



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®



NORTH EAST ISD
2012 Enrollment Guide

get to know your health plans

Important Contact Information

For assistance regarding your health care plan, you may contact a Blue Cross and Blue Shield of Texas customer service representative:

BlueChoice® PPO Health Care Coverage Group #93748	HMO Blue® Texas Health Care Coverage Group #93748P
Customer Service Helpline 800-521-2227	Customer Service Helpline 877-299-2377
Monday through Friday – 8 a.m. to 8 p.m. CT	Monday through Friday – 7:30 a.m. to 6 p.m. CT
Mental Health Helpline 800-528-7264	Mental Health Helpline 800-729-2422

Blue Cross and Blue Shield of Texas Customer Service Representatives can also:

- Provide information about network and ParPlan providers
- Distribute claim forms and answer your claims questions
- Assist in identifying a network provider (but will not recommend specific network providers)
- Provide information about the features of your health benefit plan
- Record your comments about providers
- Provide information regarding the prescription drug program
- Fulfill requests for certificates of creditable coverage
- Fulfill requests for member ID cards

NEISD and Blue Cross and Blue Shield of Texas are committed to providing quality service. If you have a complaint or concern about the service you are receiving, a grievance process is in place to promptly resolve your issues.

If you disagree with the denial of all or part of a claim, you have the right to appeal the denial by submitting a written request to Blue Cross and Blue Shield of Texas or HMO Blue Texas. Refer to your Summary Plan Description (benefit booklet) for a description of the grievance and appeal processes.

Change of Address

Employees should access the NEISD Employee Portal to submit address changes. The Employee Portal system can be accessed by visiting the NEISD Intranet at www.neisd.net.

NEISD Employee Benefits Office
8961 Tesoro Dr., Suite 209
San Antonio, TX 78217
Monday through Friday 8 a.m. to 4:45 p.m.
210-407-0498
eb@neisd.net

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Health Oversight Activities: With certain exceptions, we may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of specified programs.

Judicial and Administrative Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding: 1) in response to an order of a court or administrative tribunal, or 2) in response to a subpoena, discovery request, or other lawful process.

Law Enforcement Purposes: We may disclose your protected health information for a law enforcement purpose to a law enforcement official as required or permitted by law.

Workers' Compensation: We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

Health and Safety: We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if we, in good faith, believe the use or disclosure will avert a serious threat to health or safety of a person or the public.

Plan Sponsor: We may disclose your protected health information to District officials as needed to fulfill operational responsibilities relating to the District's Health Care Plan.

National Security: We may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice the appropriate information. We may also disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual upon a showing of necessity.

INDIVIDUAL RIGHTS

Access: You have a right of access to inspect and obtain a copy of protected health information about you, with limited exceptions, for so long as we maintain the information. You may request the information in a format other than hard copies and we will comply with your request if practicable. You must make your written request for a copy to the contact person listed at the end of this notice. You will be charged a reasonable cost-based fee for expenses such as copies, labor, postage, and a summary of the health information if you request one. You may also request access by sending written notice to the contact person at the end of this notice. You have a right to request a review of certain denials of access.

Restriction: You have the right to request additional restrictions on the use and disclosure of your protected health information. We are not required to agree, but if we do, we are required to abide by any agreed upon restriction. We must also accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of that information could endanger you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing stating the reason for your request and must be provided to the contact person listed at the end of this notice. We have the right to deny such requests under certain circumstances. If your request is denied, you have a right to submit a written statement disagreeing with the denial.

Accounting: You have a right to receive an accounting of disclosures of your protected health information made by us or our business associates for purposes other than treatment, payment or health care operations, and certain other activities. The request may be for disclosures in the six years prior to the date on which the accounting is requested. The first request for an accounting is provided free of charge. Additional requests within a 12-month period will be charged a reasonable cost-based fee.

Authorization: The Plan will obtain your authorization for uses or disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Electronic Notice: If you receive this notice electronically, you may still obtain a paper copy upon request to the contact person listed at the end of this notice.

QUESTIONS AND COMPLAINTS

If you have questions, concerns, or complaints about our privacy practices please contact us.

If you believe that your privacy rights have been violated or you are concerned about a decision relating to access, restriction, amendment, accounting, or notice, you may file a grievance with the contact person listed below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services at: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, Texas 75202; or by e-mail at: OCRCComplaint@hhs.gov.

The privacy of your health information is important to us. We will not retaliate against you for filing a complaint.

**EMPLOYEE BENEFITS MANAGER, PRIVACY OFFICER
NORTH EAST INDEPENDENT SCHOOL DISTRICT
RISK MANAGEMENT AND BENEFITS
8961 TESORO DRIVE, SUITE 209 • SAN ANTONIO, TX 78217
210-407-0498**

HOW TO use this guide

This enrollment guide outlines your choices for health care benefits. It is important that you compare your options for health care coverage. Take a few minutes now to read through this guide about your health benefits program from NEISD.

The district's annual open enrollment period will run in the Fall each year.

During this time, you may enroll in a program for the first time, change health plan coverage or add eligible dependents. After the open enrollment period, these choices will become effective Jan. 1st, for existing employees, or the date of hire for new employees.

About Your NEISD Health Benefits Program

NEISD's health benefits program is self-funded; that means the district pays all medical claims, prescription drug claims, and administrative costs.

Under the self-funded program, employee premiums and district contributions are placed in a trust fund. All claims and costs for the plan are paid out of this fund.

Self-Funded Plan

A unique feature of self-funding is that you help determine the cost of your premiums through the choices you make in receiving health care. If claims are high, premiums will reflect the increase in cost. Lower claims, however, will reflect more savings for the self-funded plan and help reduce premiums. NEISD's managed care health plans are more cost effective and will benefit both employees and the district. To help reduce costs, use network providers each time you need health care.

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

The information in this guide briefly describes your health plan benefits. It does not replace your summary plan description. Your actual plan benefits are ruled by the plan document.



HOW TO enroll or change plans

Employees who are currently participating in the health program will continue coverage under their present plan unless new elections are made during open enrollment. In addition, modifications to your cafeteria plan (tax-sheltered premiums only, excluding flex spending accounts) must also be made. For additional information about opportunities to enroll or cancel coverage, please visit the Employee Benefits website at www.neisd.net/risk. You can also contact the NEISD Employee Benefits Office at 210-407-0498 or eb@neisd.net.

You may change your health plan selection during open enrollment for an effective date of Jan. 1. New employees may enroll during the first 31 days of employment. If your 31st day falls on a weekend or holiday, you must submit your form/enrollment information by the last working day prior to your 31st day.

Pre-Existing Conditions

Participants can be exempt from pre-existing condition exclusions when the following apply:

- Participant was continuously covered under another plan for a total of 12 months (18 for a late enrollee),
- Coverage was in effect at least 63 days before new coverage is in effect, and
- Participant can produce a certificate of creditable coverage.
- Pre-existing condition limitations are waived for dependent children under age 19.

Special Enrollments

The benefit choices you make are in effect for one year and may be changed for the next year during the annual open enrollment period. Mid-year changes may be made only if you have a change in family status (such as adding a new dependent as a result of marriage, birth or adoption), or if after originally declining coverage, you lose the group coverage you had. Requests for coverage must be submitted by completing the appropriate information within 31 days of the qualifying event. Refer to your summary plan description (benefit booklet) for details.

Premiums

The premium for the January coverage will be deducted from your December paycheck(s). **Note:** Premiums will be deducted over 24 paychecks for paraprofessionals and maintenance employees. Auxiliary staff will continue to have premiums for the summer months prorated over six months (December through May).

Eligibility

To participate in any health program offered by NEISD, you must be a regular employee who works 20 or more hours a week. Your dependents may also be covered if you participate in the program and your dependents qualify under one of the dependent categories described in the NEISD Administrative Regulations and in the benefit booklet.

Unique ID Number

Several states have passed identity theft laws to protect the confidentiality of Social Security numbers (SSNs), and other states are expected to follow. These laws restrict nongovernmental entities' and individuals' use of SSNs. In response, BCBSTX has assigned unique ID (UID) member numbers to replace SSNs.

2012 Health Plan Monthly Premiums

	BlueChoice Low Option PPO			BlueChoice High Option PPO			HMO Blue Texas		
	Total Premium	District Contribution	Employee Share	Total Premium	District Contribution	Employee Share	Total Premium	District Contribution	Employee Share
Employee Only	\$389	\$312	\$77	\$498	\$312	\$186	\$451	\$312	\$139
Employee/Spouse	\$547	\$312	\$235	\$689	\$312	\$377	\$657	\$312	\$345
Employee/Children	\$502	\$312	\$190	\$629	\$312	\$317	\$587	\$312	\$275
Employee/Family	\$659	\$312	\$347	\$817	\$312	\$505	\$816	\$312	\$504

YOUR OPTIONS FOR health care benefits

BlueChoice PPO Plans

BlueChoice is a preferred provider organization (PPO) plan that offers flexibility to choose any network provider for care. If you stay in the network, you receive the plan's higher benefit level and you do not file claims or precertify care. Unlike the HMO program, you do not have to choose a primary care physician (PCP). Instead, you deal directly with each network provider. If you choose a provider who is not in the network, you receive a reduced level of benefits.

BlueChoice offers a Low Option PPO plan and a High Option PPO plan.

Low Option PPO plan features include:

- \$20/\$30* copayment for office visits
- Annual deductibles of \$750 for individuals and \$2,250 for families
- Co-insurance maximum of \$3,000 for individuals and \$6,000 for families
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammography and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months)
- Routine vision and hearing exams every 12 months
- Prescription drug coverage and mail order prescription program
- Urgent care benefits - urgent care copayment \$40
- Emergency Room (ER) copayment \$150

High Option PPO plan features include:

- \$20/\$30* copayment for office visits
- Annual deductibles of \$500 for individuals and \$1,500 for families
- Co-insurance maximum of \$2,000 for individuals and \$4,000 for families
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammography and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months)
- Routine vision and hearing exams every 12 months
- Prescription drug coverage and mail order prescription program
- Urgent care benefits - urgent care copayment \$40
- Emergency Room (ER) copayment \$150

Tobacco Cessation program

Through the Blue Care Connection® program, BCBSTX offers a Tobacco Cessation program that provides you with online tools, support, coaching and discounts for wellness-related products and services to quit smoking. To participate, go to the Personal Health Manager and select the *Stop Smoking* button – or call Customer Service.

Hearing aid benefit

The plan will cover medically necessary fitting and purchase of hearing aid devices, limited to one per ear every 36 months. The total benefit for the purchase of hearing aid devices is \$1,000 every 36 months. The plan will not cover replacement for loss, damage or functional defects.

HMO Blue Texas

HMO Blue Texas is a health maintenance organization (HMO) plan. You must select a PCP from the HMO Blue Texas provider listing who will provide or coordinate your health care in order to receive benefits.

HMO Blue Texas features include:

- \$20 copayment for office visits/specialist visits
- Out-of-pocket maximum of \$1,500 for individuals and \$3,000 for families
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams and well-man exams
- Vision care, including one routine exam every 12 months
- Routine hearing exams (see Pages 8 and 9)
- Prescription drug coverage and mail order prescription program
- \$40 copayment for urgent care
- Emergency Room (ER) copayment \$150

Note on self-referrals: There are a few exceptions to the standard referral requirements described in Terms to Know on Page 7. Enrollees in HMO Blue Texas may self-refer for network OB/GYN and vision services. A referral from your PCP is not required if you choose to visit an HMO Blue Texas network OB/GYN for any related services.

NEISD Hospital Indemnity Plan

The Hospital Indemnity Plan is administered by NEISD and provides limited coverage for inpatient hospital stays. If you do not participate in any district-offered health program, you will be automatically covered in the Hospital Indemnity Plan. Subject to certain exclusions, the plan pays \$250 per day of inpatient hospital confinement for a maximum of 30 days per confinement, as defined by the benefit plan description. The plan does not require any contribution from the employee. You will be covered if you are scheduled to work 20 or more hours per week on a continuous basis and are not enrolled in another health plan offered by NEISD.

The district knows that each employee has a different range of needs when it comes to benefits. That's why we provide you with a variety of choices, including three comprehensive coverage options or a hospital indemnity plan.

* If service is delivered by a primary care physician, the copayment is \$20. If service is delivered by a specialist, the copayment is \$30.

Blue Care Connection

To help you get started and keep going on your journey to wellness, Blue Cross and Blue Shield of Texas gives you the resources you need to succeed. Through the Blue Care Connection program, you'll find convenient online tools and personalized telephone services that support, inform and motivate you.

Whether you are trying to improve your health or reach the next level of wellness, Blue Care Connection can help you and covered family members reach your goals. Blue Care Connection resources can help you customize your wellness action plan and make smarter health care choices. The program can also help you manage your health care.

- **Blue Care® Advisors** – Registered nurses and other health care professionals reach out to members experiencing certain health challenges or chronic conditions. Working with your physician, they provide education and coaching to help you more easily manage your condition or make lifestyle changes.
- **Case Management** – Should you experience a complex medical situation, registered nurse case managers can help you cope with the situation and access the services you need.
- **24/7 Nurseline** – Registered nurses offer health care information by telephone.
- **Special Beginnings®** – This maternity program offers expectant mothers support and education from prenatal to postpartum care.
- **The BlueExtrasSM Discount program** – This gives you discounts on health-related products and services that help support a healthy lifestyle.
- **Personal Health Manager** – Our online suite of wellness resources, including a Health Risk Assessment, can help you manage your health and adopt healthier behaviors.
- **Blue PointsSM** – This program rewards you for engaging in healthy activities.

These resources can help you plan and manage your health, but do not replace the care of a doctor. To get the most out of Blue Care Connection, discuss the health information you receive with your doctor.

Condition Management

To help prevent or postpone complications and disease progression, Blue Care Advisors help members understand and manage their medical conditions and change unhealthy behaviors. Programs target:

- Asthma
- Cancer
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Tobacco cessation
- Gastroesophageal reflux disease
- Hypertension
- Metabolic syndrome
- Rare and other conditions, such as HIV
- Low back pain
- Migraine headaches
- Weight management

* Refer to the program terms and conditions for further details. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

Members are identified for enrollment in this voluntary program based on the severity of the condition. Members meeting the criteria will receive an invitational letter to participate in the program. The programs identify the best methods of helping members learn to control their condition more effectively.

24/7 Nurseline

The 24/7 Nurseline is staffed by registered nurses who can answer your general health questions and direct you to your doctor or encourage you to seek emergency services if necessary. A nurse can help identify options and provide information to help you choose the appropriate care for your concerns.

Call the 24/7 Nurseline when you have questions about health problems such as minor accidents like cuts, headaches, fever, asthma, back pain and other chronic conditions.

Plus, when you call, you also have the option to access an audio library of more than 1,000 health topics – from allergies to women's health – with more than 600 topics available in Spanish.

Call the 24/7 Nurseline toll free at 866-412-8795, Option 3.

Special Beginnings Maternity Program

If you are expecting a baby, this program can help guide you through your pregnancy and postpartum care. Special Beginnings is a voluntary, confidential maternity program that provides support and education, pregnancy risk assessment and ongoing attention/monitoring.

Enrolled members receive frequent, personal contact from obstetrical nurses who can help them better understand and manage their pregnancies. Educational materials promote healthy behaviors, preventive care, and identify warning signs of complications. Topics also include nutrition, fetal development and newborn care. Additionally, members can access an online health library.

To enroll in Special Beginnings, or ask questions about the program, call 800-462-3275.

*Fitness Program

The Fitness Program opens the door to a network of fitness centers for a one-time fee of \$29 and only \$29 per member per month, plus applicable taxes. And, you can earn Blue Points for visits to a fitness center in the Fitness Program network. For more details, to search for participating locations and to join, visit bcbstx.com and log in to your Blue Access for MembersSM (BAM) account. Click the *My Health* tab, then the *Access the Fitness Program* button.

Connection continued

The BlueExtrasSM Discount Program[†]

BlueExtras gives you discounts on health care products and services that help support healthy lifestyles. These savings are for health care products and services not usually covered by your health care benefit plan.

BlueExtras provides discounts to:

- Jenny Craig[®] weight management program
- Seattle Sutton's Healthy Eating[®] program
- Complementary Alternative Medicine products and services such as vitamins, health and wellness magazines, gym memberships, massages, spas, acupuncture, yoga, tai chi and more
- Vision care and hearing aid products

To find out more about BlueExtras, log in to Blue Access for Members at bcbstx.com. Click the *My Coverage* tab, then the *BlueExtras Discount Program* link.

Additional Health Resources

To help members with diabetes manage their condition, glucose meters can be ordered at no additional charge. For information on the meters that are available, go to the *My Health* tab on Blue Access for Members.

Be Smart. Be Well.[®] is a website dedicated to raising awareness of largely preventable health and safety issues. You'll find in-depth information on important topics such as childhood obesity, drug safety and traumatic brain injury at besmartbewell.com.

Neonatal Intensive Care Unit (NICU) Program

This is a specialized case management program for neonates hospitalized for more than 10 days.

- Administered internally by specialty NICU nurse case managers
- Any NICU admission greater than 10 days is followed in the program
- Weekly telephonic case review with the plan medical director, an independent contracting network practicing neonatologist and the NICU RNs
- Babies are checked on for 30 days post-discharge
- Babies with multiple discharge needs are transferred to a pediatric case manager

End-Stage Renal Disease (ESRD) Program

This program assists members with the transition to Medicare for dialysis coverage once they have been on dialysis for 33 months.

- Contact information is provided as well as timelines for applying for Medicare coverage
- Members are identified to receive letters with information about applying to receive Medicare coverage due to their ESRD status
- Assistance is also offered to help a member complete the application in a timely manner
- Members are also screened and referred for enrollment in the complex case management programs, as appropriate

Preauthorization/Utilization Management

Your health benefits program requires certain health care services and procedures to be preauthorized. Preauthorization helps to ensure you receive appropriate, medically necessary care. When unnecessary care is performed, or necessary care is provided in an inappropriate facility (for example; inpatient hospital setting rather than outpatient hospital setting), it increases your out-of-pocket expenses and raises overall health care costs. Because preauthorization is so important, any designated service or procedure that is not preauthorized may carry a penalty that you must pay. Your network provider will handle preauthorization for you. However, if your network provider does not provide or coordinate your care, then you are responsible for preauthorization by calling the number listed on your member ID card.

Prescription Drug Program

All of NEISD's health care benefit plans excluding the Hospital Indemnity Plan include a prescription drug coverage program as well as a mail order pharmacy program. When you go to a participating network pharmacy, you pay a set copayment amount and any maximum allowable costs (MACs—please see Terms to Know on Page 7), if applicable, for up to a 30-day supply. You may use the mail order pharmacy for up to a 90-day supply with two copays. You don't have to buy medications through the mail order service, but you will save money if you do.

[†] The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors.

BlueExtras is a discount program available to BCBSTX members. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward your calendar year or lifetime maximums and/or plan deductibles. Discounts are only available through participating vendors. BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

Prescription Drug Program continued

Step therapy programs help manage the rising cost of prescription drugs, and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

All medical plans include retail and mail order prescription drug benefits with a three-tier copayment program.

- Generic drugs are available for a \$15 copayment
- Preferred brand name drugs are available for a \$30 copayment
- Non-preferred brand name drugs are available for a \$60 copayment
- Smoking cessation prescription drugs are covered
- A step therapy program is now in place as described above

You are encouraged to consult with your doctor regarding the selection of a generic or preferred medication to help maximize your benefit. A copy of the Preferred Drug List is available at bcbstx.com. For information about your pharmacy benefits through Prime Therapeutics, go to myrxhealth.com.

Employee Assistance Program (EAP)

NEISD offers all employees and eligible dependents the Employee Assistance Program that provides short-term counseling for personal, family or stress problems. **For more details, visit Risk Management's website at www.neisd.net/risk or call Deer Oaks at 210-615-8880.**

Personal Health Manager

You and your family members can take advantage of important online health and wellness tools and resources with the Personal Health Manager. Use this online wellness resource to:

- Make healthier choices about food, start a fitness program, quit smoking – and keep track of your results.
- Get health and wellness questions answered via secure email through Ask A Nurse, Ask A Dietitian, Ask A Trainer and Ask A Life Coach.
- Use the My Care Profile to see a snapshot of your medical history, based on claims, that you can share with your health care providers.
- Stay motivated to reach your goals – when you use many of the features of the Personal Health Manager, you automatically earn Blue Points that can be redeemed for reward items.
- Take the confidential Health Risk Assessment to better understand your current health status, identify potential issues and reinforce what you're doing right.

Just go to bcbstx.com and sign in to Blue Access for Members, our secure member website. Then select Personal Health Manager.

Blue Points

Earn Blue Points for creating fitness, meal or life plans and reporting your progress; for participating in online wellness programs; and for incorporating fitness center visits into your routine. Blue Points are redeemable starting at just 2,500 points for health and fitness items or popular electronics. Earn 2,500 points for taking the Health Risk Assessment!

Note: The Blue Points rules are subject to change without prior notice.

The screenshot displays the Blue Cross Blue Shield of Texas Personal Health Manager interface. At the top, there is a navigation bar with links for My Account, My Care Profile, Health Information, Research, and General. Below this, the main content area is divided into several sections. On the left, there are links for My Account, My Care Profile, and Health Information. The central part of the page features a 'My Care Profile' section with a 'Risk Assessment' button and a 'Health Information' section with a 'System Checker' tool. The right sidebar contains a 'My Care Profile' section with a 'Risk Assessment' button and a 'Health Information' section with a 'System Checker' tool. The bottom of the page has a 'Healthy Eating' section with a 'Healthy Eating' button.

TERMS to know

Copayment (copay) amount: The set amount you pay for certain medical services and prescription drugs. For example, for an in-network office visit with the BlueChoice plans, you pay only \$20/\$30* toward the cost of that service.

Coshare amount: The percentage of medical expenses that you and the plan share. For example, if the coshare amount is “80/20,” that means the plan pays 80 percent and you pay 20 percent of eligible charges.

Coinsurance maximum (PPO): If you reach your plan’s coinsurance maximum, the plan then pays 100 percent of the allowable amount for any eligible expenses for the rest of the calendar year. Office visit copays continue after the coinsurance maximum is reached. Prescription drug copays do not count toward the coinsurance maximum.

Creditable coverage: Most health benefit plans impose a waiting period for a pre-existing condition for all new or reinstated members. A certificate of creditable coverage indicates the length of time you have been continuously covered under a qualifying previous health care plan, HMO, individual health insurance policy, COBRA, Medicare or Medicaid, and allows waiver of any waiting period related to a pre-existing condition.

Deductible: The allowable amount of eligible charges you pay before medical benefits begin.

Health maintenance organization (HMO) coverage: A health care program that provides benefits when you receive care from a provider in the HMO network. Care is coordinated by a designated primary care physician. Care received outside the HMO network is not covered, with the possible exception of emergency care. The district offers HMO Blue Texas as an option for health care benefits.

Managed care: An arrangement where health care providers, including participating pharmacies and behavioral health providers, have agreed to negotiated rates for services as well as to provide appropriate and cost-effective care.

Maximum allowable cost (MAC): When your doctor has marked a prescription order “Dispense as Written” (DAW), the pharmacist may only dispense the brand name drug. However, if the doctor has not stipulated, you may still choose to buy the brand name drug instead of the generic substituted drug. You will have to pay the brand copayment amount, plus the difference between the pharmacist’s MAC for the generic drug and the brand name drug.

* If service is delivered by a primary care physician, the copayment is \$20. If service is delivered by a specialist, the copayment is \$30.

Office procedure: Any service performed in the provider’s office or other outpatient facility that includes, but is not limited to, surgical procedures or certain outpatient procedures. Examples include, but are not limited to, MRI, CT scan and diagnostic medical procedures.

Out-of-pocket maximum (HMO): Your plan sets a maximum amount of health care costs to be paid by you. If you reach your plan’s maximum, then the plan pays 100 percent of any eligible expenses for the rest of the calendar year. Office visit copays continue after the maximum is reached. Prescription drug copays do not count toward the maximum.

Preauthorization: Your benefit plan requires preauthorization for all inpatient hospital admissions, extended hospital stays, extended care expenses, home infusion therapy and organ and tissue transplants. Preauthorization requires you, your doctor, the hospital or a family member to call the toll-free number listed on the back of your ID card before receiving services. A benefit management nurse will work with your physician’s office to complete the process. To precertify, call toll-free: 800-441-9188.

Pre-existing conditions: A pre-existing condition is an illness, condition or injury for which you received medical advice or treatment or took medication during the six months before your current enrollment date. A pre-existing condition will not be covered for 12 months. A pre-existing clause applies to new employees and dependents (except for dependent children under age 19) enrolling for the first time in the BlueChoice plans who have not previously had continuous coverage for a total of 12 months (18 months for late enrollees) prior to their effective dates. HMO Blue Texas does not have a pre-existing condition limitation.

Preferred provider organization (PPO) coverage: A health care program that allows you to decide if you will receive care through the network of participating providers or outside the network. The in-network level of benefits is higher than the out-of-network level of benefits, and you will pay less out of pocket.

Primary care physician (PCP): A family practitioner, internist or pediatrician who is responsible for caring for your basic health care needs and for coordinating all the care you receive through the HMO health benefit option. Your PCP will take care of most of your routine medical needs in his or her office. If you need a specialist, your PCP will arrange for a referral and coordinate any hospital services. You may select a different PCP for each family member or you may select the same one for the entire family.

Provider listing: A listing of doctors, hospitals and other health care providers who participate in the network. For the most current information, visit bcbstx.com.

Referral: If you are covered by HMO Blue Texas and your medical condition requires the attention of a specialist, your PCP will refer you to a contracting specialist or facility. The specialists, hospitals and other providers included in your provider listing are available to you only upon referral by your PCP. To ensure that the health care services you receive are covered, always have your PCP coordinate any specialty care for you if you have the HMO plan.

Self-referral: There are a few exceptions to the standard referral requirements. Enrollees in the HMO Blue Texas plan may self-refer for OB/GYN and vision services. A referral from your PCP is not required if you choose to visit an HMO Blue Texas network OB/GYN for any related services.

Step therapy: Step therapy programs help manage the rising cost of prescription drugs, and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

Knowing these terms will be helpful as you read through this enrollment guide.





	BlueChoice Low Option		BlueChoice High Option		HMO Blue Texas
	In-Network	Out-of-Network	In-Network	Out-of-Network	HMO Network Only
General Information					
Calendar-year Deductible					
Individual	\$750	\$1,500	\$500	\$1,000	None
Family	\$2,250	\$4,500	\$1,500	\$3,000	None
Co-insurance Maximum (PPO)					
Individual	\$3,000/calendar year	\$6,000/calendar year	\$2,000/calendar year	\$10,000/calendar year	N/A
Family	\$6,000/calendar year	\$12,000/calendar year	\$4,000/calendar year	\$20,000/calendar year	N/A
Out-of-pocket Maximum (HMO)					
Individual	N/A	N/A	N/A	N/A	\$1,500/calendar year
Family	N/A	N/A	N/A	N/A	\$3,000/calendar year
Lifetime Maximum (per person)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Other					
Hospital Deductible (per admission)	\$100	\$250	\$100	\$250	None
Penalty for Failure to Preauthorize	N/A	\$500	N/A	\$500	N/A
PCP Referral Required	No	No	No	No	Yes
Pre-existing Conditions Limitation	Yes	Yes	Yes	Yes	No
Physician Services					
Office Visit	100% after \$20 Copay	60% after Deductible	100% after \$20 Copay	70% after Deductible	100% after \$20 Copay
Office Procedure	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100%
Urgent Care	100% after \$40 Copay	60% after Deductible	100% after \$40 Copay	70% after Deductible	100% after \$40 Copay
Specialist Office Visit	100% after \$30 Copay	60% after Deductible	100% after \$30 Copay	70% after Deductible	100% after \$20 Copay (Referred Only)
Office Procedure	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% after \$20 Copay
Routine Exams					
Gynecological Exam	100%	60% after Deductible	100%	70% after Deductible	100%
Cancer Screening	100%	60% after Deductible	100%	70% after Deductible	100%
Eye Exam (1 every 12 months)	100% after \$20/\$30* Copay	60% after Deductible	100% after \$20/\$30* Copay	70% after Deductible	100% after \$20 Copay
Hearing Exam	100% after \$20/\$30* Copay	60% after Deductible	100% after \$20/\$30* Copay	70% after Deductible	100% after \$20 Copay†
Maximum	None	\$250 per 12 Months	None	\$250 per 12 Months	None
Well-Child Care	100%	60% after Deductible	100%	70% after Deductible	100% to age 17
Immunizations	100%	60% after Deductible	100%	70% after Deductible	100%
Allergy Testing/Treatment					
Testing	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	50%
Injections	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	50% – Includes Serum
Office Visit	100% after \$20/\$30* Copay	60% after Deductible	100% after \$20/\$30* Copay	70% after Deductible	100% after \$20 Copay
Diagnostic X-ray and Lab	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100%
Hospital Services					
Inpatient Hospital Expenses	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% after \$500 Copay
Outpatient Surgery	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% after \$200 Copay
Emergency Medical Services	80% after \$150 Copay (Copay waived if admitted)	80% after \$150 Copay (Copay waived if admitted)	90% after \$150 Copay (Copay waived if admitted)	90% after \$150 Copay (Copay waived if admitted)	100% after \$150 Copay (Copay waived if admitted)
(Facility and Physician Charges Only)	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived	
Non-emergency Use of ER	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	Not Covered

All percentages stated are percentages of the Blue Cross and Blue Shield of Texas determined allowable amount.

* If service is delivered by a primary care physician, the copayment is \$20. If service is delivered by a specialist, the copayment is \$30.

	BlueChoice Low Option		BlueChoice High Option		HMO Blue Texas
	In-Network	Out-of-Network	In-Network	Out-of-Network	HMO Network Only
Other Services					
Chiropractic Services					
Office Visit	100% after \$20/\$30* Copay	60% after Deductible	100% after \$20/\$30* Copay	70% after Deductible	100% after \$20 Copay <i>(with referral only)</i>
Other Services	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% for other covered services
Maximum	35 Visits/Calendar Year	35 Visits/Calendar Year	35 Visits/Calendar Year	35 Visits/Calendar Year	Unlimited
Durable Medical Equipment	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	50%
Skilled Nursing or Convalescent Facility					
Max. Days/Calendar Year	120 Days	120 Days	120 Days	120 Days	100% after \$25 Copay per day 60 Days
Hospice Care					
Lifetime Maximum	80% after Deductible Unlimited	60% after Deductible Unlimited	90% after Deductible Unlimited	70% after Deductible Unlimited	100%/ \$20,000 Calendar Year Max Unlimited
Home Health Care					
Calendar Year Maximum	80% after Deductible 120 Visits	60% after Deductible 120 Visits	90% after Deductible 120 Visits	70% after Deductible 120 Visits	100% after \$20 Copay per visit Unlimited
Prescriptions					
Retail Pharmacy Card					
<i>(Copay for a 30-day supply)</i>	100% after Copay	<i>Refer to Summary Plan Description</i>	100% after Copay	<i>Refer to Summary Plan Description</i>	100% after Copay
Generic	\$15		\$15		\$15
Preferred Brand Name	\$30		\$30		\$30
Non-Preferred Brand Name	\$60		\$60		\$60
Mail Order Prescriptions					
<i>(Copay for a 90-day supply)</i>	100% after Copay		100% after Copay		100% after Copay
Generic	\$30		\$30		\$30
Preferred Brand Name	\$60		\$60		\$60
Non-Preferred Brand Name	\$120		\$120		\$120
Mental Health Services					
Inpatient	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% after \$500 Copay
Partial Hospitalization	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	None
Outpatient Counseling	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	100% after \$25 Copay

Participants can be exempt from pre-existing condition exclusions when the following apply:

- Participant is continuously covered under another plan for a total of 12 months (18 months for a late enrollee)
- Coverage was in effect at least 63 days before new coverage is in effect, and
- Participant can produce a certificate of creditable coverage (See Page 7 – Terms to Know)
- Dependent child under age 19

† Covered annually through age 17, biannually thereafter

Benefits for the above plans are paid at a percentage of the allowable amount as determined by Blue Cross and Blue Shield of Texas and HMO Blue Texas.

The above comparison is not the summary plan description. Please refer to your summary plan description benefit booklet for a detailed description of your health plan, including limitations and exclusions. Benefits will be paid according to the summary plan description only.

Information Is a Powerful Tool

That is why Blue Cross and Blue Shield of Texas provides a variety of online resources for its members – from the status of medical claims to strategies for staying healthy. Blue Cross and Blue Shield of Texas conveniently delivers information and resources wherever you have access to the Internet.

Blue Access for Members – Personalized Information about Your Health Care Coverage

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who is included under your coverage? Blue Access for Members (BAM), Blue Cross and Blue Shield of Texas' secure member portal, can help. Get immediate online access to health and wellness information and:

- Check the status of a claim and your claims history
- Confirm who in your family is covered under your plan
- View and print an Explanation of Benefits (EOB) for a claim
- Select the option to not receive EOBs in the mail
- Sign up to receive e-mail notification of claim status
- Request a new or replacement member ID card or print a temporary member ID card

Log in to Blue Access for Members to view claim information for yourself and your covered dependents.

It's Easy to Get Started

1. Go to bcbstx.com.
2. Click the *Already a Member?* tab, then the *Register Now* button.
3. Use the information on your BCBSTX ID card to complete the registration process.

Look no further. Downloadable forms are now available at bcbstx.com/member. From claim forms to mail order prescription forms – all are just a click away.

The screenshot shows the Blue Cross Blue Shield of Texas member portal. At the top, the logo and tagline "Experience. Wellness. Everywhere." are visible, along with navigation links for "Company Information", "Contact Us", "User Profile", "Help", and "Log Out". Below the logo is a navigation bar with tabs for "Home", "My Health", "My Coverage", "Visits & Claims", and "Doctors & Hospitals".

The main content area is divided into several sections:

- News & Updates:** Contains links for "Blue Pointe: Imagine the Possibilities", "Limited-time offer on glucose monitoring", "Immunizations for Children", and "Use Quest for Outpatient Clinical Lab".
- Message Center:** A table showing recent messages:

Subject	Date
Re: Why isn't my claim paid yet?	3/9/2010
Blue Cross and Blue Shield Excludes Claim Notification	8/19/2010
- My Health:** Features a large "eCards for Health" banner with the text "Give A Healthy Gift Today!". Below this are two tiles: "PERSONAL HEALTH MANAGER" (Access health and wellness resources that can help you manage your health.) and "Care Comparison" (Compare hospitals based on specific diagnoses and procedures.).
- I need to...:** A dropdown menu.
- Quick Links:** A list of links including "Take your Health Risk Assessment", "View medical coverage", "Learn more about your pharmacy benefits", "View dental coverage", "Fitness Program", and "Download a form".

FINDING THE PROVIDER that's right for you

Blue Cross and Blue Shield of Texas knows that finding a doctor or hospital that meets your personal needs can be challenging. Provider Finder is a quick and easy way to find a contracting network doctor, hospital or other health care provider. Go to bcbstx.com and locate the *Find a Doctor* section. Select your health plan coverage type from the drop-down menu. Then choose to search by name or provider type and click *Find*. This will take you to the Provider Finder portal.

Use the BlueCompare online tool to find performance information on providers in the BlueChoice network. For physicians, BlueCompare uses claims and member data to help compare doctors' performance using evidence-based measures. BlueCompare uses data that hospitals report to help compare general acute-care hospitals' performance and affordability.

Lower Your Costs through Pharmacy Locator and Preferred Drugs

Lower your out-of-pocket costs by using a Blue Cross and Blue Shield of Texas contracting pharmacy. Pharmacy Finder is available at myrxhealth.com to help you find contracting pharmacies that are located near your home or office.

Another way to save on your prescription expense is to talk with your doctor about referring to our Preferred Drug List before prescribing drugs to you. This list contains the 1,500 most commonly prescribed drugs.

The Preferred Drug List is updated regularly to include current generic drugs and a select group of brand-name drugs. You can search by a drug's therapeutic classification, or find out if a generic equivalent is available.

Blue Cross and Blue Shield of Texas strives to maintain the highest level of security and confidentiality by meeting the industry standard for Internet security.



Provider Finder information is updated regularly.



BlueChoice PPO

HMO Blue Texas

What is an emergency?

Emergency care means health care services provided in a hospital emergency facility (emergency room) or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that the person's condition, sickness or injury is of such a nature that failure to get immediate care could result in:

1. Placing the patient's health in serious jeopardy
2. Serious impairment of bodily functions
3. Serious dysfunction of any bodily organ or part
4. Serious disfigurement
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus or the mother.

Examples of a medical emergency include, but are not limited to:

- Unusual bleeding
- Suspected heart attack
- Convulsions
- Acute abdominal or chest pain

If you need emergency care, call 911 or seek help from any doctor or hospital immediately. BCBSTX will coordinate your care with the emergency provider.

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BlueChoice PPO

HMO Blue Texas

What do I do when I need emergency care?

If you need emergency care, call 911 or seek help from any doctor or hospital immediately. BCBSTX will coordinate your care with the emergency provider.

If you need emergency care, call 911 or seek help from any doctor or hospital immediately. BCBSTX will coordinate your care with the emergency provider.

What if I go to the emergency room and am seen by an out-of-network doctor?

If this is an emergency, the physician will be paid at the network level of benefit, but you may be balance-billed for the difference between billed and allowed charges.

You will not be balance-billed.

What if I need non-emergency care while traveling outside the San Antonio area?

Contact your BlueChoice network provider to coordinate your medical care in order to receive the highest level of benefits.

Contact your primary care physician to coordinate your medical care.

Am I required to select one doctor for all my primary health care needs?

No. You may make an appointment with any BlueChoice network doctor, including specialists. You may consider selecting a doctor from the BlueChoice network that you or a family member may see for all primary health care needs. Please have all mental health care coordinated through your Employee Assistance Program or call the Mental Health Helpline at 800-528-7264.

Yes, to receive benefits you must have all care performed or arranged by your primary care physician. However, if after evaluation, your primary care physician determines that the services of a specialist are necessary, you will receive the appropriate level of care coordinated by your primary care physician.

NOTE: For HMO mental health care services, the member must first call Magellan Behavioral Health at 800-729-2422.



BlueChoice PPO

HMO Blue Texas

How do I change my primary care physician?

Selecting a PCP is not required. Please call and make an appointment with any BlueChoice network provider. While selecting a PCP is not required, you may want to consider establishing a relationship with a BlueChoice doctor who will be familiar with your personal medical history. For the most current listing of network providers, check the online Provider Finder at bcbstx.com.

You may change your PCP no more than once every 30 days. Your dependents may also change their PCPs. To change your PCP, call the Customer Service Helpline at 877-299-2377 between 7:30 a.m. and 6 p.m. CT Monday through Friday. For the most current listing of network providers, check the online Provider Finder at bcbstx.com. Any change will be effective the first day of the following month. You will receive new identification cards following this change.

Does my plan have waiting periods for pre-existing conditions?

Yes, there is a pre-existing condition waiting period. The waiting period will be waived if you provide a certificate of creditable coverage. For a detailed explanation, please refer to Page 7, Terms to Know, pre-existing conditions.

No, there is no pre-existing condition waiting period.

Can I see my OB/GYN without a referral?

Yes, you may call and make an appointment with any BlueChoice network OB/GYN to obtain OB/GYN services at the in-network level of benefits. Services from out-of-network doctors will be covered at the out-of-network level. Please see Page 8 for more details.

Yes, you have direct access to OB/GYNs in the HMO Blue Texas network. If your primary care physician is part of a limited network, you will need to access an OB/GYN from the same group of providers within the HMO Blue Texas network.



BlueChoice PPO

HMO Blue Texas

What if my dependent moves out of the San Antonio area?

Please notify your employer of your dependent's change and contact the BCBSTX Customer Service Helpline at 800-521-2227 to request a BlueChoice Provider Directory for the area of the state in which the dependent now resides.

Please notify your employer of your dependent's change in address. You may call HMO Blue Texas at 877-299-2377 for assistance in determining if HMO coverage is available at that location. If HMO coverage is not available, your NEISD benefits representative will offer alternative coverage based on the location of your dependent.

How do I add a spouse or dependent child to my plan?

To add a spouse or dependent child under 26 years of age to your coverage, a completed health enrollment form must be received by BCBSTX through your NEISD Employee Benefits Office within 31 calendar days of an eligible family status change. Eligible changes in your family status can include: marriage, birth of a child, legal adoption of a child, change in custody or eligibility of a child, FMLA leave of absence, loss of other coverage, and change or loss of employment. Supporting documentation will be required for all family status changes.

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North East Independent School District

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTIES

We are required by law to reasonably safeguard the privacy of your protected health information. We are also required to give you this notice about our legal duties and privacy practices relating to protected health information. Protected health information is any individually identifiable health information, whether oral or recorded in any medium, that is created or received by entities such as health care providers, or health plans, and relates to the physical or mental health or condition of an individual, or to the payment for the provision of health care to an individual and that is maintained in a designated record set(s). We are required to abide by the terms of this notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice for all protected health information we maintain even if it was created or received before issuing the revised notice. If a material revision is made, we will distribute a copy of the revised notice. This notice takes effect on July 1, 2008, and remains in effect until we replace it. You may request a copy of this notice at any time or you may view it by visiting Risk Management's website at www.neisd.net. For more information about our privacy practices, or for additional copies of this notice, please contact the individual designated at the end of this notice.

USES AND DISCLOSURES

We may use and disclose your health information for treatment, payment, and health care operations. For example:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services with a physician or other health care provider.

Payment: We may use and disclose your protected health information to determine and to fulfill coverage responsibilities and to provide benefits under the District's health plan. We may also use and disclose your protected health information to obtain or provide reimbursement for benefits provided.

Health Care Operations: We may use and disclose your protected health information for certain administrative, financial, legal, and quality improvement activities necessary to run our business and to support the core functions of treatment and payment. Such activities include, but are not limited to, underwriting and other activities relating to the creation, renewal, or replacement of a contract for health benefits. Such activities also include sharing your protected health information with third party "business associates" that perform various activities for us.

In addition to treatment, payment, and health care operations purposes, we may use or disclose your protected health information for the following purposes:

Family and Representatives: We must disclose your protected health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary for the proper provision or payment of health care.

Persons Involved in Your Care: We may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. If you are present you will have the opportunity to object to such use or disclosure of your protected health information. If you are not present, or the opportunity to agree or object cannot be provided due to incapacity or emergency, we, in the exercise of professional judgment, may determine whether the disclosure is in your best interest. We may use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up protected health information.

Required by Law: We may use or disclose protected health information to the extent that such use or disclosure is required by federal, state, or local law and the use or disclosure complies with, and is limited to, the relevant requirements of such law.

Public Health Activities and Related Purposes: We may disclose your protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, disability, or child abuse or neglect. We may also disclose your protected health information to a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has certain responsibilities.

Abuse or Neglect: We may disclose protected health information about an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®

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