

Select Blue Advantage from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, offers choices and flexibility in individual health care coverage for you and your family. It gives you a selection of benefits to fit your health care needs now and the flexibility to meet those needs in the future.

Gain access to medical services through one of the largest provider networks in the state — BlueChoice®. When you or your family members receive care from a BlueChoice network provider, Select Blue Advantage pays 85% and you pay 15% of allowable amount for covered expenses after you meet your calendar year deductible.

Feature for feature, Select Blue Advantage offers comprehensive major medical insurance for individuals and their families. It is a cost effective health insurance plan designed to provide a wide range of benefits.

Because Select Blue Advantage is offered by Blue Cross and Blue Shield of Texas, you know you're getting coverage you can count on from a company you know and trust. We believe we lead the insurance industry in providing quality products and quality customer service. After all, Blue Cross and Blue Shield of Texas has been providing health care coverage to Texans since 1939 and is one of the largest non-investor owned health coverage companies in the state, serving more than 4 million people.

Want to learn more?

Take this opportunity to learn more about Select Blue Advantage by calling our office today. We can provide you with details on coverage, limitations and exclusions. Completion of an application and medical underwriting is required. We'll be glad to help you complete the application – just give us a call.

Other Products

In addition to Select Blue Advantage, Blue Cross and Blue Shield of Texas offers a variety of health insurance plans in the Select family including PPO Select® Choice, PPO Select® Saver, SelecTEMP® PPO and BlueEdgeSM Individual HSA.

43374.0910

Authorized Agent



Individual Products
P.O. Box 833922
Richardson, TX 75083-3922

BlueCross BlueShield of Texas
Experience. Wellness. Everywhere.®



BlueCross BlueShield of Texas

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Select Blue Advantage Series IV

Individual Coverage



Select Blue Advantage

Program Highlights

Covered Inpatient Services

- Hospital Room and board
- Physician, Surgeon and professional services
- Intensive and coronary care
- Certified and Registered Nurse-Anesthetists (CRNA)
- Human Organ and Tissue Transplant benefits
- Operating room
- General nursing

Covered Outpatient Care

- Doctor Office visits
- X-ray and laboratory services
- Office surgery
- Emergency care
- Physical medicine

Other Covered Services

- Home health care, hospice and skilled nursing facility benefits
- Durable medical equipment
- Ambulance transportation

Preventive Care Services[†] (Benefits covered as defined by national guidelines)

- Routine physicals/immunizations
- Diagnostic testing services
- Mammography screening
- Detection of prostate cancer
- Early detection screening for cardiovascular disease

Prescription Drug Program

- Save money by using a BCBSTX participating network pharmacy
- 3-tier prescription drug plan
- Mail order prescription drug program

Value

- 24-hour worldwide emergency care
- Access to one of the largest provider networks in the state - BlueChoice
- Security of one of the most widely recognized insurance cards - Blue Cross and Blue Shield of Texas
- Several plans which offer flexibility for any budget

[†]Paid at 100% when in-network providers are used. Benefits reduced to 75% when out-of-network providers are used.

Benefit Comparisons Between Plans

Select Blue Advantage Series IV

Options	Calendar Year Deductibles		Copayment Amounts			Calendar Year Out-of-Pocket Maximum/Security Provisions (deductible not included)		Coinsurance***			
	Individual In-Network/ Out-of-Network	Family In-Network/ Out-of-Network	Office Visit in Network*	Office Visit (Out-of-Network)	Emergency Room ** (Facility Charges only)	Individual In-Network/ Out-of-Network	Family In-Network/ Out-of-Network	In-Network		Out-of-Network	
Plan I	\$250/\$500	\$750/\$1,500	\$25	Pays 75% of allowable amount subject to out-of-network deductible (No copayment)	\$100	\$3,000/\$6,000	\$6,000/\$12,000	Plan Pays 85%	You Pay 15%	Plan Pays 75%	You Pay 25%
Plan II	\$500/\$1,000	\$1,500/\$3,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan III	\$1,000/\$2,000	\$3,000/\$6,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan IV	\$1,500/\$3,000	\$4,500/\$9,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan V	\$2,500/\$5,000	\$7,500/\$15,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan VI	\$3,500/\$7,000	\$10,500/\$21,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan VII	\$5,000/\$10,000	\$15,000/\$30,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				
Plan VIII	\$10,000/\$20,000	\$30,000/\$60,000	\$25			\$3,000/\$6,000	\$6,000/\$12,000				

*Does not apply to office visits for preventive care services. Includes same day lab and X-ray.

** Waived if admitted to hospital immediately following the visit. Other expenses subject to deductible and coinsurance

***Percentages apply to eligible expenses after calendar-year deductibles are met

Pre-existing conditions exclusion is 18 months. This limitation does not apply to participants under 19 years of age.

Prescription Drug Card Program

	Copayment Amounts		
	Generic	Preferred	Non-Preferred
Plan I Plan II	\$10	\$30	\$45
Plan III Plan IV	\$10	\$30	\$45
Plan V Plan VI	\$10	\$30	\$45
Plan VII Plan VIII	\$10	\$30	\$45

Note: To pay less Out-of-Pocket Expenses and to receive the higher level of benefits for your health care costs, it is to your advantage to use Network providers. If you use Network Providers, you will not be responsible for any charges over the Allowable Amount as determined by BCBSTX.

Mail Order prescription drug benefit 90-day supply at 2x copay