

Comparing the plans

The charts on the following pages show **your share** of the cost of a health procedure or service. For example, **20%** means you pay **20%** (coinsurance) of the cost after any applicable deductibles up to the out-of-pocket limit, then the plan pays **80%**; **\$30** visit means you pay **\$30** (copayment) for each office visit. The plan year is 9-01-14 through 8-31-15.

Provisions	A&M Care	A&M Care
	Network/Out-of-Network benefits	Medicare-Primary Retirees
	Your Cost:	Your Cost:
<i>Regions offered</i>	BlueCross BlueShield of Texas (BCBSTX) has networks in all 50 states.	These benefits apply to Medicare primary retirees not enrolled in the A&M Care 65 Plus plan.
<i>Pre-existing condition limitations</i>	None	None
<i>Out-of-service-area restrictions</i>	Emergency care—Network benefit; must notify BCBSTX within 48 hours. Non emergency care—Out-of-network benefit unless you go to a BCBS provider in that area.	None
<i>Deductibles</i>	Network: \$700/person/plan year, \$2,100/family/plan year Out-of-Network: \$1,400/person/plan year; \$500/hospital	\$700/person/plan year, \$2,100/family/plan year
<i>Out-of-pocket maximum</i>	Network: \$5,000 plus \$700 deductible/person/plan year; \$10,000 plus \$2,100 deductible/family/plan year Out-of-Network: \$10,000 plus \$1,400/person/plan year	Network: \$5,000 plus \$700 deductible/person/plan year Out-of-Network: \$10,000 plus \$1,400/person/plan year
<i>In-hospital care</i>	Network: 20% after deductible Out-of-Network: \$700/admission, then 50%	20% after deductible
<i>Emergency room</i>	Network: 20% after deductible Out-of-Network: 50% after deductible if emergency; otherwise 50%	20% after deductible
<i>Office visits</i>	Network: \$30/visit for Primary Care Physician (PCP) visits; \$45 for specialists; certain expensive surgeries—20% after deductible Out-of-Network: 50% after deductible	20% after deductible
<i>Lab/X-rays</i>	Network: Benefit depends on setting and procedure; see plan description booklet or call BCBSTX for details Out-of-Network: 50% after deductible	20% after deductible
<i>Surgery</i>	Network: 20% after deductible (inpatient and outpatient) Out-of-Network: 50% after deductible (inpatient and outpatient) Network and out-of-network: In physician's office, see office visit	20% after deductible
<i>Chiropractic care</i>	Network: \$45/visit, 30 visits/plan year Out-of-Network: 50% after deductible, 30 visits/plan year	20% after deductible, 30 visits/plan year
<i>Vision/Hearing</i>	Vision - Network: \$45/visit, One routine preventive vision exam/per person/per plan year Vision - Out-of-Network: Routine preventive vision exams not covered Hearing—Illness/accident coverage only	Vision - Network: 20% after deductible Vision - Out-of-Network: Routine preventive vision exams not covered Hearing—Illness/accident coverage only
<i>Maternity care</i>	In Network: Hospital—20% of charges after deductible; Doctor - \$30 initial visit only Out-of-Network: Hospital—50% after deductible; Doctor - 50% after deductible	20% after deductible
<i>Physical therapy</i>	Network: \$45/office-visit setting; Deductible and Coinsurance Outpatient or hospital-related facility setting Out-of-Network: 50% after deductible	20% after deductible
<i>Durable medical equipment</i>	Network: 20% after deductible; Out-of-Network: 50% after deductible	20% after deductible
<i>Home health care</i>	Network: 20% after deductible; 60 visits/person/plan year Out-of-Network: 50% after deductible; 60 visits/person/plan year	20% after deductible 60 days/person/plan year
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible; 60 days/person/plan year Out-of-Network: 50% after deductible; 60 days/person/plan year	20% after deductible 60 days/person/plan year
<i>Mental Health</i>	<i>Inpatient</i> Network: Inpatient—20% after deductible Outpatient—\$30/visit <i>Outpatient</i> Out-of-Network: Inpatient—50% after deductible Outpatient—50% after deductible	Inpatient - 20% after deductible Outpatient - 20% after deductible
<i>Prescription drugs</i>	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): 30-day supply; \$10/generic, \$35/brand-name formulary, \$60/brand-name nonformulary; brand-name copayment + difference between brand-name and generic when generic is available 90-day supply: Two copayments required if purchased by mail-order; three if purchased through certain retail pharmacies. Express Scripts -- (866) 544-6970; http://www.express-scripts.com	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): 30-day supply; \$10/generic, \$35/brand-name formulary, \$60/brand-name nonformulary; brand-name copayment + difference between brand-name and generic when generic is available 90-day supply: Two copayments required if purchased by mail-order; three if purchased through certain retail pharmacies. Express Scripts -- (866) 544-6970; http://www.express-scripts.com
<i>How does this health plan work?</i>	This plan is a preferred provider organization (PPO). You may choose any provider in a BlueCross BlueShield network to receive the highest level of coverage. You receive benefits for services provided by an out-of-network provider, but they will be lower.	
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—(866) 295-1212; for information on networks outside Texas—(800) 810-BLUE (2583) http://www.bcbstx.com	