

PPO Select Saver 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, **PPO Select Saver** pays 75% and you pay 25% of allowable amount for covered expenses after you meet your calendar year deductible.

Feature for feature, **PPO Select Saver** offers comprehensive major medical insurance for individuals and their families. It is a cost effective “back to the basics” health insurance plan designed to provide a wide range of benefits.

Because **PPO Select Saver** 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. 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?

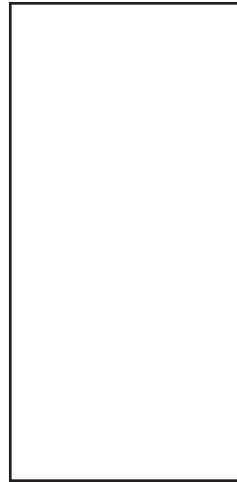
Take this opportunity to learn more about **PPO Select Saver** by calling our office today. We can provide you with details on coverage, limitations and exclusions. Completion of an application and medical underwriting is required. We’ll be glad to help you complete the application – just give us a call.

Other Products

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

42983.0910

Authorized Agent



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


BlueCross BlueShield of Texas
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PPO Select® Saver Series IV



PPO Select Saver

Program Highlights

Covered Inpatient Services

- Hospital Room and Board Fees
- Physician, Surgeon and Professional Services Care
- 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

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.

[†]Paid at 100% when in-network providers are used. Benefits reduced to 60% when out-of-network providers are used.

PPO Select Saver

Options	Calendar Year Deductibles		Office Visits*	Emergency Room	Calendar Year Out-of-Pocket Maximum/Security Provisions**		Coinsurance***					
	Individual Network/ Out-of-Network	Family Network/ Out-of-Network (Physician Consultation only)			Network	Network	Individual Network/ Out-of-Network	Family Network/ Out-of-Network	Network		Out-of-Network	
									Plan Pays	You Pay	Plan Pays	You Pay
Plan I	\$500/\$1,000	\$1,500/\$3,000	75%/25% of allowable amount after deductible (No copayment)	75%/25% of allowable amount after deductible (No copayment)	\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan II	\$1,000/\$2,000	\$3,000/\$6,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan III	\$1,500/\$3,000	\$4,500/\$9,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan IV	\$2,500/\$5,000	\$7,500/\$15,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan V	\$3,500/\$7,000	\$10,500/\$21,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan VI	\$5,000/\$10,000	\$15,000/\$30,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		
Plan VII	\$10,000/\$20,000	\$30,000/\$60,000			\$3,000/\$6,000	\$9,000/\$18,000	75%	25%	60%	40%		

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

**Does not include deductibles

***Percentages apply to allowable amount for covered expenses after calendar-year deductibles are met

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

Prescription Drug Card Program

Options	Separate Deductibles	Copayment Amounts		
		Generic	Preferred	Non-Preferred
Plan I Plan II	\$200	\$10	\$40	\$55
Plan III Plan IV	\$200	\$10	\$40	\$55
Plan V Plan VI	\$200	\$10	\$40	\$55
Plan VII Plan VIII	\$200	\$10	\$40	\$55

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