

Blue Cross and Blue Shield of Texas*
Summary of Benefits Prepared for Bishop C.I.S.D.

PPO

Plan I

BlueChoice **BlueChoice Solutions**

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to Non-Inpatient Hospital Services)	\$500 Indiv/\$1,500 Family	\$1,000 Indiv/\$3,000 Family
4 th Quarter Carryover Applies	Yes	Yes
Deductible Credit from Prior Carrier	Yes	Yes
Coshare Stoploss Maximum	\$3,000 Indiv/\$6,000 Family per cal. yr. <i>Network deductible and coshare will only apply toward Network deductible and coshare</i>	\$5,000 Indiv/\$10,000 Family per cal. yr. <i>Out-of-Network deductible and coshare will also apply toward Network deductible and coshare</i>
Coshare Stoploss Credit from Prior Carrier	Yes	Yes
Lifetime Maximum per Participant	\$1,000,000	
INPATIENT HOSPITAL SERVICES (must be preauthorized)	80%	60% after per adm. deductible
Per Admission Deductible	None	\$500
Penalty for Failure to Preauthorize	None	\$250
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours		
Facility Charges	80% after \$50 copay, waived if admitted 80% after cal. yr. deductible	
Physician Charges		
Non-Emergency Situations		
Facility Charges	80% after \$50 copay, waived if admitted	60% after \$50 copay & cal. yr. deductible, waived if admitted
Physician Charges	80% after cal. yr. deductible	60% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES		
Services Performed in Physician Office (non-surgical), Including Lab & X-ray	100% after \$20 copay per visit	70% after cal. yr. deductible
Immunizations (birth to the day of the 6 th birthdate)	100% (Covered under Preventive Care)	100% (Covered under Preventive Care)
Physician Surgical Services in any Setting	80% after cal. yr. deductible	60% after cal. yr. deductible
Lab & X-Ray in Other Outpatient Facilities (excluding Certain Diagnostic Procedures):	100%	70% after cal. yr. deductible
• Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan	80% after cal. yr. deductible	60% after cal. yr. deductible
Home Infusion Therapy (must be preauthorized)	80% after cal. yr. deductible	60% after cal. yr. deductible
In-Vitro Fertilization	Declined	
Chiropractic Care – Office Services	80% after cal. yr. deductible	60% after cal. yr. deductible
	\$1,500 cal. yr. max.	
	<i>All Other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>	
Speech and Hearing Services with Hearing Aids	Covered as any other sickness \$1,000 Maximum benefit per 36-month period for Hearing Aids	Covered as any other sickness
All Other Outpatient Services and Supplies	80% after cal. yr. deductible	60% after cal. yr. deductible

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PREVENTIVE CARE Routine Physicals, Well Baby Care, Immunizations (after 6 th birthdate), Vision & Hearing Exams	100% after \$20 copay per visit	70% after cal. yr. deductible
EXTENDED CARE SERVICES (must be preauthorized) Home Health Care Calendar Year Maximum Skilled Nursing Facility Hospice Care	100% \$10,000 per cal. yr. \$10,000 per cal. yr. \$20,000 lifetime max.	70% after cal. yr. deductible \$7,000 per cal. yr. \$7,000 per cal. yr. \$14,000 lifetime max.
MENTAL HEALTH/CHEMICAL DEPENDENCY (must be preauthorized) Inpatient Services Hospital Services (Facility) Physician Services Calendar Year Limitations Outpatient Services Services Performed in Physician Office (non-surgical) Emergency Room/Treatment Room/Facility Charges (non-emergency only) Professional Provider Visits Allowed Chemical Dependency Maximum for each Covered Individual SERIOUS MENTAL ILLNESS (For Public Entities) (must be preauthorized)	80% 80% after cal. yr. deductible 100% after \$20 copay 80% after \$50 copay, waived if admitted 80% after cal. yr. deductible	60% after per adm. deductible 60% after cal. yr. deductible 30 inpatient days/30 physician visits <i>Days and visits used in Network or Out-of-Network apply towards satisfying both maximums.</i> 70% after cal. yr. deductible 60% after \$50 copay & cal. yr. deductible, waived if admitted 60% after cal. yr. deductible 30 outpatient visits per cal. yr. Three separate series of treatments Covered as any other sickness

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EMPLOYEE INFORMATION

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following benefits apply to dependent coverage:
 - Dependent children are covered to age 19. If full time student, to age 25.
 - 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.
- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices.
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- 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.
- Traditional benefits are not provided under this Plan unless you have employees or dependents residing in State(s) with no network or in locations in states where there is not a network services area. State(s) with no network: Montana. States with limited service: Kansas: Statewide network, except Johnson and Wyandotte counties; Oklahoma: Metropolitan areas of Oklahoma City, Tulsa, Lawton, Edmond, Shawnee, Hugo, Tahlequah, Cushing, Poteau, Pryor and some other communities; Virginia: Statewide network, except Amherst, Appomattox, Campbell, Culpepper counties and the City of Lynchburg; Wisconsin: Statewide, except some rural areas; Wyoming: Laramie County only. Please notify your service representative if you acquire employees or their dependents in these locations after the effective date of the Plan.