

Pharmacy Changes 1/1/2017

Effective 1/1/2017 **CVS Pharmacies (stand alone or in Target)** will **NOT** be in the BCBSTX pharmacy network at all. Please use one of the 5 preferred pharmacies below to obtain the best benefit or any other pharmacy that is in the BCBSTX pharmacy network.

Beginning January 1, 2017, all small group and individual metallic plans will experience a change to their Preferred Retail Pharmacy Network which allows members to pay the lowest copayment at a network of pharmacies designated as preferred. The preferred pharmacy network includes:

- Walgreens
- Walmart (including Sam's Club Pharmacy)
- Albertsons (including Tom Thumb, Market Street, Randall's, United Pharmacy, Amigos, Safeway, Vons, Super Saver and many other grocery stores under the Albertsons corporate banner)*
- HEB
- Access Health (a group of independent pharmacies)*

*A list of all participating pharmacy locations can also be viewed at www.BCBSTX.com/member.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Preventive Care Services Covered With No Cost to the Member

Your group health plan covers certain preventive services as a benefit of membership, at no cost to the member when they use a provider in your plan's network. There is no copay, deductible or coinsurance, even if the individual or family deductible or out-of-pocket maximum has not been met.

Covered Preventive Care Services¹

Depending on the particular health plan, coverage may be provided for the preventive services listed in this guide, at no cost to the member when seeing a provider participating in a health plan's provider network. This list may not include all of a particular plan's covered preventive 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 for the most up-to-date list of covered preventive services, including those paid without any cost-sharing.



Children and Adolescents

Children and Adolescents Well-child exam

Examples of services included as part of an annual well-child exam include history and physical exam, and measurements of height, weight and body mass index (BMI).

Immunizations

Diphtheria, Tetanus, Pertussis, Whooping Cough
Haemophilus Influenzae Type B
Hepatitis A
Hepatitis B
Human Papillomavirus (HPV)
Influenza (Flu)
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Inactivated Poliovirus
Rotavirus
Varicella (Chickenpox)

Learn more on recommendations of children and adolescents immunization schedule:

<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Screening tests

- Autism
- Cervical dysplasia screening
- Depression screening
- Dyslipidemia screening (for children at higher risk)
- Hematocrit or hemoglobin screening
- HIV screening
- Lead screening
- Obesity screening and counseling
- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Screening for sexually transmitted infections (STIs)
- Skin cancer behavioral counseling for young adults
- Tuberculin testing
- Visual acuity screening

Preventive treatments

- Dental carries prevention fluoride varnish and oral fluoride supplementation
- Gonorrhea preventive medication for eyes of all newborns





Adults

Adults Preventive exam

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

Immunizations

Hepatitis A
Hepatitis B
Haemophilus Influenzae Type B (Hib)
Human Papillomavirus (HPV)
Influenza (Flu)
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Tetanus, Diphtheria, Pertussis
Varicella (Chickenpox)
Zoster

Learn more on recommendations of adults immunization schedule:
<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Screening tests

- Abdominal aortic aneurysm screening
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening for adults with high blood pressure
- Hepatitis B screening
- Hepatitis C screening
- HIV screening and counseling
- Lung cancer screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, gonorrhea, syphilis)

Health Counseling

- Alcohol misuse screening and counseling
- Falls prevention vitamin D supplementation
- Healthy diet counseling
- Obesity counseling
- Prevention of sexually transmitted infections (STIs)
- Sexually transmitted infections counseling
- Skin cancer behavioral counseling for young adults
- Tobacco use cessation (Includes prescription – for one or more products within the categories approved by the FDA for use in smoking cessation)
- Use of aspirin to prevent cardiovascular disease



Women Only

- Annual well woman visit
- Breast cancer prevention medication
- Breast cancer screening mammography
- Cervical cancer screening including pap smear
- Counseling related to chemoprevention of breast cancer
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human papillomavirus (HPV) DNA test
- Intimate partner violence counseling and screening
- Osteoporosis screening



Contraception²

The following contraceptive items and services are covered without cost-sharing when provided by a health care provider in a health plan's network.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA-approved contraceptives available over the counter (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 sterilization, including tubal ligation

Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Breastfeeding support, supplied and counseling
- Folic acid supplementation
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening
- Rh(D) incompatibility screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling



¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services 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 Administrations
- Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration

² Certain group health plans established or maintained by organizations that qualify as religious employers may be exempt. These services may be covered under a plan's Pharmacy benefits.

The fact that a particular medical service is listed in this document is not a guarantee that benefits are available for such service. The member is instructed to refer to their health benefits document to determine what benefits are available for the particular medical service.



Take Advantage of Preventive Services

Your family's race to better health begins with a single step: Taking advantage of preventive health care services

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.



These preventive services are covered by your plan at no cost to you¹

FOR ADULTS



Annual preventive medical history and physical exam

SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Colorectal, skin and lung cancer
- Depression
- Falls prevention and vitamin D use for stronger bones
- High blood pressure, high cholesterol, obesity, diabetes and depression
- Sexually transmitted infections, HIV, HPV and hepatitis

COUNSELING FOR

- Alcohol misuse
- Domestic violence
- Healthy diet counseling
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks



JUST FOR WOMEN

- Breast cancer screening, genetic testing and counseling
- Breastfeeding support, supplies and counseling
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Counseling for alcohol and tobacco use during pregnancy
- Folic acid supplementation during pregnancy
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- Screenings during pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility

FOR CHILDREN



Annual preventive medical history and physical exam

SCREENINGS FOR

- Autism
- Cervical dysplasia
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Visual acuity

ASSESSMENTS AND COUNSELING

- Obesity counseling
- Oral health risk assessment, dental carries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling



CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: www.cdc.gov/vaccines

- Diphtheria, Pertussis, Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the customer service number listed on your member ID card.



WHERE YOU GO FOR CARE MATTERS

Because Your Health Counts – It's Important to Know Where to Go When You Need Care

Sometimes it's clear where to go when you need care, such as when you're suddenly having severe chest pain or you've broken your leg. At other times, it's not so clear. It's good to learn about your choices. Knowing where to go can make a big difference in cost and time.



Your Doctor Knows Best

If you already have a family doctor or primary care physician (PCP), it's most often best to call or go to your doctor first. Your doctor knows your health history and can make informed choices about your care. Your doctor can decide if any tests might be needed or if you need to be seen by a specialist. Many doctors offer evening or weekend hours, and most have an after-hours number you can call. The next time you're not sure where to go for that high fever or stomach ache – call your doctor first. If you don't have a primary doctor, use the Provider Finder[®] tool at bcbstx.com to find a doctor.



Retail Clinics – It's More Than Your Local Drug Store

Retail or convenient care clinics, can be a good choice when you have a minor health problem like a sore throat or ear infection and your doctor's office is closed. Retail clinics offer evening and weekend hours, with some offering 24-hour prescription services. Costs are lower than an urgent care facility or an ER and about the same as an office visit to your doctor. So it's a good choice when you can't get in to see your doctor first, or you're away from home. You also don't need an appointment, and wait times are almost always less than at an ER.



Urgent Care Clinics – A Good Choice When it's Not a Life-threatening Problem

It's a holiday weekend, your doctor is not available and you have a health problem that can't wait. Urgent care clinics or comprehensive care centers can give you easy access to health care when your sickness or injury is serious, but isn't an immediate threat to your life. They are staffed by doctors who can take X-rays, give IVs, and treat minor and moderately severe trauma. Costs are lower than an ER, but higher than being seen by your doctor or at a retail health clinic. Wait times are often about an hour, and some offer online and phone check-in.



Sometimes ER is the Only Choice

Call 911 or go to your nearest ER when you have an emergency and it's clear that the health problem is life threatening and you need to get care fast. Some examples that call for emergency care are having severe chest pain or signs of a heart attack or stroke, severe burns, head trauma or an open wound with heavy bleeding.

If you need emergency care, you should go straight to the closest hospital. You don't have to worry about finding an ER that is in your plan's network if it is a life-threatening emergency. Emergency care services you receive will be covered, whether or not the ER is in your plan's network. It's smart to go to an ER only for serious health issues. Your costs will be a lot higher if you go to an ER, and wait times can be about four hours if the health problem is not severe.



Keep these things in mind when you need care:

- Make sure ahead of time that you'll be covered by your plan's network. Your health plan covers you when you use certain doctors, clinics and hospitals for your care. This is called your plan's provider network. If you see a provider that is not in your plan's network, you could have to pay more – or even all – of the cost of that care.
- If you need care while traveling, call us at the number on the back of your member ID card to find out where to go before getting care, so that your costs are covered. If you need emergency care, go straight to the nearest hospital.
- Carry your ID card with you at all times. It has information doctors, hospitals and pharmacies need to check what your plan covers. You will also be asked to show a picture ID, such as a driver's license.
- If you are a BCBSTX member and you're not sure where to start, you can call our 24/7 Nurseline. Registered nurses are on hand around the clock to answer your health questions or help you decide where to go at 800-581-0393.

	Average Costs	Average Wait Times	Examples of Health Conditions
 <p>24/7 Nurseline Around the clock advice 24 hours a day, 7 days a week 800-581-0393</p>	¢	 17 seconds	Registered nurses are on call to answer your health questions, 24 hours a day, 7 days a week.
 <p>Your Doctor Your first choice for non-emergency care</p>	\$	 24 minutes*	<ul style="list-style-type: none"> • Cuts and scrapes • Fever, colds and flu • Minor burns • Ear or sinus pain • Shots • Eye swelling, pain • Sore throat • Stomach ache • Physicals • Minor allergic reactions
 <p>Retail Clinics For medical care when you can't see your doctor</p>	\$	 15 minutes	<ul style="list-style-type: none"> • Infections • Minor injuries or pain • Skin problems • Bronchitis • Cold and flu • Shots • Sore and strep throat • Allergies
 <p>Immediate/Urgent Care When it's not a true emergency but needs immediate attention</p>	\$\$\$\$	 11-20 minutes**	<ul style="list-style-type: none"> • Migraines or headaches • Stomach pain • Urinary tract infection • Back pain • Cuts that need stitches • Sprains or strains • Animal bites
 <p>Emergency Room For life-threatening problems</p>	\$\$\$\$\$\$	 4 hours, 7 minutes***	<ul style="list-style-type: none"> • Chest pain, stroke • Head or neck injuries • Heart attack • Fainting, dizziness, weakness • Problems breathing • Seizures • Sudden or severe pain • Severe vomiting, diarrhea • Uncontrolled bleeding • Broken bones

*Medical Practice Pulse Report 2009, Press Ganey Associates

**Urgent Care Benchmarking Study Results. Journal of Urgent Care Medicine. January 2012.

***Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates. http://www.pressganey.com/Documents_secure/Pulse%20Reports/2010_ED_Pulse_Report.pdf?viewFile (Accessed February 2014).

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

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

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.



Connect²

Access where the BCBSTX App, online video or telephone service is available



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to pharmacy of your choice (when appropriate)



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

¹ In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

² Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Video on-demand consultations for behavioral health are available by appointment. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member's location. Virtual visits may not be available on all plans. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

24/7 Nurseline



Experience. Wellness. Everywhere.SM

Answering Your Health Care Needs

Maintaining your health starts by asking the right questions at the right time. And we all know that sometimes those questions come up unexpectedly, like when the doctor's office is closed. That's why Blue Cross and Blue Shield of Texas (BCBSTX) is proud to offer the **24/7 Nurseline**.

Around-the-Clock Access

As part of the **Blue Care[®] Connection program**, the 24/7 Nurseline provides you with 24-hours a day/seven days a week access via a toll-free telephone number to experienced registered nurses who understand your health care concerns.

The program covers four areas of medical decision making, including: medical concerns, major medical issues, chronic illness support and lifestyle change support.

You'll have around-the-clock access to a knowledgeable nursing staff with years of experience in multiple areas, including:

- Emergency room care
- Urgent care
- Clinical setting
- Family care
- Certified health triage

Audio Health Library

Sometimes you may want to get basic health information on a specific topic. We encourage you to use the 24/7 Nurseline audio library. Just call the 24/7 Nurseline number to choose a topic from more than 1,200 pre-recorded health topics. The program is available in English and Spanish.

Contact Information

The 24/7 Nurseline is available at no out-of-pocket expense to you. All it takes is a simple call to the toll-free phone number listed on the back of your ID card, or you can call the universal phone number through BCBSTX at **1-866-412-8795**.

Note: This service is not a substitute for medical care. You should consult a health professional for diagnosis and treatment.



**BlueCross BlueShield
of Texas**

24/7 Nurseline

Answering Your
Health Care Needs



In addition to the assistance provided by the 24/7 Nurseline, every member — regardless of your personal health status — can take advantage of important health and wellness online resources from Blue Cross and Blue Shield of Texas.

Personal Health Manager

With Personal Health Manager, the support and resources you need to manage your health online are just a click away. By logging into Blue Access® for Members and clicking on Personal Health Manager you can:

- Earn **Blue PointsSM** every time you use the health and wellness features in the **For Your Health** section. Receive up to 1,000 points a week when you set up and track the progress of an exercise or meal program, read and rate health and wellness related articles or e-mail your health-related questions to licensed professionals.
- Complete a health risk assessment to evaluate your health status.
- Request fitness and weight loss advice with **Ask A Dietitian**.
- Receive help on managing stress, workplace conflicts or other issues with **Ask A Life Coach**.
- Ask registered nurses health related questions online with the **Ask A Nurse** feature.
- Set up a personal health record to keep track of health information in one secure Web location.
- Receive targeted wellness information via e-mail to help manage specific medical conditions, including alerts for screening tests, and set up reminders for medical appointments and medication refills.
- Access wellness tracking tools, videos and interactive tutorials.
- Get information on exercise, nutrition and lifestyle issues in the **For Your Health** section.

Blue Access® for Members

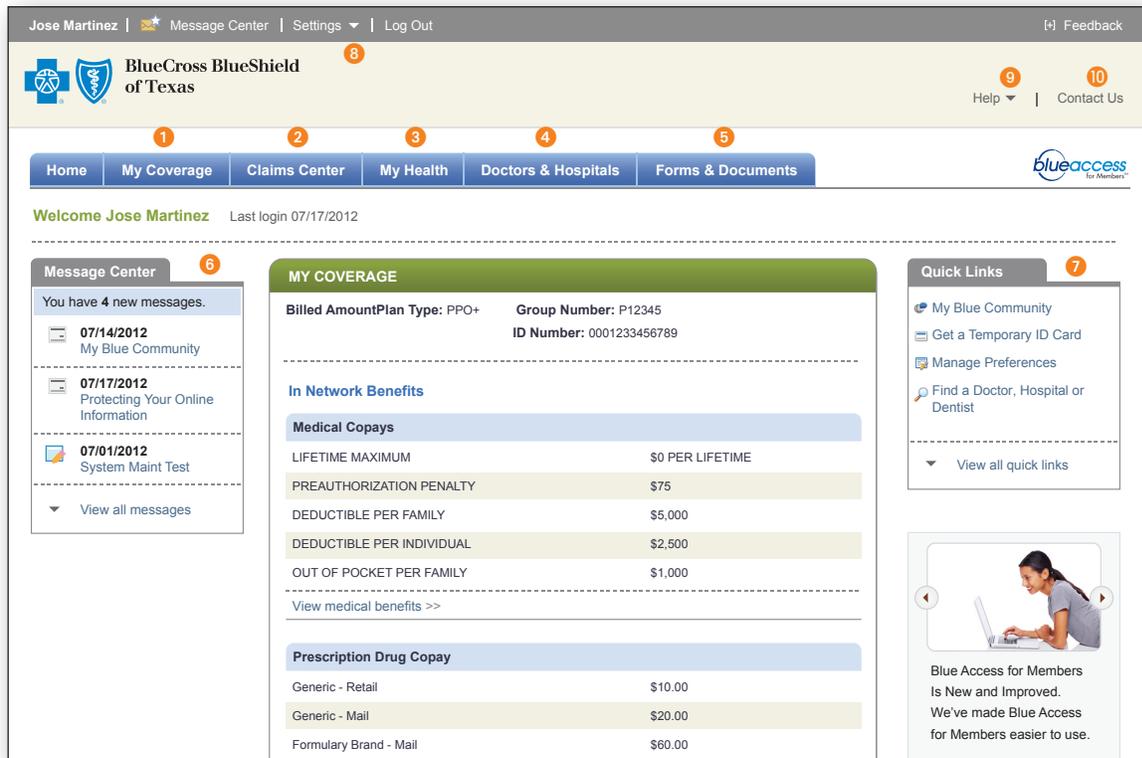
For personalized information about your health care benefits and coverage, log in to Blue Access for Members where you'll find:

- Confirmation of when claims are paid and payment amounts
- Physician, hospital and pharmacy network directories
- Information on prescription drugs and a link to the Member Preferred Drug List
- Help desk assistance is available at **1-888-706-0583**

www.bcbstx.com



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



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.

Blue365[®]

EyeMed Vision Discount Program



Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer BCBSTX members a vision discount program through EyeMed Vision Care.

What?

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?

The EyeMed network consists of major national and regional retail locations, such as LENS CRAFTERS[®], PEARLE VISION[®], Target Optical[®], Sears Optical[®] and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?

You want to receive eye care when you want, and where you want. To meet your expectations, you need a network with the right mix of both independent and retail providers. Fortunately, EyeMed offers more independent providers than any other vision benefits company.

Visit eyemedexchange.com/blue365, click [Find a Provider](#) and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAM) at bcbstx.com. Click the [My Coverage](#) tab at the top, and then click the [Discounts](#) link on the left.

Referral?

You don't need a referral. Simply visit any EyeMed provider and show your BCBSTX medical ID card.

Program Features

- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

See all the Blue365 deals and learn more at blue365deals.com/BCBSTX.

EyeMed Vision Discounts



For more information:

Call EyeMed Vision Care at **844-684-2254**

Mon. through Sat., 6:30 am to 10 pm CT

Sun. 10 am to 7 pm CT

eyemed.com

THIS IS NOT INSURANCE.

Vision Care Services	Cost
Exam with dilation as necessary:	\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard progressive	\$135
Premium progressive	30% off retail price
Lens Options*	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Standard Scratch-Resistance	\$12
Standard Polycarbonate	\$35
Standard Anti-Reflective	\$40
Other Add-Ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact lens materials (applied to materials only)	
Conventional	15% off retail price
Laser vision correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact lenses	Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSTX members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

Blue365[®]

A Discount Program
for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations.

Once you sign up for Blue365 at blue365deals.com/BCBSTX, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

You may save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing[®] | Beltone[™]

You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

Jenny Craig[®] | Seattle Sutton's[®] | Nutrisystem[®]

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/BCBSTX.

RetrofitSM

Receive 15 percent off Retrofit's online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit[®] device and smart-scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

Reebok | SKECHERS[®]

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select Performance, Sport, Work and Corporate Casual styles. You will enjoy 20 percent off plus free shipping for their online orders.

SeniorLink Care[™]

SeniorLink Care offers you support to help your aging family or friends lead fulfilling and comfortable lives. From planning care to helping caregivers, SeniorLink Care assists older adults and their loved ones in finding the programs and services they may need most. You can save on a three- or 12-month membership.

Handstand Kids

Handstand Kids brings the family together in the kitchen, spending more time cooking and eating healthy, delicious meals. The Handstand Kids Cookbook series features the languages and cuisines of Italy, Mexico, China and many other countries. Every book also introduces the language and culture of each country. You may save up to 25 percent on cooking accessories and Cookbook Kits.



Snap Fitness[™]

Join Snap Fitness for a 50 percent discount off the best current enrollment offer (no processing fees) and a 5 percent discount on monthly dues. You may also get 10 percent off up to five personal-training sessions, complimentary access to Snap Fitness online workout tools, one month of online nutrition and meal-planning services and biannual fitness assessments. A 30-day trial membership is also available for \$8.95.

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

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

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 the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

**Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of September 1, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
IOWA – Medicaid	CHIP Website: http://www.nevadacheckup.nv.org/
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	CHIP Phone: 1-877-543-7669
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 800-766-9012	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561
LOUISIANA – Medicaid	CHIP Website: http://www.njfamilycare.org/index.html
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	CHIP Website:
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831

MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



BlueCross BlueShield
of Texas

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.