

Summary of Plan 09 Benefits
Blue Cross and Blue Shield of Texas - HMO Blue® Texas

Physician Services performed by PCP \$20 per visit
 Including office visits, home visits,
 in office surgery, periodic health assessments,
 rehabilitation services & therapy, family planning
 counseling, chemical dependency outpatient visits*

Physician Services performed by Specialist \$20 per visit
 Including office visits, home visits,
 in office surgery, periodic health assessments,
 rehabilitation services & therapy, family planning
 counseling, chemical dependency outpatient visits*

Hospital Services
 Inpatient care, semi-private room & board, medications,
 surgery, lab, x-ray, anesthesia, and short-term therapy \$500 copay per admission
 Outpatient surgery \$200 copay per surgery
 Emergency room \$75 per visit (waived if admitted)
 Urgent care center \$40 per visit

Maternity Care and Family Planning Services
 Pre- and Postnatal visits 100% coverage after \$20 copay for 1st visit
 Delivery in hospital (including newborn care) \$500 copay per admission

Skilled Nursing and Home Health Services
 Skilled nursing facility \$25 per day / 60 day calendar year maximum
 Home health care \$20 per visit
 Hospice care 100% coverage / \$20,000 calendar year maximum

Mental Health and Chemical Dependency
 Mental health - outpatient visits \$25 per visit / 20 visit calendar year maximum
 Chemical dependency - inpatient hospital* \$500 copay per admission

Other Services
 Annual well-woman exam 100% coverage
 Well-child care (birth through age 17) 100% coverage
 Immunizations 100% coverage
 Allergy testing / injections/ serum 50% copay
 Ambulance \$100 per service
 Prosthetic devices 20% copay / \$10,000 maximum per occurrence
 Arteriograms, CT scans, MRIs, EEGs,
 Myelograms, PET scans No copay per procedure

Maximum Out-of-Pocket
 Per year – per individual \$1,500
 Per year – per family \$3,000

* Limited to 3 separate series of treatments.

THIS IS A SUMMARY OF BENEFITS. REFER TO THE CERTIFICATE OF COVERAGE FOR
 SPECIFIC LIMITATIONS AND EXCLUSIONS.

*A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent
 Licensee of Blue Cross and Blue Shield Association*