

BlueEdge Individual HSA from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, offers choices of different levels of coverage for you and your family. And because BlueEdge Individual HSA is offered by Blue Cross and Blue Shield of Texas, you know you're getting coverage you can count on from a company you trust. 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 insurance companies in the state serving more than four million people.

Sound good?

A high-deductible health insurance plan like BlueEdge Individual HSA is probably right for you if:

- You want affordable premiums, a wide range of benefits and one of the largest provider networks in the state — BlueChoice®.
- You want control over your health care choices and spending. You decide how to spend the funds in your account based on your particular health care needs and budget.
- You anticipate that your annual health care expenses will be relatively low.

Want to learn more?

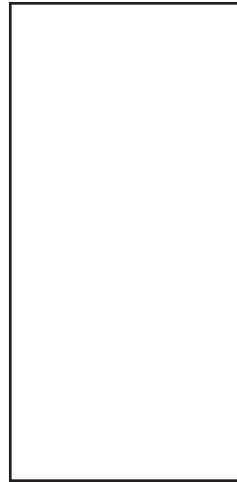
Take this opportunity to learn more about BlueEdge Individual HSA by calling our office today. We can provide you with details on coverage, limitations and exclusions. Completion of an application and medical underwriting is required. We'll be glad to help you complete the application – just give us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

Other Products

In addition to BlueEdge Individual HSA, Blue Cross and Blue Shield of Texas offers a variety of health insurance plans that will meet your needs.

47054.0910

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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BlueEdgeSM Individual HSA

Preferred Provider Organization



Affordable, Cost-effective Health Coverage

With eight plan options, **BlueEdge Individual HSA** is flexible enough to fit your budget, which can help you control the monthly cost of your insurance coverage and limit your out-of-pocket health care cost. Higher deductible choices can mean lower premiums. Premiums are based on plan option, age, sex, geographic location, tobacco use, number of family members to be covered and evaluation of health risk. Your initial rates are guaranteed for six months.

Program Highlights

Covered Inpatient Services

- Hospital Room and Board
- Physician, Surgeon and professional services
- Intensive and coronary care
- 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
- Ground and air ambulance services

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 when out-of-network providers are used.

Plan Description Summary

BlueEdge Individual HSA Qualified High-Deductible Health Plan

Options	Calendar Year Deductibles		Coinsurance*				Office Visits**	Emergency Room***	Calendar Year Out-of-Pocket Maximum Security Provisions****	
	Individual Network/ Out-of-Network	Family Network/ Out-of-Network	Network		Out-of-Network				Individual Network/ Out-of-Network	Family Network/ Out-of-Network
			Plan Pays	You Pay	Plan Pays	You Pay	Network/ Out-of-Network			
Plan I	\$1,200/\$2,400	\$2,400/\$4,800	90%	10%	70%	30%	90%/70%* coinsurance after deductible	\$3,000/\$6,000	\$6,000/\$12,000	
Plan II	\$1,750/\$3,500	\$3,500/\$7,000								
Plan III	\$2,500/\$5,000	\$5,000/\$10,000								
Plan IV	\$1,200/\$2,400	\$2,400/\$4,800	75%	25%	60%	40%	75%/60%* coinsurance after deductible			
Plan V	\$1,750/\$3,500	\$3,500/\$7,000								
Plan VI	\$2,500/\$5,000	\$5,000/\$10,000								
Plan VII	\$3,500/\$7,000	\$7,000/\$14,000	100%	0%	100%	0%	100%/100%* after deductible	\$3,500/\$7,000	\$7,000/\$14,000	
Plan VIII	\$5,000/\$10,000	\$10,000/\$20,000						\$5,000/\$10,000	\$10,000/\$20,000	

*Percentages apply to allowable amount for eligible expenses after calendar year deductible is met

**Does not apply to office visits for preventive care services when in-network providers are used

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

****Includes drug copayment and deductible

Pre-existing conditions exclusion is 12 months. This limitation does not apply to participants under 19 years of age.

Prescription Drug Program†

Options	Copayment Amounts††		
	Generic	Preferred	Non-Preferred
Plan I Plan II Plan III Plan IV Plan V Plan VI	\$10	\$50	\$65
Plan VII Plan VIII	\$0		

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

†After calendar year deductible is met

††Toward calendar year out-of-pocket maximum

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.