



**BlueCross BlueShield
of Texas**



Enrollment Guide
San Antonio Water System
PPO Economy
January 2014

The Choice for Nearly 1 in 3 Americans



Nearly one in every three Americans has a Blue Cross and Blue Shield product. When you choose Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, you're choosing a company that knows Texas. BCBSTX is the largest health plan in Texas serving more than 4.5 million members.

You're also choosing a company that serves its customers' interests because BCBSTX is customer-owned. Being customer-owned allows BCBSTX members access to affordable health care and top-notch service from a company that focuses solely on its customers, not shareholders.

Experience

Preventive care is essential to maintaining a healthier life, and no one understands this better than BCBSTX. For more than 70 years, BCBSTX has provided quality health care benefits and services to its members and communities. BCBSTX provides members with programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care. BCBSTX is also committed to promoting the health and wellness of its members and communities through affordable, accessible and simple health care benefits.

Your Journey to Wellness

Wellness is defined as the state of being healthy in body and mind, especially as the result of deliberate effort. The choices you make each day can affect your health now and in the future. Deciding on the best approach for a healthier lifestyle can be challenging, but it may be easier than you think.

BCBSTX offers access to convenient online tools and resources to help you plan and manage your health care. BCBSTX health care plans include flexible options with the right combination of benefits, choice of providers and access to a wide variety of educational resources. Whether you are trying to improve your health or reach the next level of wellness, BCBSTX is here to help.

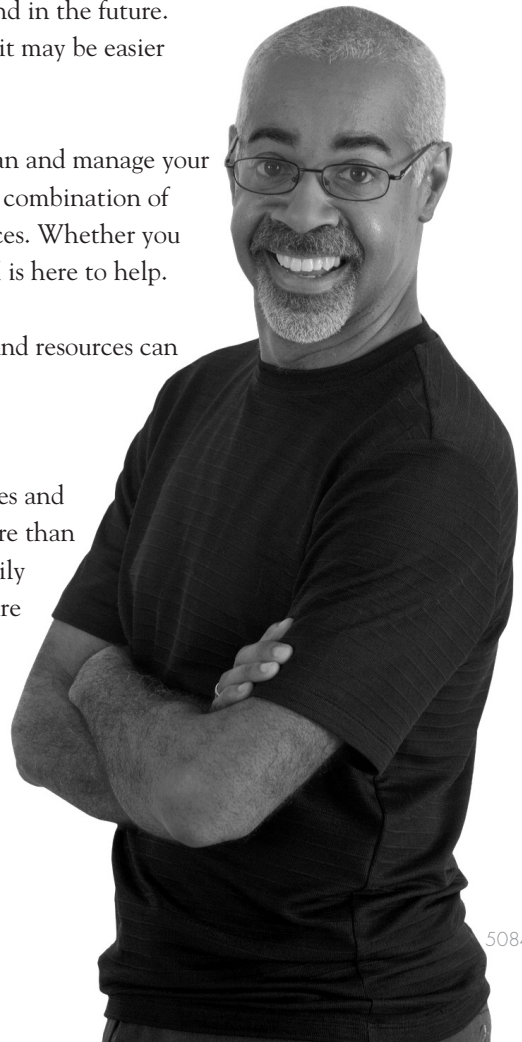
Take time to explore what BCBSTX has to offer. The coverage options, tools and resources can help you on your journey to wellness.

In This Guide

The following pages include a description of the medical plan and other features and services available to you. In some cases, your employer may be offering you more than one medical plan to choose from. Think carefully about how you and your family will use these benefits. Before you make a decision, consider the services that are covered, provider network, potential out-of-pocket costs and other options.

If you have other questions, your employer can provide additional information or direct you to other resources for assistance.

Blue Cross and Blue Shield of Texas is a leader in health care benefits.



PPO Overview

When you choose a Preferred Provider Organization (PPO) plan, you and your covered family members can receive care from any licensed doctor, hospital or other provider. If you use a network doctor, typically you'll pay less out-of-pocket, you usually won't have to file any claims and you'll get the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs usually will be higher. Choosing your doctor, seeing a specialist without a referral, getting care in a hospital because it's close to home or because it's known worldwide, and having the freedom to decide what's best for you are among the reasons to select the Blue Cross and Blue Shield of Texas (BCBSTX) PPO plan.

Your health and wellness are important. BCBSTX gives you access to online tools and a variety of medical services including preventive and wellness services*, such as:

- Annual physicals
- Emergency care
- Well-woman care, including mammograms and osteoporosis (bone density) screenings
- Colorectal and prostate cancer screenings
- Well-child care, including immunizations and hearing screenings
- Hospital and surgical care
- Lab tests and X-rays
- Maternity care (if applicable)
- Behavioral health and chemical dependency treatments

To find a contracting doctor or hospital, use the Provider Finder® tool at bcbstx.com. Once you become a BCBSTX member, you can also call the toll-free customer service number on the back of your member ID card.



* Certain limitations may apply depending on your specific health plan. Review the Benefit Highlights Sheet in this document for more details about covered benefits/services.

Benefit Highlights



**BENEFIT HIGHLIGHTS Prepared
for San Antonio Water System**

BlueChoice Network

This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC) and benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

Overall Payment Provisions		In-Network Benefits	Out-of-Network Benefits
Deductibles			
Calendar Year Deductible		\$1,000 Individual \$3,000 Family N/A	\$1,500 Individual / \$4,500 Family \$100
Inpatient Per-Admission Deductible			
Out-of-Pocket Maximum Out-of-Pocket Maximum Includes Deductibles, Copayment Amounts and Coinsurance		\$4,100 Individual / \$8,200 Family	\$6,150 Individual / \$13,180 Family
Copayment Amounts Required Physician office visit/consultation: Primary Care Copayment Amount for office visit/consultation when services rendered by a Family Practitioner, OB/GYN, Pediatrician, Behavioral Health Practitioner, or Internist and Physician Assistant or Advanced Practice Nurse who works under the supervision of one of these listed physicians Contracted Urgent Care Center (Different benefits apply to Texas MedClinic) Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider Refer to Medical/Surgical Expenses section for more information		\$40 Primary Care Copayment \$40 Copayment \$60 Specialty Care Copayment	N/A 60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible
Maximum Lifetime Benefits Lifetime Maximum Benefit per Participant		Unlimited Lifetime Maximums	
Inpatient Hospital Expenses			
Inpatient Hospital Expenses All services must be preauthorized All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units Penalty for failure to preauthorize services		80% of Allowable Amount after calendar year deductible None	60% of Allowable Amount after per-admission deductible and calendar year deductible 25%
Medical/Surgical Expenses		In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses Services performed during the office visit/consultation when rendered by a Primary Care Provider, including lab and x-ray Services performed during the office visit/consultation when services rendered by a Specialty Care Provider, including lab & x-ray Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures) -Physician surgical services performed in any setting other than office -Physician inpatient hospital visits -Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan (copayment applies per procedure). -Home Infusion Therapy (Services must be preauthorized)		100% after \$40 copayment 100% after \$60 Specialty Care Copayment 100% of Allowable Amount 80% of Allowable Amount after Calendar Year Deductible 80% of Allowable Amount after Calendar Year Deductible 80% of Allowable Amount after \$50 Copayment 80% of Allowable Amount after Calendar Year Deductible	60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible 60% of Allowable Amount after Calendar Year Deductible

BENEFIT HIGHLIGHTS *Prepared for San Antonio Water System*

BlueChoice Network

Extended Care Expenses

Extended Care Expenses

All services must be preauthorized

- Skilled Nursing Facility
- Home Health Care
- Hospice Care

80% of Allowable Amount after
Calendar Year Deductible

60% of Allowable Amount after Calendar
Year Deductible

Limited to 25 day maximum each Calendar Year
Limited to 60 visit maximum each Calendar Year
Unlimited days/visits

Special Provisions Expenses

Serious Mental Illness - Mental Health Care

Treatment of Chemical Dependency

Inpatient Services (All services must be preauthorized)

- Hospital services (facility)
*(Inpatient Chemical Dependency treatment must be provided in a
Chemical Dependency Treatment Center)*
- Physician services

Outpatient Services (All services must be preauthorized)

- Services performed during office visit/consultation when rendered by a Primary Care Provider (does not include psychological testing)
- Services performed during office visit/consultation when rendered by a Specialty Care Provider (does not include psychological testing)
- All outpatient services and psychological testing

80% of Allowable Amount after
Calendar Year Deductible

60% of Allowable Amount after per-
admission Deductible and calendar year
deductible

80% of Allowable Amount after
Calendar Year Deductible

60% of Allowable Amount after Calendar
Year Deductible

100% of Allowable Amount after \$40
Primary Care Copayment Amount
100% of Allowable Amount after \$60
Specialty Care Copayment Amount

60% of Allowable Amount after Calendar
Year Deductible
60% of Allowable Amount after Calendar
Year Deductible

80% of Allowable Amount after
Calendar Year Deductible

60% of Allowable Amount after Calendar
Year Deductible

Emergency Room/Treatment Room

Accidental Injury & Emergency Care

- Facility charges

- Physician charges

Non-Emergency Care

- Facility charges

- Physician charges

\$100 Copay then 80% of Allowable Amount after Calendar Year Deductible

80% of Allowable Amount after Calendar Year Deductible

\$100 Copay then 80% of Allowable
Amount after Calendar Year
Deductible

\$100 Copay then 60% of Allowable
Amount after Calendar Year Deductible

80% of Allowable Amount after
Calendar Year Deductible

60% of Allowable Amount after Calendar
Year Deductible

Ground and Air Ambulance Services

80% of Allowable Amount after Calendar Year Deductible

Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations, and any other preventive health services as determined by USPSTF

Immunizations for Dependent children through the date of the child's 6th birthday

100% of Allowable Amount

60% of Allowable Amount after Calendar
Year Deductible

100% of Allowable Amount

60% of Allowable Amount after Calendar
Year Deductible

Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function

Covered same as any other sickness

Covered same as any other sickness

Physical Medicine Services

Chiropractic Care-Office Services

100% after PCP or Specialist Copay

60% of Allowable Amount after Calendar
Year Deductible

Calendar Year Maximum

Limited to 35 visit maximum each Calendar Year

All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.

Physical Medicine Services (includes, but is not limited to physical, occupational, and manipulative therapy)-Office Services

100% after PCP or Specialist Copay

60% of Allowable Amount after Calendar
Year Deductible

- Maternity Care-The Plan does NOT cover Maternity care for dependent daughters. The Plan DOES cover complications of pregnancy for dependent daughters.
- Vision Exams do not include refraction.
- \$60 Copayment applies to applicable services received at Texas MedClinic

EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your Summary of Benefits and Coverage (SBC) and benefit booklet for other details and for limitations and exclusions.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are also based on the BCBSTX-determined Allowable Amount. Covered individuals will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

Members residing in other states may use that state's network through the BlueCard program. To locate a participating provider in your state, please contact 1-800-810-BLUE or visit our web site at www.bcbstx.com to use our Provider Finder® tool.

This benefit plan design includes provisions mandated by the Affordable Care Act of 2010, and is subject to change upon direction by federal and state agencies.

Features of Your Plan



BlueCard Worldwide®

With BlueCard Worldwide you can explore the world with peace of mind.

Like your passport, always carry your Blue Cross and Blue Shield of Texas (BCBSTX) identification (ID) card with you when you travel or live abroad. Through the BlueCard Worldwide program, you have access to medical assistance services and doctors and hospitals in more than 200 countries and territories around the world.

BlueCard Worldwide

To take advantage of the BlueCard Worldwide program, review this information:

- Before you leave home, contact BCBSTX for coverage details. Your coverage outside the United States may be different.
- Always carry your BCBSTX Plan ID card.
- In an emergency, go directly to the nearest hospital.
- The BlueCard Worldwide Service Center is available 24 hours a day, seven days a week toll-free at 800-810-BLUE (2583) or by calling collect at 804-673-1177.

Call the Service Center in these situations:

- You need to locate a doctor or hospital or need medical assistance services. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.



- You need to be hospitalized or you need inpatient care. After calling the Service Center, you should also call BCBSTX customer service for pre-certification or pre-authorization. You can find the telephone number on the back of your ID card.

Payment Information

- Participating BlueCard Worldwide hospitals. In most cases, you should not need to pay up front for inpatient care at participating hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- Doctors and/or non-participating hospitals. You will need to pay up front for services. Then you can complete a BlueCard Worldwide international claim form and send it with the bill(s) to the BlueCard Worldwide Service Center at the address on the form.

BlueCard Worldwide is there if you need medical care in a foreign country.

BlueCard Worldwide is there when you travel far from home.



Claim Filing

- The hospital will file your claim if the BlueCard Worldwide Service Center arranged your hospitalization. You will need to pay the hospital for the out-of-pocket expenses you normally pay.
- You must file the claim for outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center. You will need to pay the health care provider and submit an international claim form with original bills.

Claim Forms

International claim forms are available from BCBSTX, the Service Center or online at bcbs.com/bluecardworldwide.

Remember to take this information with you when you travel outside the U.S.

*BlueCard Worldwide Service Center toll-free: 800-810-2583
or collect: 804-673-1177*

Blue Access MobileSM

Blue Access Mobile brings convenient, secure access to your mobile phone.



From your mobile phone Web browser, you can:

- Register or log in to your secure member site – Blue Access for MembersSM – to view coverage details, access or request identification (ID) cards, check claims status, manage your user profile, use the Message Center and view health and wellness information
- Download the Find Doctor app to find an in-network doctor, hospital or urgent care facility.
- Sign up for text or email notifications, tips and reminders
- Access Health Care Reform and Health Care 101 to view general health insurance information and terminology
- Shop for insurance and get a quote before applying
- Locate Blue Cross and Blue Shield of Texas (BCBSTX) contact information

It is easy to experience Blue Access Mobile. Simply go to bcbstx.com from your mobile phone Web browser.

There is no registration required to access the mobile site. However, BCBSTX members must enter their user name and password to log in to Blue Access for Members.

bcbstx.com/mobile

Log in to Blue Access for MembersSM (BAM)

Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross and Blue Shield of Texas (BCBSTX), can help. Get immediate online access to health and wellness information, and:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Select an option to stop receiving EOBs by mail
- Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts.
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card
- Join My Blue Community[®], a social network for BAM members

It's easy to get started

1. Go to bcbstx.com.
2. Click the Already a Member? tab. Then click the Register Now button in the BAM section.
3. Use the information on your BCBSTX ID card to complete the registration process.



Use BAM while you're on the go. Register or log in by going to bcbstx.com from your mobile device Web browser for secure and convenient access.

Find what you need at Blue Access for MembersSM (BAM)

Jose Martinez | Message Center | Settings | Log Out | Feedback

BlueCross BlueShield of Texas

Home | My Coverage | Claims Center | My Health | Doctors & Hospitals | Forms & Documents

Welcome Jose Martinez Last login 07/17/2012

Message Center (6)

You have 4 new messages.

- 07/14/2012 My Blue Community
- 07/17/2012 Protecting Your Online Information
- 07/01/2012 System Maint Test

View all messages

MY COVERAGE

Billed Amount Plan Type: PPO+ Group Number: P12345
ID Number: 0001233456789

In Network Benefits

Medical Copays	
LIFETIME MAXIMUM	\$0 PER LIFETIME
PREAUTHORIZATION PENALTY	\$75
DEDUCTIBLE PER FAMILY	\$5,000
DEDUCTIBLE PER INDIVIDUAL	\$2,500
OUT OF POCKET PER FAMILY	\$1,000

View medical benefits >>

Prescription Drug Copay

Generic - Retail	\$10.00
Generic - Mail	\$20.00
Formulary Brand - Mail	\$60.00

Quick Links (7)

- My Blue Community
- Get a Temporary ID Card
- Manage Preferences
- Find a Doctor, Hospital or Dentist

View all quick links

Blue Access for Members Is New and Improved. We've made Blue Access for Members easier to use.

- 1. My Coverage:** Review benefit details for you and the family members covered under your plan.
- 2. Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3. My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4. Doctors & Hospitals:** Use Provider Finder[®] to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5. Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6. Message Center:** Learn about updates to your benefit plan, and receive notification of pending and finalized claims via secure messaging.
- 7. Quick Links:** Go directly to some of the most popular pages for information, such as medical coverage, replacement ID cards, manage preferences and more.
- 8. Settings:** Set up notifications and alerts to receive updates via text messaging and email, review your member information, and change your secure password at anytime.
- 9. Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 10. Contact Us:** Submit a question and a Customer Service Advocate will respond by phone or through the message center.

24/7 Nurseline – Around-the-Clock, Toll-Free Support

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at 800-581-0368 to answer your health questions, wherever you may be, 24 hours a day, seven days a week.

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

When should you call?

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- *Asthma, back pain or chronic health issues*
- *Dizziness or severe headaches*
- *High fever*
- *A baby's nonstop crying*
- *Cuts or burns*
- *Sore throat*



Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

Note: For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Get the information you need, just when you need it.

Special Beginnings[®] Maternity Program

Special Beginnings can help you better understand and manage your pregnancy. Available at no additional cost, this maternity program supports you from early pregnancy until six weeks after delivery through:

- **Pregnancy risk factor identification** to determine the risk level of your pregnancy and appropriate range for ongoing communication/monitoring
- **Educational material** including a complimentary book about having a healthy pregnancy and baby
- **Personal telephone contact** with program staff to address your needs and concerns and to coordinate care with your physician
- **Assistance in managing high-risk conditions** such as gestational diabetes and preeclampsia
- **Special Beginnings Online** is an additional resource that provides information for each week of your pregnancy. The site can be accessed through Blue Access for MembersSM



**Take good care of
yourself and your baby –
enroll in Special
Beginnings today!**

Enrollment is easy and confidential. Just call
888-421-7781, 8 a.m. – 6:30 p.m., CT.

Special Beginnings is not a substitute for professional medical guidance. It is important to share any health concerns with your physician.

Condition Management

Condition Management Programs

Living every day with a chronic health condition can be difficult. Blue Cross and Blue Shield of Texas (BCBSTX) can help you manage your medical condition, change unhealthy behaviors and stay as healthy as possible with our comprehensive **Condition Management** programs.

As part of the Blue Care Connection® program and offered at no additional cost, these voluntary programs are designed for people diagnosed with chronic conditions such as asthma, diabetes, heart problems and others. When you enroll, you will have access to the best knowledge, tools and self-care techniques to help you make a difference in your health.

Benefits of Participation

The Condition Management programs work together with you, your health plan and your doctor to help identify the best ways to manage your chronic health condition and stay healthy.

Enrolling in a program can help you:

- Have fewer, milder symptoms
- Communicate better with your doctor and your health plan
- Enhance your self-management skills for improving your health and quality of life
- Miss fewer days at work

Enroll Today - and Take Control

To enroll in a Condition Management program, or to find out how one of the programs can help you, please call the Customer Service number on the back of your member ID card.

You may be targeted for program participation if you have a chronic health condition or are at risk for medical complications that could be addressed through intervention and counseling.

Claims, lab and pharmacy data; preauthorization; health risk assessments; or a doctor referral are some of the factors that help determine if a Condition Management program is right for you. You may also request to be included in these programs.

Your doctor plays an important role in treating your condition. Be sure to discuss any issues or concerns you may have with your doctor.

Reaching Out to Members at Risk

Blue Care® Advisors, registered nurses or other health care professionals, may contact you if you have certain health challenges or chronic conditions. Through regularly scheduled health counseling and coaching telephone calls, the advisor can help you identify unhealthy behaviors, set goals, adopt healthier habits and learn to manage medical conditions more effectively. Following nationally recognized practice guidelines, the Condition Management programs* specifically target:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes

* The health care needs of members are evaluated on an ongoing basis to identify opportunities for additional condition management programs.

Well onTargetSM

a New Way to Experience Wellness



Wellness is more than healthy eating and working out. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the support you need to make these choices. All while rewarding you for your hard work.

Well onTarget offers personalized tools and resources to help all members—no matter where you may be on the path to health and wellness.

Liveon Member Wellness Portal

The heart of Well onTarget is the Liveon portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **onmytime Self-directed Courses**

Online courses let you work at your own pace to reach your health goals. Learn more on nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson. Reach your milestones and earn Life Points.

- **Health and Wellness Content**

Health library teaches and empowers through evidence-based, user-friendly articles.

- **Tools and Trackers**

Interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical and lifestyle trackers.

onmyteam Wellness Coaching

Certified health coaches offer you guidance in nutrition, fitness and stress management. You can interact with your coach by phone or send a secured message through the portal.

Workplace Challenges

Take part in some friendly competition with your co-workers. Work together toward a shared health goal such as fitness or healthy eating. Individual challenges available as well.



onmyway™* Health Assessment (HA)

The HA features adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. The confidential record offers tips for living your healthiest life. Your answers will be used to tailor the Liveon portal with the programs that can help you reach your goals.

Life Points Program

Life Points will help motivate you to maintain a healthy lifestyle. Earn points by taking part in wellness activities. Points can be redeemed in the new online shopping mall. Real-time granting of points lets you instantly use your points. To earn a larger reward, you can add to your point total at checkout.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 8,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. Other program perks are:

- No long-term contract required. Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25.
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Life Points for joining the Fitness Program. Rack up more points with weekly visits.

Sign up today! Call toll-free at 888-762-BLUE (2583), Monday through Friday, 8 a.m. – 9 p.m. in any continental U.S. time zone.

Service mark of Health Care Service Corporation, a Mutual Legal Reserve Company

OnLife Health is an independent company and provides wellness services for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas.

* onmyway is registered mark of OnLife Health.

Healthways, Inc. is an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

All trademarks and service marks are property of their respective owners.

Well onTargetSM

Make Your Fitness Program Membership *Work for You!*

Fitness can be easy, fun and affordable. Well onTarget makes it possible with the Fitness Program.

Available exclusively to members and their covered dependents (age 18 and older), the Fitness Program provides:

- **Flexible membership**, no long-term contract required. Enroll for a one-time fee of \$25 and \$25 per member per month.*
- **Unlimited** access to a nationwide network of more than 8,000 participating fitness centers.
- **Online** fitness center locator and views of your fitness center visits online.
- **Easy** online enrollment; automatic monthly payment withdrawal.

Are you ready for fitness?

Enroll today by calling 888-762-BLUE (2583) toll-free, Monday through Friday, 8 a.m. – 9 p.m., in any continental U.S. time zone.



*The **Fitness Program** opens the door to a network of more than 8,000 fitness centers for only \$25 per month!*



Rewards beyond health and fitness

Regular exercise is an essential part of healthier living. It gives you energy to participate in family activities, sports, dance, travel and other everyday events that make life more enjoyable.

- Feel good about your commitment to a better you.
- Accomplish your fitness goals.
- Maintain healthy weight.
- Lower your blood pressure.
- Minimize stress.
- Reduce your risk for other health-related diseases.
- Boost your stamina and strength.
- Improve sleep.
- Improve your overall health.

Take your card for a spin... a lift ... or a stretch!

Make new friends, take a class, try something new! Join the Fitness Program today.

Call 888-762-BLUE (2583) toll-free, Monday through Friday, 8 a.m. – 9 p.m., in any continental U.S. time zone.

* The one-time enrollment fee and monthly membership fee for the Fitness Program are both subject to applicable taxes.

Healthways, Inc. is an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

Blue365[®]



A Discount Program for Members

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Texas (BCBSTX), a division of Health Care Service Corporation, member. With this program, you can save money on health care products and services that are most often not covered by your benefit plan. There are no claims to file and no referrals or pre-authorizations.

Blue365 has a range of new features and greater discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. Once you register on the Blue365 website at blue365deals.com/BCBSTX, you will receive weekly "Featured Deals," which will offer additional discounts from leading health companies and online retailers that are available for a short period of time.

Davis VisionSM 888-897-9350

Save on eyeglasses, as well as contact lenses, laser vision correction services, examinations and accessories. For a list of Davis Vision providers near you, go to bcbstx.com, click Find a Doctor then select Find a Vision Provider. The Davis Vision network consists of major national and regional retail locations as well as independent ophthalmologists and optometrists. You and your eligible dependents can receive discounts on laser vision correction services through the TLC/TruVision network.

TruVision 877-882-2020

Jenny Craig[®] 877-JENNY70 (877-536-6970)

Jenny Craig can help you reach your weight-loss goals. You will get one-on-one support given by a trained weight-loss expert. Your consultant will give you a tailored program based on the essential components of successful weight management: food, body, mind. You can meet with your consultant in person at a local center. Or you can enjoy the ease of the Jenny Craig At Home program.

*For more great deals or to
learn more about Blue365,
visit blue365deals.com/BCBSTX.*



Life Time® Fitness

Life Time Fitness offers a total health fitness experience no matter your fitness level, interests, schedule or budget. For new members, Life Time Fitness offers a \$0 enrollment fee when you sign up online.*

Procter & Gamble (P&G) Dental Products 877-333-0121

Get savings on dental packages containing the latest in Oral B® power toothbrushes and Crest® products. The dental packages from P&G can help you improve the health of your teeth and gums. Packages may contain items such as an electric toothbrush, mouth rinse, floss, and many more.

TruHearing® 800-687-4617

Save on digital hearing aids through TruHearing. Get a hearing test at no extra charge when performed to fit a hearing aid. Enjoy a 45-day, money-back guarantee and a three-year warranty. Also get a choice of hearing aid styles at a number of price levels and enough batteries to last a year when you buy a hearing aid.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors.

* Proof of Blue Cross and Blue Shield of Texas coverage is needed. The \$0 enrollment fee offer is only for new members who enroll online at blue365deals.com/BCBSTX. A \$35 administrative fee applies to all memberships. Monthly dues and taxes may also apply. Members' prices, dues and fees may change at any time. Offer expires September 1, 2013. Other rules may apply. Always check with the Life Time Fitness club in your area for the most up-to-date offer. Offer not available in Minnesota.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Health Care Reform



The Affordable Care Act: Preventive Services at 100%

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Preventive Care Services Covered Without Cost-sharing — Without Copay, Coinsurance or Deductible

The Affordable Care Act requires non-grandfathered health plans and policies to provide coverage for “preventive care services”¹ without cost-sharing (such as coinsurance, deductible or copayment), when the member uses a network provider.

Services may include screenings, immunizations, and other types of care, as recommended by the federal government.

Blue Cross and Blue Shield of Texas (BCBSTX) is committed to implementing coverage changes to meet ACA requirements as well as the needs and expectations of our members.

General Highlights of New Regulations

- Applies to group health plans including insured and self-insured plans, as well as individual and family policies.
- Preventive services are to be covered without any cost-sharing when using a network provider. Cost-sharing can still be required when using a provider that is not in the BCBSTX provider network.
- New requirements can be issued at any time. As new or updated preventive care recommendations or guidelines are issued, employers and insurers have one year to implement the new guidelines unless otherwise specified by the government.²
- Plans that cover preventive services in addition to those required may apply cost-sharing requirements for the additional services.
- The regulation references preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force (USPSTF).¹ They are listed in this fact sheet and

can be found at: www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html

- BCBSTX will use reasonable medical management techniques to determine any coverage limitations on the service, including the frequency, method, treatment or setting for the service, and the use of an out-of-network provider.

Plans that are “grandfathered,” meaning plans that had at least one individual enrolled on March 23, 2010, and have not made certain changes since that date to cause a loss of grandfathered status, are not required to implement some of the new requirements of the Affordable Care Act, including the requirement to cover preventive services with no cost-sharing.

For more information about grandfathered health plans visit this BCBSTX web site: http://bcbstx.com/affordable_care_act/pdf/bcbstx_fact_sheet_aca_gr_plans.pdf

Preventive Care Services to Be Offered Without Copay, Coinsurance or Deductible

Evidence-based preventive services: The list of ACA required preventive services includes those that are recommended and rated “A” or “B” by the USPSTF.

Routine vaccinations: A list of immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are included in the rule. They are considered routine for use with children, adolescents and adults, and range from childhood immunizations to periodic tetanus shots for adults.

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Prevention for children: The rule includes preventive care guidelines for children from birth to age 21 developed by the Health Resources and Services Administration with the American Academy of Pediatrics. Services include regular pediatrician visits, developmental assessments, immunizations, and screening and counseling to address obesity.

Prevention for women: The regulation mandates certain preventive care measures for women. These recommendations will be in place until new requirements for prevention for women are issued by the USPSTF or appear in comprehensive guidelines supported by the Health Resources and Services Administration.²

BCBSTX's Focus on Prevention

Laying the groundwork for a healthy tomorrow means disease prevention and early detection.

Many chronic diseases and conditions can be prevented and/or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious.

BCBSTX encourages you to take full advantage of your preventive care benefits and other available wellness resources. After completing a health screening, take appropriate steps to improve your health. Talk with your physician about ways to improve your health. There is no better time than now to get started – and head off potential health problems before they begin.

Billing and Office Visits

- If a recommended preventive service or item is billed separately from an office visit, then cost-sharing may be applied to the office visit.
- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose is preventive care, then

cost-sharing requirements may not be imposed with respect to the office visit.

- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose of the office visit is not preventive care, then cost-sharing may be applied to the office visit.

Covered Preventive Care Services¹

Depending on the particular health plan, coverage may be provided for the following preventive services without cost-sharing.¹ This list may not include all of a particular plan's covered services. BCBSTX members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and the most up-to-date list of covered preventive services, including those paid without any cost-sharing.

Children and Adolescents

Well-child exam

Examples of services included as part of a well-child exam include history and physical exam, measurements of height, weight and body mass index (BMI), hearing screening⁴, vision acuity test⁵, developmental and behavioral assessments, prescription of fluoride if water source is deficient in fluoride, evaluation of need for a dentist visit, counseling about health risks such as sexually transmitted infections, and obesity counseling.

Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenzae type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Inactivated Poliovirus

The Affordable Care Act: Preventive Services at 100%

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- Rotavirus
- Varicella (Chickenpox)

Screening tests

- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin screening
- Obesity screening
- Lead screening
- Dyslipidemia screening for children at higher risk of lipid disorder
- Tuberculin testing
- Depression screening
- Screening for sexually transmitted infections (STIs)
- HIV screening
- Cervical dysplasia screening

Preventive treatments

- Gonorrhea preventive medication for eyes of all newborns

Adults

Preventive exam

Examples of services included as part of a preventive exam include history and physical exam, measurements of height, weight and body mass index (BMI).

Immunizations

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (chickenpox)
- Zoster

Screening tests

- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy or colonoscopy³
- Depression screening
- Diabetes screening for adults with high blood pressure
- HIV screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, gonorrhea, syphilis)

Health Counseling

- Alcohol misuse
- Healthy diet
- Obesity
- Prevention of sexually transmitted infections (STIs)
- Tobacco use and cessation
- Use of aspirin to prevent cardiovascular disease
- Use of folic acid

Men Only

- Abdominal Aortic Aneurysm screening

Women Only

- Annual well woman visit
- Breast cancer screening/ Screening mammography
- Cervical cancer screening including Pap smear
- Osteoporosis screening
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human Papillomavirus (HPV) DNA test
- Counseling related to chemoprevention of breast cancer
- Breastfeeding⁹
- Domestic violence counseling
- Contraception⁶

The Affordable Care Act: Preventive Services at 100%

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Contraception⁶

Depending on your particular health plan, coverage without cost-sharing may expand to include the following contraceptive services when provided by a health care provider in the BCBSTX network.

- Prescription⁷ – One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization⁸

For more information about Women's Preventive Services download this BCBSTX Fact Sheet at http://bcbstx.com/affordable_care_act/pdf/preventative_health_services_women_tx.pdf

Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Rh Incompatibility screening
- Gestational diabetes screening
- Hepatitis B screening
- Screenings for Sexually Transmitted Infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling

Footnotes

¹ ACA requires non-grandfathered health plans and policies to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force as follows:

- Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force
- Routine immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administration
- Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration

For a listing of these services visit <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

² New requirements can be issued at any time. Plans/policies have one year from issuance to add the new benefit. New requirements on women's preventive services were released by the U.S. Department of Health and Human Services on Aug. 1, 2011. Non-grandfathered plans/policies are required to cover these services beginning with plan/policy years starting on or after Aug. 1, 2012.

³ Anesthesia also covered as preventive

⁴ Further evaluation recommended as a result of a hearing screening test is not considered preventive and may not be covered at 100%.

⁵ Vision acuity test to detect amblyopia (lazy eye), strabismus (cross eye), and defects in visual acuity in children younger than age 5 years. Normal vision screening and further evaluation recommended as a result of an acuity test are not considered preventive and may not be covered as preventive.

⁶ Under federal guidelines, certain religious employers may not be required to cover contraceptive services. Also, religious-affiliated employers meeting certain criteria may qualify for a temporary enforcement safe harbor period which doesn't require them to cover the recommended contraceptive services for one year.

⁷ Prescription coverage for contraception may vary according to the terms and conditions of your health plan's pharmacy benefit. Please call the customer service number on the member ID card for coverage details.

⁸ Certain restrictions may apply; there might be copay, coinsurance or deductible in some cases – call the number on your member ID card for more information. Hysterectomies are not considered part of the women's preventive care benefit.

⁹ Breastfeeding

- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in your provider network
- Breastfeeding support and counseling by a trained in-network provider while you are pregnant and/or after you've given birth
- Manual breast pump¹⁰

¹⁰ Electronic and hospital-grade pumps will not be covered with no cost-sharing.

This information is a high-level summary and for general informational purposes only. The information is not comprehensive and does not constitute legal, tax, compliance or other advice or guidance.

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