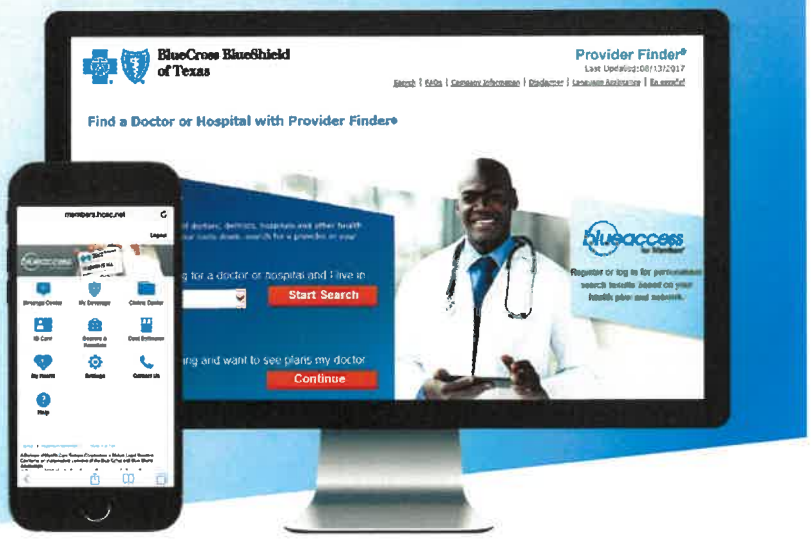
BlueCross BlueShield of Texas

SAVE MONEY WITH IN-NETWORK PROVIDERS and Avoid "BALANCE BILLING"



Get the most from your health plan benefits by using in-network providers when possible. Use Provider Finder® from Blue Cross and Blue Shield of Texas (BCBSTX) when you need to find a doctor, hospital or other facility. This may help lower your out-of-pocket costs.

Knowing how your plan works can help you save.
Doctors, hospitals, clinics and urgent care facilities (these are all called "providers") who contract independently with the PPO network have agreed to accept our negotiated rates as payment in full. When you receive care from a network provider, you will usually pay less out of pocket than at an out-of-network provider.

If you receive care from a provider that is outside the PPO network, you may have to pay more for your care or even the full cost if it is not a covered service.
Providers outside the network may "balance bill" you, which means they may charge you more than what your health plan pays and up to the provider's billed charge. Examples of out-of-network providers you may encounter include emergency room and hospital-based physicians. It is possible that a hospital is in the network, but a doctor or other provider treating you there may be out of network. When possible, ask if all providers that will be providing services are in the network for your plan.

Before you go for medical care, make sure the doctor or hospital is part of the PPO network.
There are several ways to find a PPO network provider:

- Register or log in to Blue Access for Members℠, our secure member website at **https://mybenefits.county.org**. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Click the **Doctors & Hospitals** tab to conduct a personalized search based on your health plan and network.
- You can use Provider Finder from your phone or tablet by downloading the free mobile app. Just text* **BCBSTXAPP** to **33633**.
- Call Customer Service at **855-357-5228** for help.

In an emergency, call 911 or go to the nearest emergency room.

https://mybenefits.county.org

Call Customer Service at **855-357-5228** if you have a question about your benefits or want help using Provider Finder.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

DO YOU WANT TO SAVE MONEY THIS YEAR?

It pays to be a smart health care shopper.

At the start of each plan year, your deductible and out-of-pocket limits start again, so it pays to know what those limits are. It is also smart to know about your costs for doctor visits and medical procedures. These can differ greatly even in the same city. Use your money wisely this year.

Terms you should know to get the most from your health plan:

- **Network:** Not all health care professionals are in the same network, so you need to check to make sure your doctor or hospital is in your plan's network.
- **Deductible:** Most plans call for you to pay a certain amount before your health plan starts to pay. For instance, if your deductible is $2,000, your plan may not pay anything until you've paid the first $2,000.
- **Coinsurance:** Some plans don't cover all your costs. They may include coinsurance - your share of the costs of a covered health care service. Coinsurance is often a percentage of the total cost. For instance, you may pay 20 percent of an allowed service while your plan pays 80 percent.
- **Copayment (or copay):** This is a flat dollar amount you pay when you see a doctor, use medical services or fill a prescription.
- **Out-of-Pocket Maximum:** Your health plan will have a limit on how much you are required to pay in one year. If your out-of-pocket maximum is $5,000, you won't pay anything once you've paid that $5,000. That means no more copays or coinsurance.

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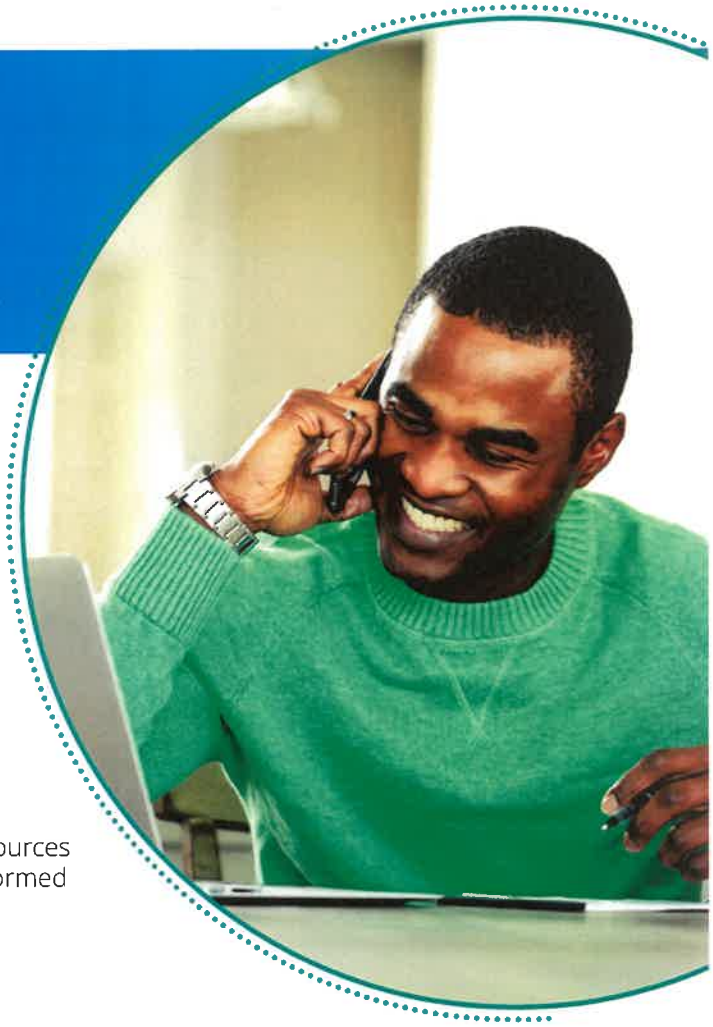
BlueCross BlueShield of Texas

Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.



Preauthorization (also known as 'prior authorization') means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and to avoid unexpected costs, it's important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below. Be a smart health care shopper – use these tools to stay informed about your plan benefits!

1 CONNECT WITH US

Use the information on your Blue Cross and Blue Shield of Texas (BCBSTX) member ID card to create a Blue Access for Members℠ (BAM℠) account at https://mybenefits.county.org. Click on *Benefits*, then select *Links & Contacts* and *Go to Blue Cross Blue Shield Member Site*. Use the information on your member ID card to complete the process. And download the BCBSTX App at the Apple or Google Play store. Both tools can help you keep up with your benefits. You may also call the Customer Service number on the back of your member ID card.

2 KNOW WHAT YOUR PLAN REQUIRES

Log in to BAM and click *My Coverage*. Under the *Referral and Prior Authorization Information* tab, you'll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.

3 TRACK YOUR STATUS

You can check whether your preauthorization has been submitted or approved online. In BAM, go to *My Coverage*, then *Referral and Prior Authorization Information*. Or in the BCBSTX App, click *More*, then *Prior Authorization*.

We want you to get the most out of your health care benefits – let us help! Call the number on the back of your BCBSTX member ID card for questions.

Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services[1] that may need approval in advance:

- Advanced imaging
- Air ambulance (for non-emergencies)
- Behavioral health care, either in or outside of a hospital
- Certain cardiology diagnostic, imaging and surgical procedures
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Inpatient hospital stays[2]
- Joint surgery
- Pain management
- Sleep studies
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some high-cost specialty drugs
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment
- Spine surgery
- Stays in a facility for rehabilitation, long-term care or skilled nursing care

You are responsible for calling BCBSTX if you get out-of-network care. Be sure to notify BCBSTX within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

1 Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.

2 In-network inpatient hospitals are required to request preauthorizations on your behalf.

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