



# **YOUR** 2023-24 **HEALTH BENEFITS**

September 1, 2023 – August 31, 2024



# What's Changing

The Blue Cross Blue Shield of Texas (BCBSTX) network of providers remains the same and you can keep your current doctors. You will receive a **new Medical ID** card that can be used for both medical and pharmacy benefits effective September 1, 2023. Please remember to show your new medical ID card to your medical provider.

You will have the option to choose from **five medical plans** as detailed in the next three pages. This year we introduce a new HSA High Deductible plan design that is compatible with Health Savings Accounts (HSA). Remember, if you enroll in a HMO plan, you will be required to select a Primary Care Physician (PCP) and Specialty Access will require a referral.

**Please carefully review the plan benefit summaries**, there are minor changes to certain benefits.

## Eligibility

You are eligible for benefits if you work 10 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (up to age 26).
- Disabled children of any age who meet certain criteria may continue on your health coverage.

## When Coverage Begins

You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the date of hire.

If you are hired in July or August, your benefits are effective September 1st.

If you fail to enroll on time, you will **NOT** have benefits coverage.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common *qualified life events (QLE)*:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- You or your spouse lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP
- Medical Child Support Court Order

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).**

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

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Open Enrollment:

7/10/2023—8/14/2023

Plan Year (Effective Dates):

9/1/2023—8/31/2024

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical Plans

Key Medical Benefits	BlueCross BlueShield of Texas HMO High Deductible Network: Blue Essentials		BlueCross BlueShield of Texas HSA High Deductible Network: BlueChoice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	<b>Deductible (per plan year)</b>			
Individual	\$5,000	Not Covered	\$3,000	\$6,000
Family	\$10,000	Not Covered	\$6,000	\$12,000
<b>Out-of-Pocket Maximum (per plan year)</b>				
Individual	\$7,000	Not Covered	\$6,900	Unlimited
Family	\$14,000	Not Covered	\$13,800	Unlimited
<b>Covered Services</b>				
<b>Office Visits (OV)</b> (physician / specialist)	\$35 / \$45 Copay	Not Covered	Deductible / 20%	Deductible / 50%
<b>MD Live</b>	\$35 Copay	Not Covered	Deductible / 20%	Deductible / 50%
<b>Routine Preventive Care</b>	100% Covered	Not Covered	100% Covered	Deductible / 50%
<b>Outpatient Standard Lab &amp; X-ray</b>	100% Covered	Not Covered	Deductible / 20%	Deductible / 50%
<b>Emergency Room</b>	\$500 Copay <sup>1</sup> + Deductible / 20%		\$500 Copay <sup>1</sup> + Deductible / 20%	
<b>Urgent Care Facility</b>	\$75 Copay	Not Covered	Deductible / 20%	Deductible / 50%
<b>Inpatient Hospital Stay</b>	Deductible / 20%	Not Covered	Deductible / 20%	Deductible / 50%
<b>Outpatient Surgery</b>	Deductible / 20%	Not Covered	Deductible / 20%	Deductible / 50%
<b>Prescription Drugs (Preferred Generic/ Preferred Brand/ Specialty)</b> Disease Management Generic Drugs are covered at 100% with \$0 copay.				
<b>Retail Pharmacy (30/90<sup>2</sup> days)</b>	\$10/ \$40/ \$100 <sup>3</sup>	Not Covered	\$10 <sup>4</sup> / \$40 <sup>4</sup> / \$100 <sup>3,4</sup>	\$10 <sup>4</sup> / \$40 <sup>4</sup> / \$100 <sup>4</sup> /50%
<b>Mail Order (90 days)</b>	\$25 / \$100 / NA <sup>3</sup>	Not Covered	\$25 / \$100 / N/A <sup>3</sup>	Not Covered
<b>Contributions (per month)</b>				
	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost
<b>Employee Only</b>	\$437.35	\$27.35	\$446.53	\$36.53
<b>Employee &amp; Spouse</b>	\$882.40	\$472.40	\$901.02	\$491.02
<b>Employee &amp; Child</b>	\$765.73	\$355.73	\$781.88	\$371.88
<b>Employee &amp; Family</b>	\$1,279.89	\$869.89	\$1,306.97	\$896.97

**Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.**

<sup>1</sup>Emergency Room Copay waived if admitted.

<sup>2</sup>Extended Supply Network pharmacies may dispense 31-90 days supply of maintenance drugs.

<sup>3</sup>Specialty drugs are not covered unless obtained through a participating specialty pharmacy provider. Mail Order does not dispense specialty drugs.

<sup>4</sup>Prescription drug copays under the HSA High Deductible plan are applicable after the Deductible is met.

**Deductible:** The amount of money you must pay each year before your health benefits will start covering your medical expenses.

**Coinurance:** The percentage of a medical bill you pay once you've reached your deductible and your coverage has begun.

**Copayment:** Also called a "copay," this is the fixed dollar amount (not a percentage) you will pay for a certain kind of medical service under some plans.

**Out of Pocket Maximum:** After you have paid this amount of medical expenses, you will not have any more cost sharing or out-of-pocket expenses to pay your in-network medical claims will be covered at 100% for the rest of your plan year.

**Contribution:** The amount you or the school district pays for your health benefits.

**Primary Care Provider:** Also called a Primary Care Physician (PCP), this is the generalist medical professional you select who can act as your first touch point for anything health-related.



# Medical Plans

Key Medical Benefits	BlueCross BlueShield of Texas PPO High Deductible Network: BlueChoice		BlueCross BlueShield of Texas HMO Low Deductible Network: Blue Essentials	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (per plan year)				
Individual	\$2,500	\$5,000	\$1,500	Not Covered
Family	\$5,000	\$10,000	\$3,000	Not Covered
<b>Out-of-Pocket Maximum</b> (per plan year)				
Individual	\$8,000	Unlimited	\$5,000	Not Covered
Family	\$16,000	Unlimited	\$10,000	Not Covered
<b>Covered Services</b>				
<b>Office Visits (OV)</b> (physician / specialist)	\$35 / \$45 Copay	Deductible / 50%	\$35 / \$45 Copay	Not Covered
<b>MD Live</b>	\$35 Copay	Not Covered	\$35 Copay	Not Covered
<b>Routine Preventive Care</b>	100% Covered	Deductible / 50%	100% Covered	Not Covered
<b>Outpatient Standard Lab &amp; X-ray</b>	100% Covered	Deductible / 50%	100% Covered	Not Covered
<b>Emergency Room</b>	\$500 Copay <sup>1</sup> + Deductible / 20%		\$500 Copay <sup>1</sup> + Deductible / 20%	
<b>Urgent Care Facility</b>	\$75 Copay	Deductible / 50%	\$75 Copay	Not Covered
<b>Inpatient Hospital Stay</b>	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
<b>Outpatient Surgery</b>	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
<b>Prescription Drugs</b> (Tier 1:Generic/ Tier 2:Brand/ Tier 3:Non-Preferred/ Tier 4:Specialty) Disease Management Generic Drugs are covered at 100% with \$0 copay.				
<b>Retail Pharmacy (30/90<sup>2</sup> days)</b>	\$10/ \$40/ \$100 <sup>3</sup>	\$10/ \$40/ \$100 / 50%	\$10/ \$40/ \$100 <sup>3</sup>	Not Covered
<b>Mail Order (90 days)</b>	\$25 / \$100 / NA <sup>3</sup>	Not Covered	\$25 / \$100 / NA <sup>3</sup>	Not Covered
<b>Contributions</b> (per month)				
	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost
<b>Employee Only</b>	\$480.22	\$70.22	\$519.79	\$109.79
<b>Employee &amp; Spouse</b>	\$969.40	\$559.40	\$1,049.74	\$639.74
<b>Employee &amp; Child</b>	\$841.17	\$431.17	\$910.82	\$500.82
<b>Employee &amp; Family</b>	\$1,406.36	\$996.36	\$1,523.10	\$1,113.10

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# Medical Plans

Key Medical Benefits	BlueCross BlueShield of Texas PPO Low Deductible Network: BlueChoice	
	In-Network	Out-of-Network
<b>Deductible</b> (per plan year)		
Individual	\$1,200	\$2,400
Family	\$2,400	\$4,800
<b>Out-of-Pocket Maximum</b> (per plan year)		
Individual	\$7,000	Unlimited
Family	\$14,000	Unlimited
<b>Covered Services</b>		
<b>Office Visits (OV)</b> (physician / specialist)	\$35 / \$45 Copay	Deductible / 50%
<b>MD Live</b>	\$35 Copay	Not Covered
<b>Routine Preventive Care</b>	100% Covered	Deductible / 50%
<b>Outpatient Standard Lab &amp; X-ray</b>	100% Covered	Deductible / 50%
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<b>Prescription Drugs</b> (Tier 1:Generic/ Tier 2:Brand/ Tier 3:Non-Preferred/ Tier 4:Specialty) Disease Management Generic Drugs are covered at 100% with \$0 copay.		
<b>Retail Pharmacy (30/90<sup>2</sup> days)</b>	\$10/ \$40/ \$100 <sup>3</sup>	\$10/ \$40/ \$100 / 50%
<b>Mail Order (90 days)</b>	\$25 / \$100 / NA <sup>3</sup>	Not Covered
<b>Contributions</b> (per month)		
	Monthly Premium	Employee Cost
<b>Employee Only</b>	\$532.44	\$122.44
<b>Employee &amp; Spouse</b>	\$1,075.42	\$665.42
<b>Employee &amp; Child</b>	\$933.09	\$523.09
<b>Employee &amp; Family</b>	\$1,560.41	\$1,150.41

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**Out of Pocket Maximum:** After you have paid this amount of medical expenses, you will not have any more cost sharing or out-of-pocket expenses to pay your in-network medical claims will be covered at 100% for the rest of your plan year.

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# Wellness

Blue Cross Blue Shield of Texas' Well onTarget® program includes a health incentive program called Blue Points, a mobile app with fitness and nutrition tracking, lifestyle coaching, and a library of online resources. Go to [wellontarget.com](https://wellontarget.com) to find articles, videos, tools, and trackers to help you live healthy and well.

Taking one small, first step can set you on a path to better health throughout your life. Whether you need support for a specific health issue or you're looking to boost your overall wellbeing, you'll have help along the way. Here are a few things you can do with the tools included in your BCBSTX plan:

- Improve your mental health with digital programs for stress, depression, panic, resiliency and more
- Get help to manage your pre-diabetes, diabetes, high blood pressure or joint and spine pain
- Join a weight-loss program
- Download apps for support with fertility, pregnancy and parenting issues
- Talk with a nurse, any time, day or night
- Work with a coach or complete online programs to help reach wellness goals
- Earn rewards for healthy activities
  - Access a nationwide network of fitness centers<sup>1</sup>



## Blue Points - Rewards for Healthy Living

By regularly participating in health activities, you can earn Blue Points that can be redeemed in an online rewards store through BCBSTX's Well onTarget program. From camping equipment to smart wearables, there are plenty of exciting rewards waiting to be unlocked by doing activities as simple as:

- Filling in health assessments
- Participating in self-management programs
- Engaging with certified wellness coaches
- Completing online wellness challenges
- Tracking your own steps, diet, etc.
- Connecting and using fitness wearables
- Learning about various health topics

These programs do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

<sup>1</sup>Fees apply. Individuals must be at least 18 years old to purchase a membership.

Well onTarget®



# Partners for Health

Wherever you are in your journey, your BlueCross BlueShield of Texas plans can support you at no extra cost. Check out all the programs included at no added cost by logging into your Blue Access for Members portal at [mybam.bcbstx.com](https://mybam.bcbstx.com).



## Digital Mental Health

More than half of people will struggle with a mental health concern at some point in their lives. But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to live can help you get your mental health on track so you can feel better and enjoy life more.

- Learn to adjust unhelpful thoughts and control your moods
- An expert coach can guide you
- Your personal details are private



## Livongo for Diabetes and Hypertension Management

At no additional cost, members with diabetes or hypertension claims will receive an outreach call from a professional at Livongo, a digital health platform determined to empower you to take control of your condition.

If you choose to participate, you will receive digitally connected glucose monitors, scales, and/or blood pressure cuffs that will monitor and transmit your data in real time to your own personal Livongo coach, who will help you manage your condition.

Get started today. Download the Teladoc Health app, call 800-835-2362, visit the website, or text Go Well-BCBSTX to 85240 to learn more and join.



## Women's and Family Health

Get support from Ovia Health's complete app suite to provide support from pre-pregnancy to delivery all the way through parenting and menopause. On top of being great tracking apps for every step of the parenting journey, Ovia Health helps manage both the children's and the mother's health, including support for postpartum depression.

Download the Ovia Health apps from the Apple App Store or Google Play. Make sure to choose "I have Ovia Health as a benefit," then select BCBSTX as your health plan.



## Virtual Visits with MD Live

Remotely connect with a board-certified doctor via online video, mobile app, or phone, anytime, anywhere. Address a variety of non-emergency care issues, ranging from the cold and flu to pink eye. It's a great tool for behavioral health concerns as well. MD Live doctors can also send prescriptions to nearby pharmacies for many common medical conditions. Download the app and register today.

**It is important that you access and register for MD Live benefits through the Blue Access for Members on the BCBSTX website to access appropriate prices associated with your plans.**



# Contact Information

Access	Questions About...	Phone #	Website/Email
<b>BlueCross BlueShield of Texas Helpline</b>	<ul style="list-style-type: none"> <li>▪ Medical benefits</li> <li>▪ Medical procedures</li> <li>▪ Major imaging like MRI, CT, etc. (call before your appointment)</li> <li>▪ Cost estimates for procedures</li> <li>▪ Medical claims, EOBs</li> <li>▪ Select or Change PCP</li> <li>▪ Deductibles or Coinsurance</li> <li>▪ Find In-network providers</li> <li>▪ Blue Access for Members (BAM)</li> <li>▪ Benefits Value Advisor</li> </ul>	<p>855-762-6084</p> <p>24 hours / 7 days</p>	<p>mybam.bcbstx.com</p>
<b>Well onTarget</b>	Wellness program questions	877-806-9380	www.wellontarget.com
<b>Ovia Health</b>	<ul style="list-style-type: none"> <li>▪ Women's health</li> <li>▪ Parenting</li> <li>▪ LGBTQ</li> <li>▪ Surrogacy and Adoption</li> <li>▪ Pregnancy</li> <li>▪ Menopause</li> <li>▪ Support for Dads and Partners</li> <li>▪ Autism</li> <li>▪ Family Health</li> </ul>	888-421-7781	
<b>MD Live</b>	<ul style="list-style-type: none"> <li>▪ Non-emergency symptoms</li> <li>▪ Prescriptions</li> <li>▪ Behavioral Health</li> </ul>	<p>888-680-8646</p> <p>24 Hours / 7 Days</p>	www.mdlive.com/bcbstx
<b>Livongo by Teladoc Health</b>	<ul style="list-style-type: none"> <li>▪ Diabetes Management</li> <li>▪ Hypertension Management</li> </ul>	<p>800-835-2362</p> <p>800-945-4355</p>	<p>teladochealth.com/register</p> <p>ready.livongo.com</p>
<b>24/7 Nurseline</b>	<ul style="list-style-type: none"> <li>▪ Healthcare options/decisions</li> <li>▪ Baby or teen health</li> <li>▪ Diabetes and blood pressure</li> <li>▪ And much more!</li> </ul>	<p>800-581-0393</p> <p>24 Hours / 7 Days</p>	
<b>Employee Assistance Program</b>	Mental healthcare (ie. Anger Management, Depression, Eating Disorder, LGBTQIA+, PTSD and more)		<p>www.guidanceresources.com</p> <p>Web ID: BCBSTXEAP</p>

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

