find a list of local pharmacies at **www.bcbstx.com/chip**. Or you can call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

If a pharmacy that is contracted to deliver refuses to deliver my prescription(s) who do I call to complain?

To file a pharmacy issues complaint, members should contact Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Whom do I call if I have problems getting my/my child's medications?

If you have problems getting a prescription, you can call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Call BCBSTX at **1-888-657-6061** for help with your medications and refills. Members with hearing or speech loss may call the TTY line at **7-1-1**.

What if I lose my/my child's medication?

If you lose your medication, go to your drug store and ask the staff to call us.

Part 8

Emergency and urgent care services

What to do in an emergency:

Call **9-1-1** or go to the nearest emergency room for emergency medical care.

FOR CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS

What is an emergency, an emergency medical condition and an emergency behavioral health condition?

Emergency care is a covered service. Emergency care is provided for emergency medical conditions and emergency behavioral health conditions. 'Emergency medical condition' is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- placing the member's health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- serious disfigurement; or
- serious jeopardy to the health of a pregnant CHIP member or her unborn child.

'Emergency behavioral health condition' means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

- requires immediate intervention or medical attention without which the member would present an immediate danger to himself /herself or others; or
- renders the member incapable of controlling, knowing or understanding the consequences of his/her actions.

What is emergency services or emergency care?

'Emergency services' or 'emergency care' means health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility or other comparable facility by in-network or out-of-network physicians, providers or facility staff to evaluate and stabilize emergency medical conditions or emergency behavioral health conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency medical condition or an emergency behavioral health condition exists.

FOR CHIP PERINATAL MEMBERS

What is an emergency and an emergency medical condition?

A CHIP Perinate member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following emergency medical conditions and emergency behavioral health conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child;
- Stabilization services related to the labor and delivery of the covered unborn child;
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit;
- Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

What is emergency services and/or emergency care?

'Emergency services' or 'emergency care' are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition and/or emergency behavioral health condition, including post stabilization care services related to labor and delivery of the unborn child.

Part 8

WHAT TO DO IN AN EMERGENCY

Call **9-1-1** or go to the nearest emergency room for emergency medical care.

How soon can I/my child expect to be seen?

In an emergency, you should get help for your child right away. Call **9-1-1** or go to the nearest emergency room for medical care. You or your child will be seen as soon as possible. Your child will be covered for emergency services even if the provider is not part of the BCBSTX network.

Do I need a referral?

You do not need a referral to get emergency services. You should call your child's PCP after the emergency so follow-up care can be planned. This should be done for any emergency at home or away.

Call **9-1-1** for emergency transportation.

You do not need an OK from BCBSTX for transport for emergency care.

In the case of poisoning, call the National Poison Control Center at **1-800-222-1222**. Your call will be routed to the office closest to you.

What if I get sick when I am out of town or traveling/what if my child gets sick when out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at **1-888-657-6061** or TTY number at **7-1-1** and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital. After you are seen then call us toll-free at **1-888-657-6061** or TTY **7-1-1**.

What if I/my child is out of the state?

If your child gets sick while out of the state you live in and he or she has an emergency, go to the nearest emergency room or call **9-1-1**.

What if I am/my child is out of the country?

Medical services performed out of the country are not covered by CHIP.

What is post-stabilization?

Post-stabilization care services are services covered by CHIP that keep the member's condition stable following emergency medical care.

WHAT TO DO WHEN YOU NEED URGENT CARE

An urgent medical condition is not an emergency but needs medical care within 24 hours. This is not the same as a true emergency.

Call your child's PCP if your child's condition is urgent and he or she needs medical care within 24 hours. If you cannot reach your child's PCP:

- Call Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call our TTY line at **7-1-1**.
- Call 24 Hour Nurse Advice Line at **1-844-971-8906**, your 24-hour nurse help line.

If your child is away from home and needs urgent care, call one of these right away:

- Your child's PCP
- BCBSTX Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call our TTY line at **7-1-1**.
- 24 Hour Nurse Advice Line, your 24-hour nurse help line at **1-844-971-8906**.

Part 9

Programs to help keep you well

For your peace of mind: 24 Hour Nurse Advice Line allows you to talk to a nurse 24 hours a day, seven days a week **1-844-971-8906**

Part 9

For your child's health

- Well-Child visits are for children under 19 years of age. These services follow the American Academy of Pediatrics Child Health and Disability Prevention program rules. We ask doctors to schedule these visits within 14 calendar days of the time you call. Your child may go to any CHIP provider for well-child care. During these visits:
  - The doctor checks the child's physical health, hearing, vision and teeth.
  - Your child will get vaccines (shots).
  - You should ask the doctor when to bring your child in for the next visit.

  (We will send you a letter to remind you of your child's yearly Well-Child visit.)
- BCBSTX provides its doctors with information about their childhood obesity program to teach parents about exercise and good eating habits for children.

Case Management and Disease Management Services (CM/DM)

One of the ways we can help our members stay healthy and manage illness is by offering them voluntary CM/DM services at no cost. Our CM/DM staff can help manage health care needs and provide health education on many health concerns. Call Customer Service to learn how to enroll in these programs.

Case Management Services

If help is needed managing multiple health concerns, a BCBSTX Medicaid Case Manager can help with:

- Managing and controlling chronic illnesses, such as asthma and diabetes
- Managing and controlling high blood pressure and cholesterol
- Care Coordination through the PCP or another medical specialist
- Helping to get the health care needed including Specialty Provider appointments, transportation, medical equipment and supplies
- Teaching how to find needed community services

Disease Management Services

A BCBSTX Medicaid Case Manager can help with specific chronic health concerns, prevention and wellness, such as:

- Managing and control chronic illnesses, such as asthma or diabetes
- Managing and controlling high blood pressure and cholesterol
- Providing Care Coordination through the PCP or another medical specialist
- Providing education to help change lifestyles for healthy living
- Helping with tobacco cessation
- Maintaining good nutrition, exercise and weight management

Our CM/DM Programs are centered on you, the member, and we strive to be sensitive to any cultural needs. To learn more about CM/DM, please call toll-free at **1-877-214-5630**, 8 a.m. to 5 p.m., Central time, Monday Through Friday. If you have hearing or speech loss, you can call the TTY line at **7-1-1**.

For your peace of mind

24 Hour Nurse Advice Line allows you to talk to a nurse 24 hours a day, seven days a week. Please see **Part 5: Value-Added Services Covered by BCBSTX** to learn more about 24 Hour Nurse Advice Line.

What is Early Childhood Intervention (ECI)?

ECI helps children up to three years of age with disabilities or developmental problems and provides assessment and case management. To learn more, call **1-800-628-5115** or visit the ECI website at **https://hhs.texas.gov/services/disability/early-childhood-intervention-services**. You do not need an OK from your PCP but you should talk about ECI with your PCP so your child can get the best care.

Do I need a referral for this?

You do not need a referral from your doctor for the ECI program.

Where do I find an ECI provider?

You can search for the ECI program in your area by using the ECI Program Tool at **https://citysearch.hhsc.state.tx.us/** or call the HHS Office of the Ombudsman at **1-877-787-8989**, select a language, then select Option 3.

For pregnant and breastfeeding members

- Pregnancy tips help you/your child have a healthy pregnancy. Call us about free childbirth tips.
- Special Beginnings - It can help you better understand and manage your pregnancy, so you should enroll as soon as you know you are pregnant. You will also receive personal and private phone calls from an experienced nurse all the way from pregnancy to eight weeks after your child is born. The nurse can even talk to your doctor about your pregnancy needs. Special Beginnings helps pregnant mothers and their babies by providing health education before and after pregnancy.

Once in the program, members receive:

- A list of pregnancy related questions to help you identify problems
- Education on nutrition, newborn care, and parenting
- Care based on your pregnancy needs
- A book about pregnancy and infant care.
- Access to pregnancy related Value-Added Services.

If you are pregnant and would like to sign up for Special Beginnings, call **1-888-421-7781**.

- Your Special Beginnings nurse can assist you with breastfeeding questions and can refer you to our breastfeeding coach. For any assistance please call the Special Beginnings phone number. After hours services are also available by calling the 24 Hour Nurse Advice Line at **1-844-971-8906**.

How to get other services

You may want services that BCBSTX does not cover. Call us at our Customer Service Line at **1-888-657-6061** if you think these programs can help your child. Members with hearing or speech loss may call the TTY line at **7-1-1**.

Women, Infants and Children (WIC) Program

WIC is a Texas Department of State Health Services program that gives healthy food and other services to pregnant women and mothers of young children. WIC also gives free news about foods that are good for you. If you have questions about WIC services, call **1-800-942-3678**.

Part 10

Help with special services

Need help in other languages? BCBSTX offers services and programs that meet many language needs.

Help in other languages

Can someone interpret for me when I talk with my/my child's doctor?

BCBSTX offers services and programs that meet many language and cultural needs and give you access to quality care. We want you to have access to the right services. We offer:

- Member materials in Braille, large print and audio.
- Health education materials translated into other languages.
- Customer Service staff able to speak English and Spanish.
- 24-hour phone interpreter help.
- Sign language and face-to-face interpreter help for doctor visits.
- Providers who speak languages other than English.

How can I get a face-to-face interpreter in the provider's office?

If you need help in a language other than English during your visit, you can ask for a face-to-face or phone interpreter to help you at no cost.

Whom do I call for an interpreter?

Call Customer Service at **1-888-657-6061**, Monday through Friday, from 8 a.m. to 8 p.m., and we will get someone who can help you in your language.

How far in advance do I need to call?

If you need someone to interpret for you while you are at your child's PCP's office, ask your child's PCP to call us at least 72 hours (three days) in advance. We will be glad to help. You do not have to use a family member or a friend to translate for you unless that is your choice.

BCBSTX has a toll-free number for members who do not hear well or are deaf. Call the TTY line at **7-1-1** from 8 a.m. to 8 p.m., Monday through Friday. Between 8 a.m. to 8 p.m., and on weekends, please dial **7-1-1** to get the help you need.

We offer this book and other important information in other languages and formats including Braille, large print and audio for members with vision or hearing loss. Call Customer Service at **1-888-657-6061** for help in reading this guide and other materials. We follow the rules of the Americans with Disabilities Act (ADA) of 1990. This law protects your child from being treated in a different way by us because of a disability. If you feel your child has been treated in a different way because of a disability, call Customer Service at **1-888-657-6061**.

Members with Special Health Care Needs

BCBSTX offers special services for members with special needs at no cost. These services are:

- Care Coordination to help you get the health services you need
- Your specialist can act as your PCP

If you would like to speak to a Care Coordinator please call **1-877-375-9097** between 8 a.m. to 8 p.m.

Part 11

How to resolve a problem with BCBSTX

We want to help. If you have a complaint, call us toll free at **1-888-657-6061**. A complaint can be defined as an oral or written expression of dissatisfaction with our process in conducting utilization review or for any other reason you are not pleased about your services.

You may also write to:
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 660717
Dallas, TX 75266-0717

COMPLAINTS

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at **1-888-657-6061** to tell us about your problem. A BCBSTX Member Services Advocate can help you file a complaint. Just call **1-888-657-6061**. Most of the time, we can help you right away or at the most within a few days. BCBSTX cannot take any action against you as a result of your filing a complaint.

Can someone from BCBSTX help me file a complaint?

A BCBSTX member advocate can help you file a complaint. If you do not speak English, we can get someone to translate for you. Talk to your child's PCP if you have questions or concerns about your child's care. If you still have questions or concerns, call to speak to a member advocate. To reach the advocate in the Travis SA, call **1-877-375-9097**. Members with hearing or speech loss may call the TTY line at **7-1-1**. We will help you solve any problems or complaints about your health care. No member will be treated in a different way for filing a complaint.

What information do I need to file a complaint?

If you want to file a complaint for any reason, fill out a complaint form located on the BCBSTX website or write a letter to tell us about the problem. Here are the things you need to tell us as clearly as you can:

- Who is part of the complaint?
- What happened?
- When did it happen?
- Where did it happen?
- Why you were not happy with you/your child's health care services?

Attach any documents that will help us look into the problem.

If you need us to, we can help you file the complaint. Call Customer Service at **1-888-657-6061**. Members with hearing or speech loss may call the TTY line at **7-1-1**.

Once the form or letter is complete, send it (or your letter) to:

Blue Cross and Blue Shield of Texas
Complaint and Appeals Department
PO Box 660717
Dallas, TX 75266-0717

What are the requirements and timeframes for filing a complaint?

Once we receive your complaint we will send you an acknowledgment letter within five (5) days. You will get a complaint resolution letter within 30 calendar days of the date we get your complaint. The letter will:

- Describe your complaint.
- Tell you what will be done to solve your problem.
- Tell you how to ask for a second review of your complaint with BCBSTX.
- Tell you how to ask for an internal appeal of our decision.

If I am not satisfied with the outcome, what else can I do?

You may file a complaint appeal with us if you are not happy with the outcome of your complaint.

If you, your designated representative or your child's physician or provider orally appeal the complaint decision, we will send you, your designated representative or your child's physician or provider a one-page appeal form. You are not required to return the completed form, but we encourage you to because it will help us resolve your appeal.

How long will it take to process my complaint?

BCBSTX will respond with a decision on your appeal no later than 30 calendar days after we receive your appeal.

Part 11

Complaint Appeals

When do I have the right to ask for an appeal?

If you would like to file a complaint appeal about how we solved your problem, you must tell us within 30 calendar days after you get the complaint resolution letter.

Can someone from BCBSTX help me file a complaint appeal? Does my request have to be in writing?

You, or someone you choose to act on your behalf, may ask for a complaint appeal in writing to:

Blue Cross and Blue Shield of Texas
Complaints and Appeals Department
PO Box 660717
Dallas, TX 75266-0717

The BCBSTX member advocate can assist you with filing a complaint appeal. To reach the advocate in the Travis SA, call **1-877-375-9097** TTY **7-1-1**.

Do I have the right to meet with a complaint appeal panel?

You or your child has a right to appear in person before a complaint appeal panel. You can also mail a written complaint appeal to the complaint appeal panel. You can give us proof, or any claims of fact or law that support your appeal, in person, or in writing. You may also show proof to the complaint appeal panel.

How will I be told the outcome of the complaint appeal? What are the time frames for the complaint appeal decision?

We will send you a letter that tells you the final decision of the complaint appeal panel within 30 days of your request.

If I am not satisfied with the outcome, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to **1-800-252-3439**. If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection
PO Box 149104
Austin, TX 78714-91044

You can also file your complaint online at https://www.tdi.texas.gov/hprovider/providercompl.html

You can also visit *https://www.tdi.texas.gov/consumer/health-complaints.html* to get more information about Insurance Complaint Process.

You have the right to have someone you trust act on your behalf and help you with your review request.

Medical decision appeal

How will I find out if services are denied?

We may review some of the services your child's doctor suggests. We may ask your doctor why you or your child needs some services. If we do not approve a service your child's doctor suggests, we will send you and the doctor a letter that says why it was denied.

What can I do if my doctor asks for a service for me that's covered but BCBSTX denies or limits it?

If we deny or limit your doctor's request for coverage for service, we will send you a letter to tell you how you can appeal our decision. You, or your child's doctor, can appeal a denial of medical service or payment for service. Call Customer Service at **1-888-657-6061** to learn more. Members with hearing or speech loss may call the TTY line at **7-1-1**.

What are the timeframes for an appeal?

You must file your appeal with BCBSTX no later than 60 calendar days from the date on your Notice of Action letter that explains the reason for your denial or limit of coverage for a medical service.

We will send you a letter within five business days to let you know that we got your appeal request. If the time frame will be longer, we must give you written notice of the reason for the delay (unless you asked for the delay). You can give us proof, or any claims of fact or law that support your appeal, in person or in writing. We will let you know when to do so. You will get a letter that will explain the final decision of our internal review within 30 days of your request.

What is an Expedited Appeal?

A fast/expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

A BCBSTX Medical Director will review your request for a faster/expedited appeal. The Medical Director will decide if the standard appeal review time frame would put at risk your:

- Life
- Health
- Being able to attain, maintain, or regain your best level of function

If your request is denied after review, your appeal will go through the standard appeal process. We will try as much as we can to tell you the decision verbally. We also will send you a letter within two calendar days that tells you this.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. But, be aware that you only have a certain amount of time to send what we need during the faster appeal process.

What are the timeframes for an Expedited Appeal?

If your request is approved, we will complete our review and tell you our decision within 72 hours. We will try as much as we can to tell you the decision verbally. We also will send you a letter telling what we decide.

If your request for a faster appeal is related to an ongoing emergency or denial of continued hospitalization, we will complete our review and tell you our decision within one working day. We will try as much as we can to tell you the decision verbally. We also will send you a letter telling what we decide.

Does my request have to be in writing?

We will take an oral or written request for an appeal. If you file your appeal request orally, you must also send it to us in writing.

How do I ask for an expedited appeal?

You can ask orally or in writing. If you file your fast appeal orally, you do not need to send it to us in writing also.

Who can help me in filing an appeal?

BCBSTX can help you file your appeal.

What happens if BCBSTX denies the request for an expedited appeal?

If we deny your request for a fast appeal, we must:

- Let you know what we decide within 30 days.
- Call you to let you know that we denied your fast appeal and we have changed it back to a regular appeal.
- Follow up within two calendar days with a written notice.

Part 11

What can I do if I disagree with the appeal decision?

If you still do not agree with the decision, you or your doctor can ask for a review by an Independent Review Organization (IRO). You may ask for an IRO review at any time during the appeal process.

What is an Independent Review Organization (IRO)?

An independent review is a system for a final review to decide if members can get the right health care services that they need for medical reasons (medically necessary). You can ask for a review of the denial by using the IRO process.

There is no cost to the member to have an IRO review.

How do I ask for a review by an IRO?

You may file for an IRO review by mailing the Texas Department of Insurance (TDI) IRO form to:

Blue Cross and Blue Shield of Texas
Complaints and Appeals Department
PO Box 660717
Dallas, TX 75266-0717

This form will be attached to the appeal decision letter sent to you.

Here is how the IRO process works:

- We will send your IRO request, the IRO form that you filled out, medical records and the information needed for an IRO review to TDI.
- The TDI will assign your case to an IRO within one business day after it gets your request. TDI will assign your case between 7 a.m. and 6 p.m. Monday through Friday, except holidays. TDI will also tell all parties who is assigned to your case.
- The IRO must get the information within three business days from the date of the review request.

What are the timeframes for this process?

- The normal time frame in which the IRO must reach a decision is:
  - The IRO has 20 days from the date TDI assigned your case to decide whether your plan must pay for the denied treatment.
  - In cases involving life-threatening conditions, the IRO has three days to decide.
- When there is a condition that puts your/your child's life at risk, the IRO must reach a decision:
  - Within three days after it gets the information needed.
  - No later than eight days after the IRO gets its assignment.

You cannot always get an IRO review. It can only be used if we decide that the covered service or treatment is not medically necessary.

You cannot ask for an IRO review if the service you asked for is not a covered benefit.

Part 12

If we can no longer serve you

Texas Health and Human Services Commission (HHSC) decides:

- The eligibility and enrollment of health plan members.
- If a member is kept out of, or disenrolled from the plan.

Part 12

Sometimes BCBSTX, or your child's PCP, no longer can serve you or your child.

We want you and your child to stay with BCBSTX but we cannot keep your child on the plan if he or she:

- Is no longer eligible for CHIP benefits
- Disenrolls from the managed care program.
- Moves out of the BCBSTX service area and will not move back.

Your child's BCBSTX coverage is in effect as of the date shown on the front of the ID card. It ends on the date given to BCBSTX by the Texas Health and Human Services Commission (HHSC).

HHSC decides:

- The eligibility and enrollment for health plan members.
- If a member is kept out of or disenrolled from the plan.

Except as stated in this agreement, we may ask to disenroll your child from our health plan if:

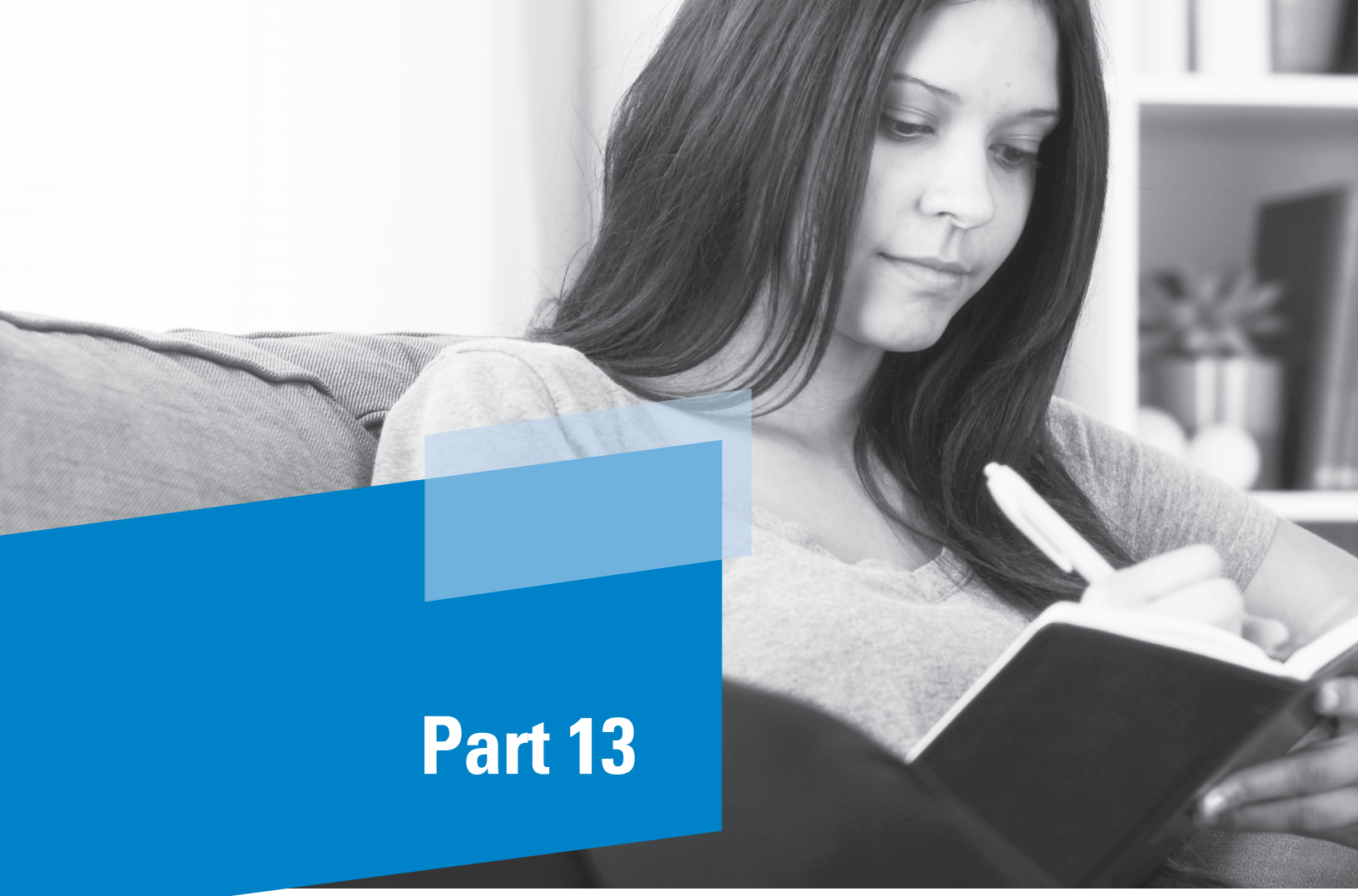
- Your or your child no longer is eligible.
- You or your child let someone else use your child's BCBSTX ID card.
- You or your child make it a habit to use the emergency room (ER) for non emergency reasons.
- You or your child commit fraud.
- You misrepresent yourself or your child.

BCBSTX no longer may cover your child if he or she acts in such a way, over and over again, that affects the ability of:

- The health plan to give or set up services for your child or other members.
- A provider to give care to other patients.

If you have a complaint about a BCBSTX request to disenroll your child, see **Part 11: How to resolve a problem with BCBSTX**.

Contact our enrollment broker, Maximus, to request disenrollment at **1-800-964-2777**. You can also contact Customer Service to discuss a complaint or to request to disenroll at **1-888-657-6061**.



Part 13

Other things you may need to know

You may have questions that have not have been answered in this book. Look through this section for the answers.

Part 13

Contacting BCBSTX Customer Service

Call us toll-free at **1-888-657-6061**, Monday through Friday, from 8 a.m. to 8 p.m. Members with hearing or speech loss may call the TTY line at **7-1-1**. Our staff is trained to help you understand your health plan. We can tell you more about:

- Benefits
- How to get services
- Choosing or changing your child's PCP
- Your child's health plan
- Mental health services
- Transportation
- Complaints and appeals

How do I get medical care after my Primary Care Provider's office is closed?

If you call your child's PCP after business hours, you will:

- Find out how to reach an on-call doctor.
- Reach an on-call doctor.
- Get a call back within 30 minutes.

You may also call 24 Hour Nurse Advice Line at **1-844-971-8906**.

What if I get a bill from my doctor?

You may have to pay a premium to HHSC for your child's CHIP coverage and copays to your child's doctors. In most other cases, you should not get a bill from a BCBSTX provider. You may have to pay for charges if:

- You agree to pay for services that are not covered or OK'd by BCBSTX.
- You agree to pay for services from a provider who does not work with BCBSTX.

Whom do I call?

If you get a bill and do not think you should have to pay the charges, call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

What information will they need?

Have the bill with you when you call us. Sometimes a provider may send you a 'statement' that is not a 'bill.' We will tell you if you have to pay it. You will need to let us know:

- Date of service.
- Amount you were charged.
- Why you were billed.

How to submit a claim

In the rare chance that you are asked to pay for health care or medical supplies, you will need to send written documentation to BCBSTX. You will also need to tell us in writing why you had to pay for the item or service. We will then check your claim for repayment. Call Customer Service at **1-888-657-6061** to ask for a claim form or to learn more. Members with hearing or speech loss may call our TTY line at **7-1-1**.

If you have other insurance

If your child is covered by another health insurance plan, you must tell us. You must also call your HHSC caseworker. This helps us and your providers decide who should pay the bill. We have the right to get information from anyone who gives your child care. We need this information so we can pay for your health care. This information is only shared with your health care provider and us, or as the law allows.

Out-of-area care

If your child is outside of the BCBSTX service area and needs care that is not an emergency, call one of these right away:

- Your child's PCP
- BCBSTX Customer Service at **1-888-657-6061**.
- 24 Hour Nurse Advice Line at **1-844-971-8906**

We cover emergencies anywhere in the United States. If your child gets care outside the service area that is not for an emergency, you may have to pay for the service.

Do not use an emergency room for routine care. If you do so, you may have to pay a non-emergency ER visit copay as a penalty for those services. We do not cover emergency room visits for routine care.

What is routine medical care?

Routine care is the regular care your child gets from his or her PCP, such as checkups, to help keep him or her healthy.

New medical treatments

BCBSTX reviews new medical treatments. A group of PCPs, specialists and medical directors decides if the treatment:

- Has been approved by the government.
- Has shown how it affects patients in a reliable study.
- Will help patients as much as, or more than, treatments we use now.
- Will improve a patient's health.

The review group looks at all of this information and then decides if the treatment is medically necessary.

If your doctor asks us about a treatment that the review group has not looked at yet, the reviewers will learn about the treatment and make a decision. They will let your doctor know if the treatment is medically necessary and approved by us for payment.

Quality Improvement (QI)

At BCBSTX, we want to make your health plan better. To do this, we have a QI program. Through this program, we:

- Track how happy you are with your doctor.
- Conduct surveys of how happy you are with us.
- Use the information we learn to make a plan to improve our services.
- Put our plan into action to make your health care services better.

You may ask us to send you information about our QI program. This will include a description of the program and a report on the progress in meeting our improvement goals. Call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Evidence of Coverage (EOC)

Upon request, your health plan gives you a EOC to show the time you were covered by the plan. The EOC is posted on our member website. **https://www.bcbstx.com/pdf/medicaid/tx_chip_evidence_of_coverage.pdf**. If you do not have access to a computer and would like us to mail you a copy please contact Customer Service at **1-888-657-6061** or TTY **7-1-1** and we will be happy to mail you the EOC.

This EOC is required by Texas law.

Privacy policies

We have the right to get information from anyone giving you/your child care. We use this information so we can pay for, and manage your child's health care. We keep this information private between you, your child's health care provider, and us, except as the law allows. Refer to the Notice of Privacy Practices at the end of this chapter to read about your right to privacy in your new member packet that came with this book. This notice was in your BCBSTX new member packet. If you would like another copy of the notice, please call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Part 13

Your child's medical records

Federal and state laws allow you to see your child's medical records. Ask your child's PCP for the records first. If you have a problem getting your child's medical records from his or her PCP, call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Advance Directives ('living will')

An Advance Directive is a legal document that states how your child wants to be treated if he or she cannot talk or make decisions. This applies to members 18 years of age or older.

Your child may also want to list the types of care he or she does or does not want. For instance, some people do not want to be put on life support machines if they go into a coma. Your child's PCP will note the living will in the child's medical records. That way, the doctor will know what your child wants.

Your child has the right to set up papers with this information for the PCP and other health care providers to use. These are called 'advanced directives for health care.' Your child can talk to family members, the PCP or someone he or she trusts to help fill out the papers. You may change or take back your advance directive at any time.

You can find the forms you need at office supply stores and pharmacies. You may find them at a lawyer's office as well. If you have more questions about living wills, call Customer Service at **1-888-657-6061** or TTY **7-1-1** or go to the website: **https://hhs.texas.gov/laws-regulations/forms/advance-directives**.

Program changes

BCBSTX services can change without your agreement. If you have questions about program changes, call Customer Service at **1-888-657-6061** or TTY **7-1-1**.

Can BCBSTX ask that I get dropped from their health plan for noncompliance?

BCBSTX may ask you to change your health plan if:

- You make it a habit to use the emergency room for non-emergency care.
- You keep making appointments and don't show up for them.
- You are often late for your appointments.
- You misrepresent yourself

Your unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if your child lives in a family with an income at or below 185 percent of the Federal Poverty Limit (FPL).

Your unborn child will continue to receive coverage through the CHIP program as a 'CHIP Perinatal Newborn' after birth if your child is born to a family with an income above 186 percent to 201 percent FPL.

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

Children enrolled in CHIP will remain in the CHIP Program, but will be moved to the health plan that is providing the CHIP Perinatal coverage.

Copays, cost sharing and enrollment fees still apply for children enrolled in the CHIP.

Report CHIP Waste, Abuse or Fraud

Do you want to report CHIP Waste, Abuse or Fraud? How do I report someone who is misusing/abusing the program or service?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP ID.
- Using someone else's CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse or fraud, choose one of the following:

- Call the Office of the Inspector General (OIG) Hotline at **1-800-436-6184**.
- Visit **https://oig.hhsc.texas.gov/report-fraud** to report fraud, waste or abuse, or
- You can report directly to your health plan:

Blue Cross and Blue Shield of Texas
PO Box 201166
Austin, TX 78720-9919

To report waste, abuse or fraud, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.).
- Names and phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.

When reporting about someone who gets benefits, include:

- The person's name.
- The person's date of birth, Social Security Number, or case number if you have it.
- The city where the person lives.
- Specific details about the waste, abuse or fraud.

BlueCross BlueShield of Texas

CHIP | TEXAS Health and Human Services

HIPAA Notice of Privacy Practices

Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) needs to give you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices talks about how BCBSTX can use or give out your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices talks about how BCBSTX can use or give out your nonpublic private financial information and your rights to that data under state law. Please take a few minutes and review these notices. You can go to the Blue Access for Members℠ (BAM) website at **www.bcbstx.com/medicaid** to sign up to get these notices by email. Our contact information is found at the end of the notices.

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section talks about your rights and some of the things we can do to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will give you a copy or outline of your health and claims records within 30 days of the request unless we ask for more time. We may charge a small fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are not right. Ask us how to do this by using the contact information at the end of this notice.
- We may say 'no' to your request to fix your records and we will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to reach you in a certain way or to send mail to another address. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a response to all requests. We will say 'yes' if you tell us you would be in danger if we do not.

Ask us what not to use or share

- You can ask us not to share or use certain health information. Ask how to do this by using the contact information at the end of this notice.
- We do not have to agree with your request, and we may say 'no' if it would affect your care.

Get a list of those with whom we have shared data

- You can ask us for a list of when we shared your information, who we shared it with and why during the last six years. Ask us how to do this by using the contact information at the end of this notice.
- We will provide this information to you; however, we will not provide you information about your care payment. We will provide you this information one time a year for free – we may charge a small, cost-based fee if you ask again within 12 months.

Get a copy of this Notice

- You can ask for a paper copy of this notice at any time, even if you are OK with getting the notice by mail. To get a copy of this notice, use the contact information at the end of this notice and we will send you one.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can also request information and make decisions for you.
- We will make sure that these individuals are allowed to get information about you before we make it available.

File a complaint if you feel your rights are violated

- If you feel we have not done the right thing with your information, you can complain to us. Use the contact information found at the end of the Notice.
- You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775**; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- You have a right to complain and if you complain, we will not hold it against you.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you know how you want us to share your information in the times described below, tell us and we will follow your orders. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a bad situation and help you fix the problem
- Reach you for fundraising efforts

If there is a reason you cannot tell us who we can share information with, we may share it if we believe it is best for you. We may also share information for health or safety reasons.

We never sell or use your information for promotional purposes unless you give us your written OK.

INFORMATION USE AND SHARING. How do we use or share your health information?

We use or share your health information in the following ways.

Help you with the health care treatment you get

- We can use your health information and share it with doctors or health staff who treat you.
  Example: *A doctor sends us information about your diagnosis and treatment plan so we can arrange more services.*

Run our operations

- We can use and give out your information to support and improve our operations.
  Example: *We use health information to create better services for you.*

We cannot use your genetic information to decide whether we will give you care except for long-term care plans.

Pay for your health Services

- We can use and give out your health information to your health plan sponsor for plan administration purposes.
  Example: *We share information about you with your dental plan to make a payment for your dental work.*

Administer your plan

- We may give out your health information to your health plan sponsor for plan administration purposes.
  Example: *We may provide certain information to the sponsor of your health plan sponsor to explain how we charge for our services.*

HIPAA Notice of Privacy Practices continued

How else can we use or share your health information?

We also can share your information in order to help the public good; for example, public health and research. We have to meet many laws before we can share your information for these reasons. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share your health data for times such as:
  - Stop diseases
  - Help with product recalls
  - Show bad reactions to drug
  - Show suspected harm, neglect or home violence
  - Stop or lessen a threat to someone's health or safety

Do research

- We can use or share your information for health research.

Follow the law

- We share information about you when a state of federal law says we have to; for example, we may share information with the Department of Health and Human Services so that they can check to see that we follow privacy laws.

Answer organ/tissue donation requests and work with certain experts

- We can share your health information with an organization that helps with organ or tissue donation.
- We can share your information with a medical examiner, coroner or funeral director.

Address workers' compensation, police, and other government requests

- We can use or share your health information:
  - For workers' compensation claims
  - For police purposes or with a law enforcement official
  - With health oversight firms for activities approved by law
  - For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.

Answer to lawsuits and legal actions

- We can share your information in response to a court order, or in response to a request to show up in court.

Certain health information

- State laws may ask us to be extra careful with information about certain health conditions or diseases. For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug abuse and genetic data without your OK. In these situations, we follow what state law says.

OUR DUTIES. When it comes to your information, we have certain duties.

- We must keep your health information safe and secure.
- We must let you know if your information has been shared or used by someone that could have a bad effect on you.
- We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.
- We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) collects nonpublic private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSTX agrees to:

- Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.
- Limit the workers that can see your information to those that perform jobs needed to run our business and give care to our customers.
- Have security and privacy practices that protects your information from unauthorized use.
- Use your information only to process your claims, to bill you and to provide you with customer service.
- Use your information according to the law.

BCBSTX is able to share your information with certain third parties who either perform jobs or services for us. Here are some examples of third parties that we can share your data with:

- Our affiliates
- Clinical and other business partners that offer services on our behalf
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory and other governmental groups including the police
- Your group health plan

You have a right to ask us what nonpublic financial information we have about you and ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all the information we have about you. If we make changes, the law requires that we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of the Notice at any time by:

1. Going to the website at http://www.bcbstx.com/important_info/index.html or
2. Calling us at the toll-free number found on the back of your ID card.

If you have any questions about your rights or these notices, contact us in one of these ways:

1. Call us at **1-877-361-7594** or
2. Write us at Privacy Office
   Divisional Vice President
   Blue Cross and Blue Shield of Texas
   P.O. Box 804836
   Chicago, IL 60680-4110

REVISED 8/1/15

Part 14

Your health care rights and responsibilities

FOR CHIP MEMBERS AND CHIP PERINATE NEWBORN MEMBERS

Member Rights and Responsibilities

Member Rights

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals, and other providers.
2. Your health plan must tell you if they use a 'limited provider network.' This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. 'Limited provider network' means you cannot see all the doctors who are in your health plan. If your health plan uses 'limited networks,' you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same 'limited network.'
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your child has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal Members.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to file a complaint or appeal and have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

Part 14

18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.
20. A right to make recommendations about the health plan member rights and responsibilities policy.

Member Responsibilities

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.
10. You must give the health plan and its practitioners and providers as much information as possible so they can provide care.
11. You must follow plans and instructions for care that they have agreed to with their practitioners.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at **1-800-368-1019**. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/civil-rights.

FOR CHIP PERINATE MEMBERS

Member Rights and Responsibilities

Member Rights

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals, and other providers.
2. You have a right to know how the Perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a Perinatal service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other Perinatal providers in the health plan and their addresses.

5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency Perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.
10. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to file a complaint or appeal and have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
13. A right to make recommendations about the health plan member rights and responsibilities policy.

Member Responsibilities

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Handbook to understand how the rules work.
5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.
8. You must give the health plan and its practitioners and providers as much information as possible so they can provide care.
9. You must follow plans and instructions for care that they have agreed to with their practitioners.

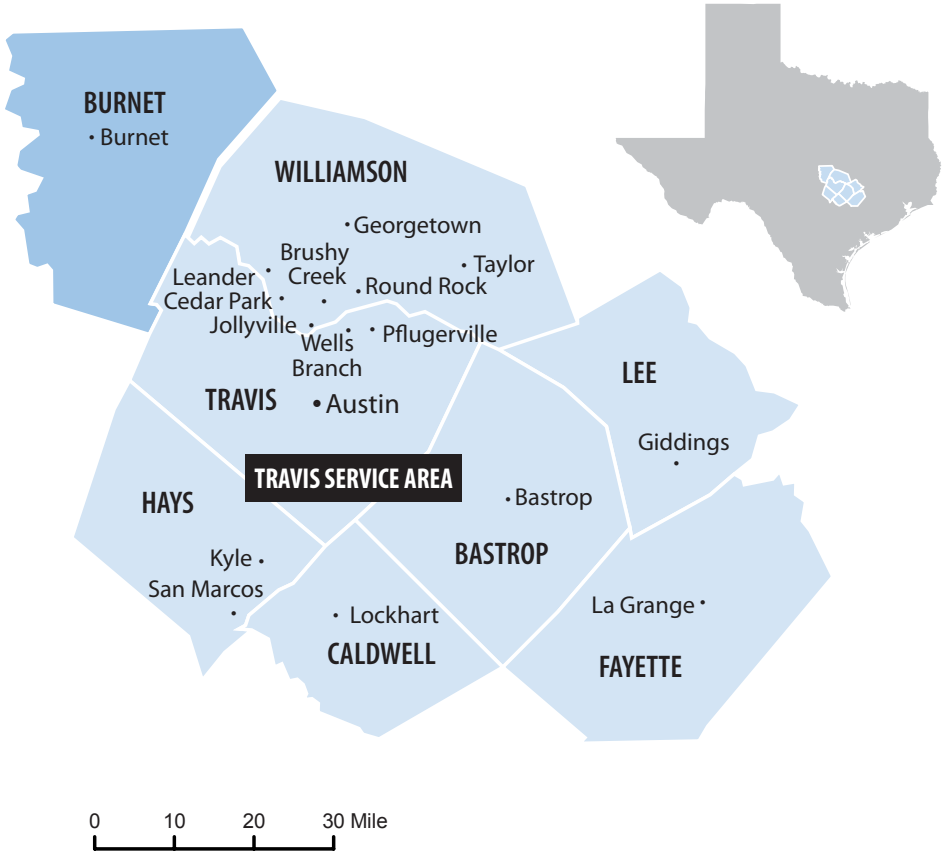
If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at **1-800-368-1019**. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/civil-rights.

Part 15

BCBSTX Service Area

You may be eligible to enroll with BCBSTX in the CHIP Program if you live in one of these counties:

Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Comanche, Coryell, DeWitt, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hays, Hill, Jackson, Lampasas, Lavaca, Lee, Leon, Limestone, Llano, Madison, McLennan, Millam, Mills, Robertson, San Saba, Somervell, Travis, Washington and Williamson counties.



Part 16

Definitions

Part 16

Here are some of the terms used in this book:

Appeal is a request for your managed care organization to review a denial or a grievance again.

Approval by BCBSTX means you got an OK ahead of time from us. You can learn more about this in Part 3: How to use your BCBSTX health plan.

Benefits are the health care services and drugs covered under this plan.

Complaint is a grievance that you communicate to your health insurer or plan.

Copayment is a fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cosmetic surgery is done when medically necessary to change or reshape normal body parts so they look better.

Disenroll means to stop using the health plan because:
- You are not eligible.
- You change your health plan.

Durable Medical Equipment (DME) is equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.

Emergency medical care means health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility or other comparable facility by in-network or out-of-network doctors, providers or staff at that place to assess and stabilize medical conditions. These services also include any medical screening exam or other evaluation as needed by state or federal law that is needed to decide if it is an emergency medical condition or if an emergency behavioral health condition exists.

Emergency medical condition is an illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation is ground or air ambulance services for an emergency medical condition.

Emergency Room care is emergency services you get in an emergency room.

Emergency services are evaluations of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded services are health care services that your health insurance or plan doesn't pay for or cover.

Grievance is a complaint to your health insurer or plan.

Habilitation services and devices are health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health insurance is a contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Health plan is a company that offers managed care health insurance plans.

Home health care services are health care services a person receives in a home.

Home health care providers give your child skilled nursing care and other services at home.

Hospice services are services to provide comfort and support for persons and their families in the last stages of a terminal illness.

Hospital is a place where your child gets inpatient and outpatient care from doctors and nurses.

Hospitalization is care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital outpatient care is care in a hospital that usually doesn't require an overnight stay.

Inpatient care is when your child has to stay the night in a hospital or other place for the medical care he or she needs.

Medically necessary services are health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

1. Health care services that are:

- Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life.
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions.
- Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies.
- Consistent with the member's diagnoses.
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency.
- Not experimental or investigative.
- Not primarily for the convenience of the member or provider.

2. Behavioral Health Services that:

- Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- Are the most appropriate level or supply of service that can safely be provided;
- Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- Are not experimental or investigative; and
- Are not primarily for the convenience of the member or provider.

Network is made up of the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

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Non-participating provider is a provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Outpatient care is when your child does not have to stay overnight in a hospital or other place to get the medical care he or she needs.

Participating provider is a provider who has a contract with your health insurer or plan to provide covered services to you.

Physician services are health-care services a licensed medical physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) provides or coordinates.

Plan is a benefit, like Medicaid, which provides and pays for your health-care services.

Pre-authorization is a decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or Durable Medical Equipment that you or your provider has requested, is medically necessary. This decision or approval (sometimes called prior authorization, prior approval, or pre-certification) must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium is the amount that must be paid for your health insurance or plan.

Prescription drug coverage is health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs are drugs and medications that by law require a prescription.

Primary Care Physician is a physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.

Primary Care Provider (PCP) is the provider you have for most of your child's health care. This person helps get your child the care he or she needs. Your child's PCP must OK most care ahead of time, unless it is an emergency.

Prior authorization (prior OK) means both BCBSTX and your child's health care provider agree ahead of time that the service or care you asked for is covered.

Provider is a physician (M.D. -Medical Doctor or D.O. -Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.

Here are some types of health care providers:

- Audiologist – a provider who tests your child's hearing.
- Certified nurse midwife – a registered nurse trained to care for you and your child during pregnancy and childbirth.
- Certified registered nurse anesthesiologist (CRNA) – a nurse trained to give your child anesthesia.
- Chiropractor – a provider who treats your child's spine or other body structures.
- Dentist – a doctor who takes care of your child's teeth and mouth.
- Family practitioner – a doctor who treats common medical issues for people of all ages.
- General practitioner – a doctor who treats general medical conditions.

- Licensed vocational nurse – a licensed nurse who works with your child's doctor.
- Marriage, family and child counselor – a person who helps with family problems.
- Nurse practitioner or physician assistant – a person who works in a clinic or doctor's office and does these things:
  - Finds out what's wrong with your child.
  - Takes care of your child.
  - Treats your child within limits.
- Obstetrician/gynecologist (OB/GYN) – a doctor who takes care of OB/GYN related health concerns (this includes pregnancy and childbirth).
- Occupational therapist – a provider who helps your child regain daily life skills and activities after an illness or injury.
- Optometrist – a provider who takes care of your child's eyes and vision.
- Orthotist – a provider who works with a range of splints, braces and special footwear to aid movement, correct deformity, and relieve discomfort.
- Pediatrician – a doctor who treats children from birth to their teen years.
- Physical therapist – a provider who helps your child build his or her body's strength after an illness or injury.
- Podiatrist or chiropodist – a doctor who takes care of your child's feet.
- Psychiatrist – a doctor who treats mental health issues and prescribes drugs.
- Registered nurse – a nurse with more training than a licensed vocational nurse (LVN) and is licensed to do certain complex duties with your child's doctor.
- Respiratory therapist – a provider who helps your child with breathing.
- Speech pathologist – a provider who helps your child with his or her speech.
- Surgeon – a doctor who can operate on your child.

Prudent layperson means an average person who uses good judgment or common sense and has an average knowledge of health and medicine.

Reconstructive surgery is done when there is a problem with a part of your child's body. This problem could be caused by:

- A birth defect
- Disease
- Injury

It is medically necessary to make that part look or work better.

Referral means your PCP sends you to another provider for services. You may get some services without a referral from your PCP. Services you can get without a referral include:

- In-network OB/GYN
- Family planning
- Emergency care
- Outpatient behavioral (mental) health
- Vision

Rehabilitation services and devices are health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled nursing care are services from licensed nurses in your own home or in a nursing home.

Skilled nursing facility is a place where your child can get 24-hour-a-day nursing care that only a trained health professional can give.

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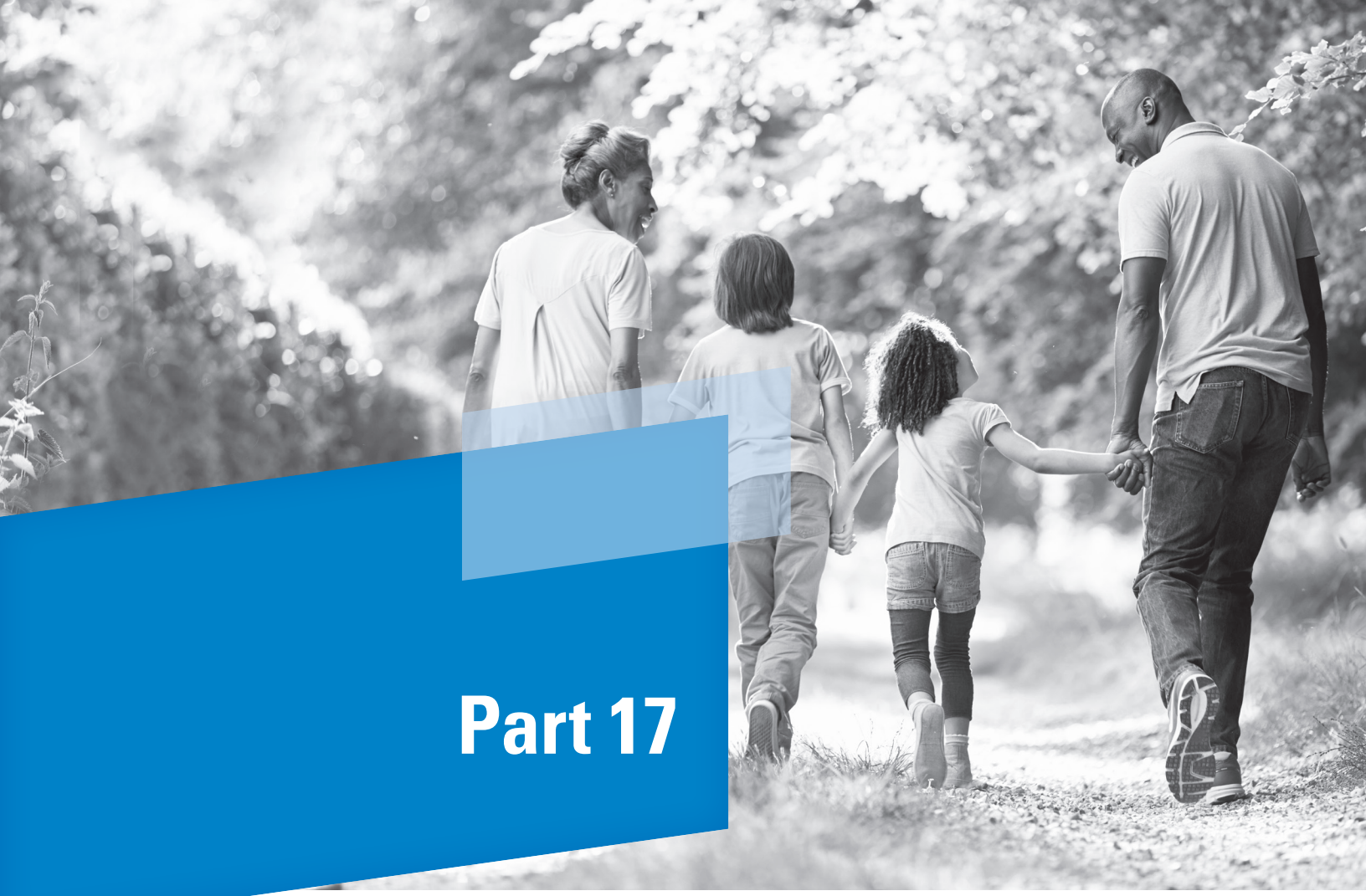
Specialist is a physician specialist that focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care is care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Urgent medical condition is NOT an emergency, BUT needs medical care within 24 hours.



Part 17

Benefit quick reference guide

We want to help you get the care you need.

Part 17

We want to help you get the care you need. The list below tells you about the benefits covered by this plan. All services must be medically necessary. This list is a summary only. Please see **Part 4: What Is Covered by BCBSTX** on pages 21-34 for a full listing of the benefits and limits of your plan.

Behavioral (mental) health services
[Not covered for CHIP Perinatal members]

Covers services to help those with:

- Mental or emotional disorders
- Chemical dependency disorders

Chiropractic services
[Not covered for CHIP Perinatal members]

- Covers medically necessary services that help keep the spine and other body structures straight. Services are limited to spinal subluxation (bones in the spine are out of place).

Durable Medical Equipment (DME) and supplies that are thrown away after use
[Not covered for CHIP Perinatal members]

- Medical equipment given for use in the home
- Medically necessary
- Within the limits of what is covered by Medicaid

Emergency services

- Emergency room
- Ambulance services
- An OK ahead of time is not needed

Home health services
[Not covered for CHIP Perinatal members]

- Nursing services
- Personal care services

Hospice care
[Not covered for CHIP Perinatal members]

Covered services for members who are not likely to live for more than six months

Inpatient hospital services

- Hospital room with two or more beds
- Operating room
- Anesthesia
- Nursing care
- Surgery

Lab services

- All lab services ordered by your child's provider and done in a proper setting.

OB/GYN services

- Care that has to do with pregnancy
- Care for any OB/GYN related medical condition
- One well-care checkup per year

Orthotics and prosthetics
[Not covered for CHIP Perinatal members]

- Parts needed such as manmade arms or legs and the parts needed to attach them
- Orthotic braces
- Splints
- Ankle and foot supports
- Covered when medically necessary

Outpatient hospital services
- Emergency room use
- Dialysis
- Giving you someone else's blood

Physician (Doctor) services
- Visits to doctors
- Visits to specialists
- Visits to other providers
- Well exams

Pregnancy and maternity care
- Pregnancy
- After-delivery care for medical reasons
- Newborn exam

Radiology services
- X-rays
- CT scans and MRIs
- PET scans

Rehab services
[Not covered for CHIP Perinatal members]
- Development assessments
- Physical therapy
- Occupational therapy
- Speech therapy

Skilled nursing facilities (SNFs)
[Not covered for CHIP Perinatal members]
- Routine nursing
- Rehab
- Medical supplies
- Use of appliances and equipment given by the SNF

Stop smoking programs
[Not covered for CHIP Perinatal members]
- Up to $100 (limited to a 12-month period) for a program approved by BCBSTX

Transplants
[Not covered for CHIP Perinatal members]
- Human organ and tissue transplants that are not still being tested.
- All corneal, bone marrow and peripheral stem cell transplants that are not still being tested.
- Includes donor medical costs.

Vision services
[Not covered for CHIP Perinatal members]
- One vision exam every 12 months to find out if a prescription for corrective lenses is needed.
- One pair of nonprosthetic eyewear per 12-month period.
- We may reasonably limit the cost of the frames and/or lenses.

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Value-added services covered by BCBSTX

- Nonemergency medical transportation
- Prenatal Care Incentive Options for Pregnant Members
- Enhanced eyewear for children
- 24 Hour Nurse Advice Line
- Coverage for sports and camp physicals
- Breastfeeding coaching, a breastfeeding support kit and a breast pump
- Child Recreational Safety Helmet Program
- Well-Child Incentive Gift Cards
- Children's Safety Booster Seat Program
- Prenatal Classes with Incentive Diaper Bag
- Prenatal and Postpartum Visit Gift Cards
- Extra gift card incentive for teenagers who get their Well-Child checkup annually.

Extra services covered by BCBSTX

- Text4baby

What do I need to bring to a Perinatal Provider's appointment?

Make sure to take your BCBSTX ID card when you go to the doctor or get any health care services.

Can a clinic be a Perinatal Provider? (Rural Health Clinic, Federally Qualified Health Center)

Yes, you can pick a provider in a clinic, like a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

How do I get after hours care?

Call your PCP before you get any medical care, unless it is an emergency. You can call your PCP's office 24 hours a day at the number on your BCBSTX ID card. After regular business hours, leave your name and phone number with the answering service. Either your PCP or an on-call doctor will call you back within 30 minutes. If you have an emergency, call **9-1-1** or go to the nearest emergency room. You can also call the 24 Hour Nurse Advice Line, at **1-844-971-8906**.

What if I go to a drug store not in the network?

If you go to a drug store that is not in the network, ask the drug store staff to call Customer Service at **1-888-657-6061** TTY **7-1-1**.

What if I need my medications delivered to me?

Talk to the staff at your drug store. The drug store may offer delivery service. BCBSTX cannot deliver your medications.

What if I lose my medication?

If you lose your medication, go to your drug store and ask the staff to call us.

What if I need services that are not covered by CHIP Perinatal?

If you need services that are not covered by CHIP Perinatal, call Customer Service. We will help you get the services you need.

How do I choose a perinatal provider?

You can select a perinatal provider from the BCBSTX Provider Directory. You can find the Provider Directory on our website at **www.bcbstx.com/chip**.

Will I need a referral?

You do not need a referral to see a perinatal provider.

How soon can I be seen after contacting a perinatal provider for an appointment?

You should be able to see a perinatal provider within two weeks of when you call for the appointment.

Can I stay with my perinatal provider if they are not with BCBSTX?

You may stay with your current perinatal provider if you have 12 weeks or less before your expected delivery date.

What if I get a bill from a perinatal provider? Will I have to pay for services that are not covered benefits?

In most cases, you should not get a bill from a BCBSTX provider. You may have to pay for charges if:

- You agree to pay for services that are not covered or OK'd by BCBSTX
- You agree to pay for services from a provider who does not work with BCBSTX and you did not get an OK ahead of time for the services.

Who do I call?

If you get a bill and do not think you should have to pay the charges, call Customer Service at **1-888-657-6061**. If you have hearing or speech loss, you may call Customer Service (TTY line at **7-1-1)**.

What information will they need?

Have the bill with you when you call us. Sometimes a provider may send you a 'statement' that is not a 'bill.' We will tell you if you have to pay it. Give us the following information:

- Date of service
- Amount you were charged
- Why you were billed

Can I choose my baby's primary care Provider before the baby is born? Who do I call?

You can choose a PCP for your baby before the baby is born. You can also pick a PCP for your baby after the baby is born. Call Customer Service at **1-888-657-6061** to choose your baby's PCP.

Members with hearing or speech loss may call the TTY line at **7-1-1**. If you do not choose a PCP, we will choose one for you.

What information do they need?

They will need your baby's name, date of birth and your member ID number. You can find your ID number on your BCBSTX ID card.

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

You do not have to pay any copays or cost-sharing under CHIP Perinatal.

What benefits does my baby receive at birth?

Your baby will receive benefits either through Medicaid or CHIP after the baby is born. Your family income will determine which program will cover your baby.

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CHIP covered services

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	Services include, but are not limited to, the following: • Hospital-provided Physician or Provider services • Semi-private room and board (or private if medically necessary as certified by attending doctor) • General nursing care • Special duty nursing when medically necessary • ICU and services • Patient meals and special diets • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) • Surgical dressings, trays, casts, splints • Drugs, medications and biologicals • Blood or blood products that are not provided free-of-charge to the patient and their administration • X-rays, imaging and other radiological tests (facility technical component) • Laboratory and pathology services (facility technical component) • Machine diagnostic tests (EEGs, EKGs, etc.) • Oxygen services and inhalation therapy • Radiation and chemotherapy • Access to DSHS-designated Level III perinatal centers or Hospitals meeting equivalent levels of care • In-network or out-of-network facility and Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section. • Hospital, physician and related medical services, such as anesthesia, associated with dental care • Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: – Dilation and curettage (D&C) procedures – Appropriate provider-administered medications – Ultrasounds – Histological examination of tissue samples	For CHIP Perinates in families with income at or below the Medicaid eligibility threshold (Perinates who qualify for Medicaid once born), the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit. For CHIP Perinates in families with income above the Medicaid eligibility threshold (Perinates who do not qualify for Medicaid once born), benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy. Services include: • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child, and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
(continued) Inpatient General Acute and Inpatient Rehabilitation Hospital Services	• Surgical implants • Other artificial aids including surgical implants • Inpatient services for a mastectomy and breast reconstruction include: – all stages of reconstruction on the affected breast; – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed – surgery and reconstruction on the other breast to produce symmetrical appearance; and – treatment of physical complications from the mastectomy and treatment of lymphedemas. • Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – cleft lip and/or palate; or – severe traumatic skeletal and/or congenital craniofacial deviations; or • severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.	Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit. Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: • dilation and curettage (D&C) procedures; • appropriate provider-administered medications; • ultrasounds, and • histological examination of tissue samples.
Skilled Nursing Facilities (Include rehabilitation hospitals)	Services include, but are not limited to, the following: • Semi-private room and board • Regular nursing services • Rehabilitation services • Medical supplies and use of appliances and equipment furnished by the facility	Not a covered benefit.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (including health center) and Ambulatory Health Care Center	Services include, but are not limited to, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting: • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Ambulatory surgical facility services • Drugs, medications and biologicals • Casts, splints, dressings • Preventive health services • Physical, occupational and speech therapy • Renal dialysis • Respiratory services – Radiation and chemotherapy • Blood or blood products that are not provided free-of-charge to the patient and the administration of these products • Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: – dilation and curettage (D&C) procedures; – appropriate provider-administered medications; – ultrasounds, and – histological examination of tissue samples. • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. • Surgical implants • Other artificial aids including surgical implants • Outpatient services provided at an outpatient hospital and ambulatory health care center for a mastectomy and breast reconstruction as clinically appropriate, include: – all stages of reconstruction on the affected breast; – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed surgery and reconstruction on the other breast to produce symmetrical appearance; and – treatment of physical complications from the mastectomy and treatment of lymphedemas.	Services include, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting: • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Drugs, medications and biologicals that are medically necessary prescription and injection drugs. • Outpatient services associated viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: – dilation and curettage (D&C) procedures; – appropriate provider-administered medications; – ultrasounds, and – histological examination of tissue samples. (1) Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth. (2) Ultrasound of the pregnant uterus is a covered benefit when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, gestational age confirmation or miscarriage or non-viable pregnancy. (3) Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
(continued) Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (including health center) and Ambulatory Health Care Center	• Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – cleft lip and/or palate; or – severe traumatic skeletal and/or congenital craniofacial deviations; or • severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.	(4) Laboratory tests are limited to: nonstress testing, contraction, stress testing, hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinanalysis for protein and glucose every visit, blood type and RH antibody screen; repeat antibody screen for Rh negative members at 28 weeks followed by RHO immune globulin administration if indicated; rubella antibody titer, serology for syphilis, hepatitis B surface antigen, cervical cytology, pregnancy test, gonorrhea test, urine culture, sickle cell test, tuberculosis (TB) test, human immunodeficiency virus (HIV) antibody screen, Chlamydia test, other laboratory tests not specified but deemed medically necessary, and multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks); screen for gestational diabetes at 24-28 weeks of pregnancy; other lab tests as indicated by medical condition of client. (5) Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Physician/ Physician Extender Professional Services	Services include, but are not limited to, the following: • American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, vision and hearing screening and immunizations) • Physician office visits, inpatient and outpatient services • Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation • Medications, biologicals and materials administered in Physician's office • Allergy testing, serum and injections • Professional component (in/outpatient) of surgical services, including: – Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care – Administration of anesthesia by Physician (other than surgeon) or CRNA – Second surgical opinions – Same-day surgery performed in a Hospital without an over-night stay – Invasive diagnostic procedures such as endoscopic examinations • Hospital-based Physician services (including Physician-performed technical and interpretive components) • Physician and professional services for a mastectomy and breast reconstruction include: – all stages of reconstruction on the affected breast; – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed – surgery and reconstruction on the other breast to produce symmetrical appearance; and – treatment of physical complications from the mastectomy and treatment of lymphedemas. • In-network and out-of-network Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section.	Services include, but are not limited to the following: • American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, vision and hearing screening and immunizations) • Physician office visits, inpatient and outpatient services • Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation • Medications, biologicals and materials administered in Physician's office • Allergy testing, serum and injections • Professional component (in/outpatient) of surgical services, including: – Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care – Administration of anesthesia by Physician (other than surgeon) or CRNA – Second surgical opinions – Same-day surgery performed in a Hospital without an over-night stay – Invasive diagnostic procedures such as endoscopic examinations • Hospital-based Physician services (including Physician-performed technical and interpretive components)

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COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
(continued) Physician/ Physician Extender Professional Services	• Physician and professional services for a mastectomy and breast reconstruction include: – all stages of reconstruction on the affected breast; – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed – surgery and reconstruction on the other breast to produce symmetrical appearance; and – treatment of physical complications from the mastectomy and treatment of lymphedemas. – In-network and out-of-network Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by Cesarean section. • Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to: – dilation and curettage (D&C) procedures; – appropriate provider-administered medications; – ultrasounds, and – histological examination of tissue samples. • Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation. • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – cleft lip and/or palate; or – severe traumatic skeletal and/or congenital craniofacial deviations; or – severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.	• Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age confirmation. • Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentrsis, and FIUT. • Professional component associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Professional services associated with miscarriage or non-viable pregnancy include, but are not limited to: – dilation and curettage (D&C) procedures; – appropriate provider-administered medications; – ultrasounds, and – histological examination of tissue samples.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Prenatal Care and Pre-Pregnancy Family Services and Supplies	Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient and physician services. Primary and preventive health benefits do not include pre-pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.	Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include: (1) One (1) visit every four (4) weeks for the first 28 weeks or pregnancy; (2) one (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and (3) one (1) visit per week from 36 weeks to delivery. More frequent visits are allowed as Medically Necessary. Benefits are limited to: Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review. Visits after the initial visit must include: • interim history (problems, marital status, fetal status); • physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and • laboratory tests (urinanalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative members at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).

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COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Birthing Center Services	Covers birthing services provided by a licensed birthing center. Limited to facility services (e.g., labor and delivery) Limitation: Applies only to CHIP members.	Covers birthing services provided by a licensed birthing center. Limited to facility services related to labor with delivery. Applies only to CHIP Perinate Members (unborn child) with income above the Medicaid eligibility threshold (who will not qualify for Medicaid once born).
Services Rendered by a Certified Nurse Midwife or physician in a licensed birthing center	CHIP Members: Covers prenatal services and birthing services rendered in a licensed birthing center. CHIP Perinate Newborn Members: Covers services rendered to a newborn immediately following delivery.	Covers prenatal services and birthing services rendered in a licensed birthing center. Prenatal services subject to the following limitations: Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include: (1) one (1) visit every four (4) weeks for the first 28 weeks or pregnancy; (2) one (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and (3) one (1) visit per week from 36 weeks to delivery. More frequent visits are allowed as Medically Necessary. Benefits are limited to: Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained and is subject to retrospective review.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
(continued) Services Rendered by a Certified Nurse Midwife or physician in a licensed birthing center		Visits after the initial visit must include: • interim history (problems, marital status, fetal status); • physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and • laboratory tests (urinanalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative members at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	$20,000 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap). Services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of Illness, Injury, or Disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including: • Orthotic braces and orthotics • Dental devices • Prosthetic devices such as artificial eyes, limbs, braces, and external breast prostheses • Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease • Hearing aids • Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements. (See Attachment A)	Not a covered benefit, with the exception of a limited set of disposable medical supplies, published at www.txvendordrug.com/formulary/limited-hhs.shtml and only when they are obtained from a CHIP-enrolled pharmacy provider.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Home and Community Health Services	Services that are provided in the home and community, including, but not limited to: • Home infusion • Respiratory therapy • Visits for private duty nursing (R.N., L.V.N.) • Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). • Home health aide when included as part of a plan of care during a period that skilled visits have been approved. • Speech, physical and occupational therapies. • Services are not intended to replace the CHILD'S caretaker or to provide relief for the caretaker • Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services • Services are not intended to replace 24-hour inpatient or skilled nursing facility services	Not a covered benefit.
Inpatient Mental Health Services	Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities, including, but not limited to: • Neuropsychological and psychological testing. • When inpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination • Does not require PCP referral	Not a covered benefit.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Outpatient Mental Health Services	Mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to: • The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility – Neuropsychological and psychological testing – Medication management – Rehabilitative day treatments – Residential treatment services – Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) • Skills training (psycho-educational skill development) • When outpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination • A Qualified Mental Health Provider – Community Services (QMHP-CS), is defined by the Texas Department of State Health Services (DSHS) in Title 25 T.A.C., Part I, Chapter 412, Subchapter G, Division 1, §412.303(48). QMHP-CSs shall be providers working through a DSHS-contracted Local Mental Health Authority or a separate DSHS-contracted entity. QMHP-CSs shall be supervised by a licensed mental health professional or physician and provide services in accordance with DSHS standards. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services • Does not require PCP referral	Not a covered benefit.
Inpatient Substance Abuse Treatment Services	Services include, but are not limited to: • Inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs • Does not require PCP referral	Not a covered benefit.

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COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Outpatient Substance Abuse Treatment Services	Services include, but are not limited to, the following: • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders. • Intensive outpatient services • Partial hospitalization • Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day • Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training • Does not require PCP referral	Not a covered benefit.
Rehabilitation Services	Services include, but are not limited to, the following: • Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following: • Physical, occupational and speech therapy • Developmental assessment	Not a covered benefit.
Hospice Care Services	Services include, but are not limited to: • Palliative care, including medical and support services, for those children who have six (6) months or less to live, to keep patients comfortable during the last weeks and months before death • Treatment services, including treatment related to the terminal illness • Up to a maximum of 120 days with a 6 month life expectancy • Patients electing hospice services may cancel this election at anytime • Services apply to the hospice diagnosis	Not a covered benefit.

COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	MCO cannot require authorization as a condition for payment for emergency conditions or labor and delivery. • Covered services include, but are not limited to, the following: • Emergency services based on prudent lay person definition of emergency health condition • Hospital emergency department room and ancillary services and physician services 24 hours a day, seven (7) days a week, both by in-network and out-of-network providers • Medical screening examination • Stabilization services • Access to DSHS designated Level 1 and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services • Emergency ground, air and water transportation • Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, removal of cysts, and treatment relating to oral abscess of tooth or gum origin.	MCO cannot require authorization as a condition for payment for emergency conditions related to labor with delivery. Covered services are limited to those emergency services that are directly related to the delivery of the unborn child until birth. • Emergency services based on prudent lay person definition of emergency health condition • Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child. • Stabilization services related to the labor with delivery of the covered unborn child. • Emergency ground, air and water transportation for labor and threatened labor is a covered benefit • Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit. Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.
Transplants	Services include, but are not limited to, the following: • Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses.	Not a covered benefit.
Vision Benefit	The health plan may reasonably limit the cost of the frames/lenses. Services include: • One (1) examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization • One (1) pair of non-prosthetic eyewear per 12-month period	Not a covered benefit.

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COVERED BENEFIT	CHIP MEMBERS AND CHIP PERINATAL NEWBORN MEMBERS	CHIP PERINATAL MEMBERS (Unborn child)
Chiropractic Services	Services do not require physician prescription and are limited to spinal subluxation	Not a covered benefit.
Tobacco Cessation Program	Covered up to $100 for a 12-month period limit for a plan-approved program • Health Plan defines plan-approved program. • May be subject to formulary requirements.	Not a covered benefit.
Case Management and Care Coordination Services	These services include outreach informing, case management, care coordination and community referral.	Covered benefit.
Drug Benefits	Services include, but are not limited to, the following: • Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and • Drugs and biologicals provided in an inpatient setting.	Services include, but are not limited to, the following: • Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and • Drugs and biologicals provided in an inpatient setting. Services must be medically necessary for the unborn child.

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call BCBSTX CHIP Customer Service at 1-888-657-6061 (TTY/TDD 7-1-1).

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Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-710-6984 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوت: اب .دشاب یم مهارف امش یارب ناگیار تروص هب ینابز تلایهست ،دینک یم وگتفگ یسراف نابز هب رگا 1-855-710-6984 (TTY: 711) دیریگب سامت.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નઃશુલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984（TTY: 711）まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-855-710-6984 (TTY: 711).

BlueCross BlueShield
of Texas